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: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 10:45 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/28/2015 Time: 10:45 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received: 06/02/2014
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTHEAST MISSOURI HOSPITAL (260110) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	547,412	260,666	31,534	6,313,734	1.00
2.00	Subprovider - IPF	0	-1,866	0		97,465	2.00
3.00	Subprovider - IRF	0	18,253	0		125,144	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
10.00	RURAL HEALTH CLINIC I	0		2,225		0	10.00
10.01	RURAL HEALTH CLINIC II	0		20,952		0	10.01
10.02	RURAL HEALTH CLINIC III	0		0		0	10.02
200.00	Total	0	563,799	283,842	31,534	6,536,343	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 260110

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

Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 10:42 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1701 LACEY STREET	PO Box:			1.00
2.00	City: CAPE GIRARDEAU	State: MO	Zip Code: 63701	County: CAPE GIRARDEAU	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SOUTHEAST MISSOURI HOSPITAL	260110	16020	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRIC UNIT	26S110	16020	4	12/23/1992	N	P	O	4.00
5.00	Subprovider - IRF	COMPREHENSIVE REHAB UNIT	26T110	16020	5	01/01/2002	N	P	O	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	SOUTHEAST MO HOSP REG HOME HEALTH	267121	16020		06/30/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	SOUTHEAST HOSPICE	261537	16020		07/21/1993				14.00
15.00	Hospital-Based Health Clinic - RHC	PLAZA PRIMARY CARE	268656	16020		02/01/2011	N	O	N	15.00
15.01	Hospital-Based Health Clinic - RHC II	PLAZA PRIMARY CARE WEST	268657	16020		02/01/2011	N	O	N	15.01
15.02	Hospital-Based Health Clinic - RHC III	SOUTHEAST PEDIATRICS	268674	16020		07/16/2012	N	O	N	15.02
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,989	904	411	199	49	234	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 10:42 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	175	82	0	0	0		25.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 10:42 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 10:42 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 10:42 am

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

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
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.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 10:42 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,967,394	102,516	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 10:42 am

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2013	09/30/2014	170.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 10:42 am

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

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

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

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	04/02/2015	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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 10:42 am

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

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

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	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.	BKD	LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	417.865.8701	SFDCOSTREPORTS@BKD.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)	04/02/2015			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.		COST REPORTS		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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/28/2015 10:42 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	168	61,320	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)		168	61,320	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE	33.01	14	5,110	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	34.01	12	4,380	0.00	0	11.01
12.00	NEONATOLOGY						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		194	70,810	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00	SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.01	RURAL HEALTH CLINIC II	88.01				0	26.01
26.02	RURAL HEALTH CLINIC III	88.02				0	26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		221				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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/28/2015 10:42 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,887	4,137	28,687			1.00
2.00	HMO and other (see instructions)	2,088	659				2.00
3.00	HMO IPF Subprovider	4	0				3.00
4.00	HMO IRF Subprovider	19	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,887	4,137	28,687			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE	1,991	214	3,267			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU	800	0	1,140			11.01
12.00	NEONATOLOGY						12.00
13.00	NURSERY		1,542	3,013			13.00
14.00	Total (see instructions)	18,678	5,893	36,107	0.00	1,590.82	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	675	1,034	2,831	0.00	18.03	16.00
17.00	SUBPROVIDER - IRF	1,754	257	2,680	0.00	16.50	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	5,131	334	7,283	0.00	15.03	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	19.08	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	957	265	2,990	0.00	4.42	26.00
26.01	RURAL HEALTH CLINIC II	6,029	2,786	22,535	0.00	21.83	26.01
26.02	RURAL HEALTH CLINIC III	0	6,245	13,469	0.00	11.70	26.02
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	1,697.41	27.00
28.00	Observation Bed Days		0	4,812			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			597			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	234	762			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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/28/2015 10:42 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,159	1,276	8,217	1.00
2.00	HMO and other (see instructions)			441	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	ADULT SPECIAL CARE						10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	CARDIOTHORACIC ICU						11.01
12.00	NEONATOLOGY						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,159	1,276	8,217	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	154	306	829	16.00
17.00	SUBPROVIDER - IRF	0.00	0	141	18	211	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.01	RURAL HEALTH CLINIC II	0.00					26.01
26.02	RURAL HEALTH CLINIC III	0.00					26.02
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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 10:42 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	113,051,200	0	113,051,200	3,530,607.00	32.02	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		124,142	0	124,142	498.56	249.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		15,824,503	0	15,824,503	114,668.62	138.00	5.00
6.00	Non-physician-Part B		1,217,296	0	1,217,296	56,425.35	21.57	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		1,035,040	0	1,035,040	55,016.00	18.81	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		33,526,253	52,244	33,578,497	836,584.00	40.14	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		730,461	0	730,461	7,795.08	93.71	11.00
12.00	Contract labor: Top level management and other management and administrative services		138,000	0	138,000	1,136.00	121.48	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		20,923,763	0	20,923,763	486,017.43	43.05	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,343,553	0	16,343,553			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		6,574,307	0	6,574,307			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		16,400	0	16,400			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,479,722	0	1,479,722			23.00
24.00	Wage-related costs (RHC/FQHC)		324,637	0	324,637			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	7,359,008	0	7,359,008	271,046.00	27.15	27.00
28.00	Administrative & General under contract (see inst.)		61,020	0	61,020	657.08	92.87	28.00
29.00	Maintenance & Repairs	6.00	1,339,318	0	1,339,318	65,526.00	20.44	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,240,613	0	2,240,613	193,859.00	11.56	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,234,739	0	1,234,739	102,319.00	12.07	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,622,128	-52,244	2,569,884	95,589.00	26.88	38.00
39.00	Central Services and Supply	14.00	864,893	0	864,893	52,832.00	16.37	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260110

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2015 10:42 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260110

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2015 10:42 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		95,035,381	0	95,035,381	3,305,154.11	28.75	1.00
2.00	Excluded area salaries (see instructions)		33,526,253	52,244	33,578,497	836,584.00	40.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)		61,509,128	-52,244	61,456,884	2,468,570.11	24.90	3.00
4.00	Subtotal other wages & related costs (see inst.)		21,792,224	0	21,792,224	494,948.51	44.03	4.00
5.00	Subtotal wage-related costs (see inst.)		16,359,953	0	16,359,953	0.00	26.62	5.00
6.00	Total (sum of lines 3 thru 5)		99,661,305	-52,244	99,609,061	2,963,518.62	33.61	6.00
7.00	Total overhead cost (see instructions)		15,721,719	-52,244	15,669,475	781,828.08	20.04	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 10:42 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	4,899,726	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	141,056	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	10,997,876	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	305,957	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	25,854	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	514,598	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	600,419	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	7,151,719	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	101,385	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,738,590	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part V Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	791,481	24,738,620	1.00
2.00	Hospital	791,481	23,550,812	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	230,743	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	255,926	13.00
14.00	Hospital-Based Health Clinic RHC	0	701,139	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 260110
Component CCN: 267121

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

Worksheet S-4
Date/Time Prepared: 5/28/2015 10:42 am

		Home Health Agency I	PPS
		1.00	
0.00	County		0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	465	0	55	520	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	376.00	29.00	194.00	599.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel		2.15	0.00	2.15	5.00
6.00	Direct Nursing Service		7.90	0.00	7.90	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		2.81	0.00	2.81	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		0.79	0.00	0.79	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.07	0.00	0.07	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.51	0.00	0.51	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.25	0.00	0.25	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	DIETICIAN		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16020			20.00
20.01			99926			20.01

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	2,551	0	109	69	2,729	21.00
22.00	Skilled Nursing Visit Charges	327,458	0	11,343	9,104	347,905	22.00
23.00	Physical Therapy Visits	1,816	0	22	41	1,879	23.00
24.00	Physical Therapy Visit Charges	450,440	0	5,085	10,140	465,665	24.00
25.00	Occupational Therapy Visits	211	0	3	6	220	25.00
26.00	Occupational Therapy Visit Charges	53,528	0	764	1,521	55,813	26.00
27.00	Speech Pathology Visits	44	0	0	1	45	27.00
28.00	Speech Pathology Visit Charges	10,647	0	0	254	10,901	28.00
29.00	Medical Social Service Visits	38	0	1	1	40	29.00
30.00	Medical Social Service Visit Charges	6,090	0	160	160	6,410	30.00
31.00	Home Health Aide Visits	207	0	1	10	218	31.00
32.00	Home Health Aide Visit Charges	11,178	0	54	486	11,718	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,867	0	136	128	5,131	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	859,341	0	17,406	21,665	898,412	35.00
36.00	Total Number of Episodes (standard/non outlier)	396		35	9	440	36.00
37.00	Total Number of Outlier Episodes		0		1	1	37.00
38.00	Total Non-Routine Medical Supply Charges	7,761	0	216	113	8,090	38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260110 Component CCN: 268656	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/28/2015 10:42 am

		Rural Health Clinic (RHC) I	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	1723 S BROADWAY	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	CAPE GIRARDEAU	MISSOURI	63701	2.00

		1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban	0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	16:30	08:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)	N	0	0	0	0	15.00

		County		
		4.00		
2.00	City, State, Zip Code, County	CAPE GIRARDEAU		2.00

		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	16:30	08:00	16:30	08:00	16:30	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260110 Component CCN: 268656	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) I	Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	16:30				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260110 Component CCN: 268657	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) II	Cost

				1.00		
	Clinic Address and Identification					
1.00	Street			817 S MOUNT AUB		1.00
		City		State	Zip Code	
		1.00		2.00	3.00	
2.00	City, State, Zip Code, County	CAPE GIRARDEAU		MISSOURI	63701	2.00
					1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	3.00
				Grant Award	Date	
				1.00	2.00	
	Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)			0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0		6.00
7.00	Appalachian Regional Commission			0		7.00
8.00	Look-Alikes			0		8.00
9.00	OTHER (SPECIFY)			0		9.00
				1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	16:30	08:00	11.00

				1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N	0	13.00
			Provider name		CCN number	
			1.00		2.00	
14.00	Provider name, CCN number					14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)	N	0	0	0	0	15.00

			County				
			4.00				
2.00	City, State, Zip Code, County		CAPE GIRARDEAU				2.00
		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	16:30	08:00	16:30	08:00	16:30	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260110 Component CCN: 268657	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) II	Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	16:30				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 260110
Component CCN: 268674

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

Worksheet S-8
Date/Time Prepared: 5/28/2015 10:42 am

		Rural Health Clinic (RHC) III	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	25 DOCTORS PARK	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	CAPE GIRARDEAU	MISSOURI	63703-4927	2.00

			1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	16:30	08:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)	N	0	0	0	0	15.00

		County		
		4.00		
2.00	City, State, Zip Code, County	CAPE GIRARDEAU		2.00

		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	Clinic	16:30	08:00	16:30	08:00	16:30	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 260110 Component CCN: 268674	Period: From 01/01/2014 To 12/31/2014	Worksheet S-8 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) III	Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	16:30				11.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 260110 Component CCN: 261537	Period: From 01/01/2014 To 12/31/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 5/28/2015 10:42 am
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	11,733	331	0	40	1,258	13,322	2.00
3.00	Inpatient Respite Care	87	9	0	0	5	101	3.00
4.00	General Inpatient Care	1	4	0	0	2	7	4.00
5.00	Total Hospice Days	11,821	344	0	40	1,265	13,430	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	296	10	0	5	29	335	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	39.94	34.40	0.00	8.00	43.62	40.09	8.00
9.00	Unduplicated Census Count	292	9	0	5	28	329	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 10:42 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.293683	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	17,776,726	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	4,623,608	5.00
6.00	Medicaid charges	84,759,371	6.00
7.00	Medicaid cost (line 1 times line 6)	24,892,386	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)	2,492,052	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)	2,492,052	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	10,766,072	17,344,905	28,110,977	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,161,812	5,093,904	8,255,716	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,161,812	5,093,904	8,255,716	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)	22,333,607	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,187,812	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	21,145,795	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	6,210,161	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	14,465,877	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,957,929	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,191,217	8,191,217	-7,910,350	280,867	1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2		0	0	312,666	312,666	1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3		0	0	598,644	598,644	1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4		0	0	272,523	272,523	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5		0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6		0	0	223,657	223,657	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7		0	0	500,186	500,186	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8		0	0	917,522	917,522	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9		0	0	9,967,920	9,967,920	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1		0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1		0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,802,976	7,802,976	0	7,802,976	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,160,829	11,160,829	-1,582,927	9,577,902	4.00
5.01	01160	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING	589,369	52,832	642,201	0	642,201	5.03
5.04	00570	ADMITTING	2,039,958	581,431	2,621,389	3,784	2,625,173	5.04
5.05	00580	CREDIT & COLLECTIONS	606,740	817,332	1,424,072	0	1,424,072	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,122,941	24,618,534	28,741,475	20	28,741,495	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,339,318	1,828,436	3,167,754	0	3,167,754	6.00
7.00	00700	OPERATION OF PLANT	0	5,130,268	5,130,268	2,975	5,133,243	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,240,613	1,706,550	3,947,163	0	3,947,163	9.00
10.00	01000	DIETARY	1,234,739	1,724,595	2,959,334	0	2,959,334	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,622,128	853,607	3,475,735	-52,244	3,423,491	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	864,893	1,133,356	1,998,249	0	1,998,249	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,578,175	590,110	2,168,285	0	2,168,285	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	124,949	56,138	181,087	0	181,087	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	46,296	32,043	78,339	0	78,339	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	152,647	53,950	206,597	0	206,597	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,689,416	5,544,519	23,233,935	-1,999,223	21,234,712	30.00
33.01	03301	ADULT SPECIAL CARE	2,283,195	874,455	3,157,650	-312,635	2,845,015	33.01
34.01	03401	CARDIOTHORACIC ICU	947,560	277,029	1,224,589	-61,551	1,163,038	34.01
40.00	04000	SUBPROVIDER - IPF	1,383,508	314,358	1,697,866	59,623	1,757,489	40.00
41.00	04100	SUBPROVIDER - IRF	992,557	248,141	1,240,698	2,432	1,243,130	41.00
43.00	04300	NURSERY	694,496	146,802	841,298	-36,278	805,020	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,891,066	24,087,897	28,978,963	-20,884,931	8,094,032	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,202,548	2,202,548	52.00
53.00	05300	ANESTHESIOLOGY	5,763,267	1,997,393	7,760,660	-16,895	7,743,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,247,345	1,124,260	3,371,605	-544,766	2,826,839	54.00
54.01	05401	ULTRASOUND	536,382	200,442	736,824	-30,425	706,399	54.01
54.03	05403	CARDIOVASCULAR LAB	1,518,361	8,914,269	10,432,630	-6,696,561	3,736,069	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,329,819	866,661	2,196,480	-154,174	2,042,306	55.00
55.01	05501	CHEMOTHERAPY	559,654	244,129	803,783	154,102	957,885	55.01
56.01	05601	NUCLEAR MEDICINE	349,603	1,126,914	1,476,517	-176	1,476,341	56.01
57.00	05700	CT SCAN	536,991	721,515	1,258,506	-116,966	1,141,540	57.00
58.00	05800	MRI	330,808	251,112	581,920	-3,531	578,389	58.00
60.00	06000	LABORATORY	2,808,301	4,213,826	7,022,127	0	7,022,127	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	866	962,152	963,018	0	963,018	63.00
65.00	06500	RESPIRATORY THERAPY	1,539,839	825,562	2,365,401	-246,341	2,119,060	65.00
66.00	06600	PHYSICAL THERAPY	851,567	114,015	965,582	-544	965,038	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,976,589	306,599	2,283,188	0	2,283,188	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	203,375	21,926	225,301	0	225,301	67.00
68.00	06800	SPEECH PATHOLOGY	163,982	21,215	185,197	0	185,197	68.00
69.01	06901	CV DIAGNOSTIC	715,086	777,472	1,492,558	80,910	1,573,468	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	556,033	250,952	806,985	-45,322	761,663	70.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	904	904	11,916,698	11,917,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,389,996	18,389,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,502,318	17,378,314	19,880,632	-6,082	19,874,550	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	395,076	63,730	458,806	0	458,806	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	227,552	66,077	293,629	0	293,629	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,818,981	449,375	2,268,356	0	2,268,356	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,157,552	567,289	1,724,841	0	1,724,841	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	533,131	307,603	840,734	27,072	867,806	90.01
90.02	09002	DIABETES CENTER	167,178	30,128	197,306	0	197,306	90.02
91.00	09100	EMERGENCY	7,848,962	4,618,059	12,467,021	-49,195	12,417,826	91.00
91.01	09101	G.I. LABORATORY	719,897	350,493	1,070,390	-15,406	1,054,984	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,054,455	337,838	1,392,293	26,122	1,418,415	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		4,882,768	4,882,768	-4,882,768	0	113.00
116.00	11600	HOSPICE	1,169,536	863,125	2,032,661	26,122	2,058,783	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,027,070	150,683,522	236,710,592	36,231	236,746,823	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	72	72	193.02
193.03	19303	LACEYS RESTAURANT	0	15,647	15,647	0	15,647	193.03
193.04	19304	COMMUNITY WELLNESS	8,245	39,737	47,982	0	47,982	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	23,806,037	6,419,659	30,225,696	-36,303	30,189,393	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	672,514	5,525,461	6,197,975	0	6,197,975	193.08
193.09	19309	OUTREACH LAB	1,283,500	1,498,578	2,782,078	0	2,782,078	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	1,220,174	662,191	1,882,365	0	1,882,365	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	33,660	60,806	94,466	0	94,466	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	113,051,200	164,905,601	277,956,801	0	277,956,801	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	280,867		1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	312,666		1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	598,644		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	272,523		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0		1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	223,657		1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	500,186		1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	-6,676	910,846		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	-528,336	9,439,584		1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0		1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0		1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,886,419	15,689,395		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,166,070	8,411,832		4.00
5.01	01160	COMMUNICATIONS	867,716	867,716		5.01
5.02	00550	DATA PROCESSING	5,618,310	5,618,310		5.02
5.03	00560	PURCHASING	-127,798	514,403		5.03
5.04	00570	ADMITTING	-31,527	2,593,646		5.04
5.05	00580	CREDIT & COLLECTIONS	3,531,682	4,955,754		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	13,183,617	41,925,112		5.06
6.00	00600	MAINTENANCE & REPAIRS	699,376	3,867,130		6.00
7.00	00700	OPERATION OF PLANT	96,400	5,229,643		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0		8.00
9.00	00900	HOUSEKEEPING	-81,074	3,866,089		9.00
10.00	01000	DIETARY	-967,267	1,992,067		10.00
11.00	01100	CAFETERIA	0	0		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	710,858	4,134,349		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,113	1,996,136		14.00
15.00	01500	PHARMACY	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	-1,882,670	285,615		20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	-181,087	0		20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	-78,339	0		20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	-182,344	24,253		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,906,413	14,328,299		30.00
33.01	03301	ADULT SPECIAL CARE	0	2,845,015		33.01
34.01	03401	CARDIOTHORACIC ICU	0	1,163,038		34.01
40.00	04000	SUBPROVIDER - IPF	-611,233	1,146,256		40.00
41.00	04100	SUBPROVIDER - IRF	-89,690	1,153,440		41.00
43.00	04300	NURSERY	-15,600	789,420		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-52,872	8,041,160		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,202,548		52.00
53.00	05300	ANESTHESIOLOGY	-6,939,473	804,292		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-905	2,825,934		54.00
54.01	05401	ULTRASOUND	0	706,399		54.01
54.03	05403	CARDIOVASCULAR LAB	-78,015	3,658,054		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-26,518	2,015,788		55.00
55.01	05501	CHEMOTHERAPY	0	957,885		55.01
56.01	05601	NUCLEAR MEDICINE	0	1,476,341		56.01
57.00	05700	CT SCAN	-260	1,141,280		57.00
58.00	05800	MRI	0	578,389		58.00
60.00	06000	LABORATORY	-300	7,021,827		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	963,018		63.00
65.00	06500	RESPIRATORY THERAPY	0	2,119,060		65.00
66.00	06600	PHYSICAL THERAPY	0	965,038		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	2,283,188		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	225,301		67.00
68.00	06800	SPEECH PATHOLOGY	0	185,197		68.00
69.01	06901	CV DIAGNOSTIC	-24,981	1,548,487		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	-71,171	690,492		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,917,602		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,389,996		72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	-767,454	19,107,096		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	-111,880	346,926		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	293,629		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	2,268,356		88.01
88.02	08802	RURAL HEALTH CLINIC III	-480	1,724,361		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	-237,715	630,091		90.01
90.02	09002	DIABETES CENTER	0	197,306		90.02
91.00	09100	EMERGENCY	-6,935,488	5,482,338		91.00
91.01	09101	G.I. LABORATORY	0	1,054,984		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-616	1,417,799		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-225,980	1,832,803		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,262,033	241,008,856		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.01	19101	RESPITE CARE	0	0		191.01
193.01	19301	VENDING MACHINES	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0	72		193.02
193.03	19303	LACEYS RESTAURANT	0	15,647		193.03
193.04	19304	COMMUNITY WELLNESS	0	47,982		193.04
193.05	19305	HOME INFUSION	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	-407,170	29,782,223		193.06
193.07	19307	GENERATIONS	0	0		193.07
193.08	19308	RETAIL PHARMACY	0	6,197,975		193.08
193.09	19309	OUTREACH LAB	0	2,782,078		193.09
193.10	19310	FOOT CLINIC	0	0		193.10
193.11	19311	MARKETING	0	0		193.11
193.13	19313	HEALTHPOINT	0	1,882,365		193.13
193.14	19314	DOCTORS PARK	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0	94,466		194.00
194.01	07951	FOUNDATION OFFICE	0	0		194.01
200.00		TOTAL (SUM OF LINES 118-199)	3,854,863	281,811,664		200.00

RECLASSIFICATIONS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - TO RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	312,666		1.00
2.00	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	598,644		2.00
3.00	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	272,523		3.00
4.00	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	223,657		4.00
5.00	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	500,186		5.00
6.00	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	917,522		6.00
7.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	5,085,152		7.00
	TOTALS		0	7,910,350		
	B - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	4,882,768		1.00
	TOTALS		0	4,882,768		
	C - TO RECLASS LACEY GUEST HOUSE					
1.00	SUNSET GUEST HOUSE	193.02	0	72		1.00
	TOTALS		0	72		
	D - TO RECLASS SUPPLY EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,916,698		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
	TOTALS		0	11,916,698		
	E - TO RECLASS IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,389,996		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		0	18,389,996		
	F - TO RECLASS HHA ADMIN COST					
1.00	HOME HEALTH AGENCY	101.00	26,122	0		1.00
2.00	HOSPICE	116.00	26,122	0		2.00
	TOTALS		52,244	0		
	G - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CV DIAGNOSTIC	69.01	53,008	27,902		1.00
	TOTALS		53,008	27,902		
	H - TO RECLASS ADMIN TO APPROP DEPT					
1.00	CHEMOTHERAPY	55.01	114,048	40,054		1.00
	TOTALS		114,048	40,054		
	I - TO RECLASS WEST CAMPUS MOB TO PLANT					
1.00	OPERATION OF PLANT	7.00	0	2,975		1.00
	TOTALS		0	2,975		
	J - TO RECLASS LABOR/ DELIVERY EXPENSE					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,704,547	498,001		1.00
	TOTALS		1,704,547	498,001		
	K - RECLASS PHYSICIAN BENEFITS					
1.00	ADMITTING	5.04	0	3,784		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	20		2.00

RECLASSIFICATIONS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/28/2015 10:42 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00	ADULTS & PEDIATRICS	30.00	0	499,646	3.00
4.00	SUBPROVIDER - IPF	40.00	0	59,623	4.00
5.00	SUBPROVIDER - IRF	41.00	0	2,432	5.00
6.00	CARDIOVASCULAR LAB	54.03	0	7,604	6.00
7.00	NEUROPHYSIOLOGY	70.01	0	6,850	7.00
8.00	HYPERBARIC WOUND CLINIC	90.01	0	27,072	8.00
9.00	EMERGENCY	91.00	0	469,293	9.00
10.00	ANESTHESIOLOGY	53.00	0	506,603	10.00
	TOTALS		0	1,582,927	
500.00	Grand Total: Increases		1,923,847	45,251,743	500.00

RECLASSIFICATIONS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - TO RECLASS BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,910,350	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
	TOTALS		0	7,910,350			
	B - TO RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,882,768	11		1.00
	TOTALS		0	4,882,768			
	C - TO RECLASS LACEY GUEST HOUSE						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	72	0		1.00
	TOTALS		0	72			
	D - TO RECLASS SUPPLY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	0	296,321	0		1.00
2.00	ADULT SPECIAL CARE	33.01	0	312,635	0		2.00
3.00	CARDIOTHORACIC ICU	34.01	0	61,551	0		3.00
4.00	NURSERY	43.00	0	36,278	0		4.00
5.00	OPERATING ROOM	50.00	0	5,619,373	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	520,465	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	426,920	0		7.00
8.00	ULTRASOUND	54.01	0	30,425	0		8.00
9.00	CARDIOVASCULAR LAB	54.03	0	3,627,430	0		9.00
10.00	NUCLEAR MEDICINE	56.01	0	176	0		10.00
11.00	CT SCAN	57.00	0	116,966	0		11.00
12.00	MRI	58.00	0	3,531	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	246,341	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	544	0		14.00
15.00	NEUROPHYSIOLOGY	70.01	0	52,172	0		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,082	0		16.00
17.00	EMERGENCY	91.00	0	516,160	0		17.00
18.00	G.I. LABORATORY	91.01	0	10,000	0		18.00
19.00	SE HOSP PHYSICIANS LLC	193.06	0	33,328	0		19.00
	TOTALS		0	11,916,698			
	E - TO RECLASS IMPLANTABLES						
1.00	OPERATING ROOM	50.00	0	15,265,558	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	3,033	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	117,846	0		3.00
4.00	CARDIOVASCULAR LAB	54.03	0	2,995,825	0		4.00
5.00	EMERGENCY	91.00	0	2,328	0		5.00
6.00	G.I. LABORATORY	91.01	0	5,406	0		6.00
	TOTALS		0	18,389,996			
	F - TO RECLASS HHA ADMIN COST						
1.00	NURSING ADMINISTRATION	13.00	52,244	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		52,244	0			
	G - TO RECLASS ADMIN TO APPROP DEPT						
1.00	CARDIOVASCULAR LAB	54.03	53,008	27,902	0		1.00
	TOTALS		53,008	27,902			
	H - TO RECLASS ADMIN TO APPROP DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	114,048	40,054	0		1.00
	TOTALS		114,048	40,054			
	I - TO RECLASS WEST CAMPUS MOB TO PLANT						
1.00	SE HOSP PHYSICIANS LLC	193.06	0	2,975	0		1.00
	TOTALS		0	2,975			
	J - TO RECLASS LABOR/ DELIVERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,704,547	498,001	0		1.00
	TOTALS		1,704,547	498,001			
	K - RECLASS PHYSICIAN BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,582,927	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
	TOTALS		0	1,582,927			
500.00	Grand Total: Decreases		1,923,847	45,251,743			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part I Date/Time Prepared: 5/28/2015 10:42 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,681,907	32,884	0	32,884	0	1.00
2.00	Land Improvements	12,902,264	193,208	0	193,208	0	2.00
3.00	Buildings and Fixtures	193,214,202	4,908,238	0	4,908,238	575,105	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	76,356,776	6,503,375	0	6,503,375	3,169,359	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	300,155,149	11,637,705	0	11,637,705	3,744,464	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	300,155,149	11,637,705	0	11,637,705	3,744,464	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,714,791	0	1.00
2.00	Land Improvements	13,095,472	0	2.00
3.00	Buildings and Fixtures	197,547,335	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	79,690,792	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	308,048,390	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	308,048,390	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part II Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	8,191,217	0	0	0	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	7,802,976	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,994,193	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	8,191,217	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,802,976	2.00
3.00	Total (sum of lines 1-2)	0	15,994,193	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part III Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	228,357,598	0	228,357,598	0.741309	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0.000000	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0.000000	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0.000000	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0.000000	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0.000000	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0.000000	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0.000000	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0.000000	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0.000000	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0.000000	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	79,688,792	0	79,688,792	0.258691	0	2.00
3.00	Total (sum of lines 1-2)	308,046,390	0	308,046,390	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	280,867	0	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	312,666	0	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	598,644	0	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	272,523	0	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	223,657	0	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	500,186	0	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	917,522	0	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	4,556,816	0	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,695,521	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,358,402	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	280,867	1.00
1.01	NEW CAP-REL CSTS-BLDGS & FIX #2	0	0	0	0	312,666	1.01
1.02	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	0	0	598,644	1.02
1.03	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	0	272,523	1.03
1.04	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	223,657	1.05
1.06	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	500,186	1.06
1.07	NEW CAP-REL CSTS-BLDGS & FIX #8	-6,676	0	0	0	910,846	1.07
1.08	NEW CAP-REL CSTS-BLDGS & FIX #9	4,882,768	0	0	0	9,439,584	1.08
1.09	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	-6,126	0	0	0	15,689,395	2.00
3.00	Total (sum of lines 1-2)	4,869,966	0	0	0	28,228,368	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #2 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	1.01
1.02	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #3 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	1.02
1.03	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #4 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	1.03
1.04	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #5 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	1.04
1.05	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #6 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	1.05
1.06	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #7 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	1.06
1.07	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #8 (chapter 2)	B	-6,676	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	11	1.07
1.08	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #9 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	1.08
1.09	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #1 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.09	0	1.09
1.10	Investment income - NEW CAP-REL CSTS-BLDGS & FIX #1 (chapter 2)		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		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)	A	-54,204	COMMUNICATIONS	5.01	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	-20,850,408			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	37,465,396			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-900,120	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-19,091	DRUGS CHARGED TO PATIENTS	73.00	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.)	B	-1,871,676	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-10,644	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #2		0	NEW CAP-REL CSTS-BLDGS & FIX #2	1.01	0	26.01
26.02	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #3		0	NEW CAP-REL CSTS-BLDGS & FIX #3	1.02	0	26.02
26.03	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #4		0	NEW CAP-REL CSTS-BLDGS & FIX #4	1.03	0	26.03
26.04	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #5		0	NEW CAP-REL CSTS-BLDGS & FIX #5	1.04	0	26.04
26.05	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #6		0	NEW CAP-REL CSTS-BLDGS & FIX #6	1.05	0	26.05
26.06	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #7		0	NEW CAP-REL CSTS-BLDGS & FIX #7	1.06	0	26.06
26.07	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #8		0	NEW CAP-REL CSTS-BLDGS & FIX #8	1.07	0	26.07
26.08	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #9		0	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	0	26.08
26.09	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #1		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.09	0	26.09
26.10	Depreciation - NEW CAP-REL CSTS-BLDGS & FIX #1		0	NEW CAP-REL CSTS-BLDGS & FIX #1	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-6,126	CAP REL COSTS-MVBLE EQUIP	2.00	11	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN 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	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MO DISCOUNT ON PAYROLL	B	-5,421	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00	PROVIDER BASED PHYSICIAN ADJUST	A	-225,851	HOSPICE	116.00	0	34.00
35.00	OTHER MISC - OPERATING REVENUE	B	-715	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
36.00	SUPPLIES SOLD	B	-52,872	OPERATING ROOM	50.00	0	36.00
37.00			0		0.00	0	37.00
38.00	MISC OTHER REVENUE	B	-250	OTHER ADMINISTRATIVE & GENERAL	5.06	0	38.00
39.00	GARNISHMENT FEES/BADGES	B	-2,234	OTHER ADMINISTRATIVE & GENERAL	5.06	0	39.00
40.00	NSF CHECKS	B	-2,499	OTHER ADMINISTRATIVE & GENERAL	5.06	0	40.00
41.00			0		0.00	0	41.00
42.00	CREDIT CARD REBATE	B	-14,303	OTHER ADMINISTRATIVE & GENERAL	5.06	0	42.00
43.00			0		0.00	0	43.00
44.00	OTHER UNALLOWABLE PHYSICIAN - LOAN F	A	-84,791	OTHER ADMINISTRATIVE & GENERAL	5.06	0	44.00
45.00	NON-ALLOWABLE BUSINESS EXPENSE	A	-66,211	OTHER ADMINISTRATIVE & GENERAL	5.06	0	45.00
45.01	AHA DUES USED FOR LOBBYING	A	-45,011	OTHER ADMINISTRATIVE & GENERAL	5.06	0	45.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
45.02			0		0.00	0	45.02
45.03			0		0.00	0	45.03
45.04			0		0.00	0	45.04
45.05			0		0.00	0	45.05
45.06			0		0.00	0	45.06
45.07	MISCELLANEOUS RECEIPTS	B	-430	DIETARY	10.00	0	45.07
46.00	MISCELLANEOUS RECEIPTS	B	-10,994	NURSING SCHOOL	20.00	0	46.00
47.00			0		0.00	0	47.00
48.00	MISCELLANEOUS RECEIPTS	B	-111,880	CARDIAC REHABILITATION	76.97	0	48.00
49.00	MISCELLANEOUS RECEIPTS	B	-7,800	NURSERY	43.00	0	49.00
49.01	MISCELLANEOUS RECEIPTS	B	-150	ANESTHESIOLOGY	53.00	0	49.01
49.02	MISCELLANEOUS RECEIPTS	B	-21,193	RADIOLOGY-THERAPEUTIC	55.00	0	49.02
49.03	MISCELLANEOUS RECEIPTS	B	-310	EMERGENCY	91.00	0	49.03
49.04	MISCELLANEOUS RECEIPTS	B	-260	CT SCAN	57.00	0	49.04
49.05	MISCELLANEOUS RECEIPTS	B	-905	RADIOLOGY-DIAGNOSTIC	54.00	0	49.05
49.06	MISCELLANEOUS RECEIPTS	B	-300	LABORATORY	60.00	0	49.06
49.07			0		0.00	0	49.07
49.08	MISCELLANEOUS RECEIPTS	B	-616	HOME HEALTH AGENCY	101.00	0	49.08
49.09	MISCELLANEOUS RECEIPTS	B	-129	HOSPICE	116.00	0	49.09
49.10			0		0.00	0	49.10
49.11	MISCELLANEOUS RECEIPTS	B	-1,160	OPERATION OF PLANT	7.00	0	49.11
49.12	SCHOOL OF RAD TECH TUITION	A	-182,344	SCHOOL OF RADIOLOGICAL TECHNOLO	20.03	0	49.12
49.13	SCHOOL OF SURG TECH TUITION	A	-78,339	SCHOOL OF SURGICAL TECHNOLOGY	20.02	0	49.13
49.14	SCHOOL OF MED TECH TUITION	B	-181,087	SCHOOL OF MEDICAL TECHNOLOGY	20.01	0	49.14
49.15	INSURANCE DIVIDEND	B	-311,000	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.15
49.16	RETAIL PHARMACY SALES	B	-874	DRUGS CHARGED TO PATIENTS	73.00	0	49.16
49.17			0		0.00	0	49.17
49.18	EQUIPMENT RENTAL	B	-7,800	NURSERY	43.00	0	49.18
49.19	CLINICAL COMPENSATION	B	-14,149	CARDIOVASCULAR LAB	54.03	0	49.19
49.20	SUPPLIES SOLD	B	-153,393	PURCHASING	5.03	0	49.20
49.21	340 B DRUG PROGRAM	A	-747,489	DRUGS CHARGED TO PATIENTS	73.00	0	49.21
49.22			0		0.00	0	49.22
49.23	PRISONER MEALS	B	-55,513	DIETARY	10.00	0	49.23
49.24			0		0.00	0	49.24
49.25			0		0.00	0	49.25
49.26	OFFICE CLEANING & OTHER	B	-81,074	HOUSEKEEPING	9.00	0	49.26
49.27	INTEREST	B	-528,336	NEW CAP-REL CSTS-BLDGS & FIX #9	1.08	9	49.27
49.28	STERLIZING REVENUE	B	-2,113	CENTRAL SERVICES & SUPPLY	14.00	0	49.28
49.29	OTHER MISC CAFETERIA REVENUE	B	-560	DIETARY	10.00	0	49.29
49.30	RENTAL INCOME	B	-683,343	OPERATION OF PLANT	7.00	0	49.30
49.31	RHC PHYSICIAN HOSPITAL COST	A	-480	RURAL HEALTH CLINIC III	88.02	0	49.31
49.32	HOSPITALIST EXPENSE - SALARY	A	-31,398	ADULTS & PEDIATRICS	30.00	0	49.32
49.33	HOSPITALIST EXPENSE - OTHER	A	-453,286	ADULTS & PEDIATRICS	30.00	0	49.33
49.34	ANESTHESIA - PROF - SALARY	A	-15,833	ANESTHESIOLOGY	53.00	0	49.34
49.35	ANESTHESIA - PROF - OTHER	A	-707,513	ANESTHESIOLOGY	53.00	0	49.35
49.36	SELF-INSURED COST	A	-3,181,169	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.36
49.37	MHA EXPENSE	A	-255,969	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.37
49.38	MHA PAID TO POOL	A	-1,422,195	OTHER ADMINISTRATIVE & GENERAL	5.06	0	49.38
49.39	REAL ESTATE TAXES	A	-4,156	PURCHASING	5.03	0	49.39
49.40	REAL ESTATE TAXES	A	-135,890	OPERATION OF PLANT	7.00	0	49.40
49.41			0		0.00	0	49.41
49.42			0		0.00	0	49.42
49.43			0		0.00	0	49.43
49.44			0		0.00	0	49.44
49.45			0		0.00	0	49.45
49.46			0		0.00	0	49.46
49.47			0		0.00	0	49.47
49.48			0		0.00	0	49.48
49.49			0		0.00	0	49.49
49.50			0		0.00	0	49.50
49.51			0		0.00	0	49.51

ADJUSTMENTS TO EXPENSES

Provider CCN: 260110

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

Worksheet A-8

Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		3,854,863				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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-1 Date/Time Prepared: 5/28/2015 10:42 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	8,045,187	152,642	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	2,020,520	0	2.00
3.00	5.01	COMMUNICATIONS	COMMUNICATIONS	921,920	0	3.00
4.00	5.02	DATA PROCESSING	DATA PROCESSING	5,618,310	0	4.00
4.01	5.03	PURCHASING	PURCHASING	29,751	0	4.01
4.02	5.05	CREDIT & COLLECTIONS	CREDIT & COLLECTIONS	3,531,682	0	4.02
4.03	5.06	OTHER ADMINISTRATIVE & GENER	OTHER ADMINISTRATIVE & GENER	19,802,869	4,272,058	4.03
4.04	6.00	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	699,376	0	4.04
4.05	7.00	OPERATION OF PLANT	OPERATION OF PLANT	197,486	-719,307	4.05
4.06	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	710,858	0	4.06
4.07	193.06	SE HOSP PHYSICIANS LLC	SE HOSP PHYSICIANS LLC	1,822,956	2,230,126	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			43,400,915	5,935,519	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	C		0.00	SOUTHEAST HEALTH OF RIPLEY COUNTY	100.00	6.00
7.00	C		0.00	SOUTHEAST HEALTH OF STODDARD COUNTY	100.00	7.00
8.00	C		0.00	SOUTHEAST HEALTH OF REYNOLDS COUNTY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 5/28/2015 10:42 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	7,892,545	9		1.00
2.00	2,020,520	0		2.00
3.00	921,920	0		3.00
4.00	5,618,310	0		4.00
4.01	29,751	0		4.01
4.02	3,531,682	0		4.02
4.03	15,530,811	0		4.03
4.04	699,376	0		4.04
4.05	916,793	0		4.05
4.06	710,858	0		4.06
4.07	-407,170	0		4.07
5.00	37,465,396			5.00

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

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

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

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

6.00	HOSPITAL		6.00
7.00	HOSPITAL		7.00
8.00	HOSPITAL		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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-2 | Date/Time Prepared: 5/28/2015 10:42 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	ADMITTING	31,527	31,527	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	142,016	142,016	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	6,421,729	6,421,729	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	611,233	611,233	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	89,690	89,690	0	0	0	5.00
6.00	54.03	CARDIOVASCULAR LAB	63,866	63,866	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	5,325	5,325	0	0	0	7.00
8.00	69.01	CV DIAGNOSTIC	24,981	24,981	0	0	0	8.00
9.00	70.01	NEUROPHYSIOLOGY	71,171	71,171	0	0	0	9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	237,715	237,715	0	0	0	10.00
11.00	91.00	EMERGENCY	6,935,178	6,935,178	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	6,215,977	6,215,977	0	0	0	12.00
200.00			20,850,408	20,850,408	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	ADMITTING	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	54.03	CARDIOVASCULAR LAB	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	69.01	CV DIAGNOSTIC	0	0	0	0	0	8.00
9.00	70.01	NEUROPHYSIOLOGY	0	0	0	0	0	9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	ADMITTING	0	0	0	31,527		1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	142,016		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	6,421,729		3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	611,233		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	89,690		5.00
6.00	54.03	CARDIOVASCULAR LAB	0	0	0	63,866		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	5,325		7.00
8.00	69.01	CV DIAGNOSTIC	0	0	0	24,981		8.00
9.00	70.01	NEUROPHYSIOLOGY	0	0	0	71,171		9.00
10.00	90.01	HYPERBARIC WOUND CLINIC	0	0	0	237,715		10.00
11.00	91.00	EMERGENCY	0	0	0	6,935,178		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	6,215,977		12.00
200.00			0	0	0	20,850,408		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	280,867	280,867				1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	312,666	0	312,666			1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	598,644	0	0	598,644		1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	272,523	0	0	0	272,523	1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	223,657	0	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	500,186	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	910,846	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	9,439,584	0	0	0	0	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,689,395					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,411,832	0	4,070	0	0	4.00
5.01	01160	COMMUNICATIONS	867,716	2,679	0	0	0	5.01
5.02	00550	DATA PROCESSING	5,618,310	0	4,143	1,776	0	5.02
5.03	00560	PURCHASING	514,403	0	6,737	51,880	0	5.03
5.04	00570	ADMITTING	2,593,646	0	21,720	0	15,192	5.04
5.05	00580	CREDIT & COLLECTIONS	4,955,754	8,652	0	0	6,141	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	41,925,112	38,067	20,485	0	42,905	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,867,130	0	0	13,588	32,186	6.00
7.00	00700	OPERATION OF PLANT	5,229,643	15,963	13,080	42,384	11,991	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,847	3,860	974	8.00
9.00	00900	HOUSEKEEPING	3,866,089	0	9,600	6,923	2,130	9.00
10.00	01000	DIETARY	1,992,067	0	21,479	0	55,644	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,134,349	30,908	16,280	6,215	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,996,136	0	1,123	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	285,615	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	24,253	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,328,299	32,876	63,650	399,602	66,076	30.00
33.01	03301	ADULT SPECIAL CARE	2,845,015	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	1,163,038	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	1,146,256	0	0	67,475	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,153,440	0	45,029	0	0	41.00
43.00	04300	NURSERY	789,420	0	0	0	8,607	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,041,160	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,202,548	0	27,721	0	22,618	52.00
53.00	05300	ANESTHESIOLOGY	804,292	0	5,749	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,825,934	0	0	0	0	54.00
54.01	05401	ULTRASOUND	706,399	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	3,658,054	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,015,788	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	957,885	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,476,341	0	0	0	0	56.01
57.00	05700	CT SCAN	1,141,280	0	0	0	0	57.00
58.00	05800	MRI	578,389	0	0	0	0	58.00
60.00	06000	LABORATORY	7,021,827	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	963,018	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,119,060	15,824	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	965,038	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,283,188	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	225,301	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	185,197	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	1,548,487	0	0	0	0	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	690,492	47,597	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,917,602	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,389,996	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,107,096	57,490	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	346,926	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	293,629	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,268,356	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,724,361	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	630,091	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	197,306	0	0	0	0	90.02
91.00	09100	EMERGENCY	5,482,338	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	1,054,984	0	46,472	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,417,799	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,832,803	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	241,008,856	250,056	309,185	593,703	264,464	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,625	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	72	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	15,647	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	47,982	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	29,782,223	0	2,167	2,316	8,059	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,197,975	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	2,782,078	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	30,811	1,314	0	0	193.11
193.13	19313	HEALTHPOINT	1,882,365	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	94,466	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	281,811,664	280,867	312,666	598,644	272,523	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0					1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	223,657				1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	500,186			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	910,846		1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	9,439,584	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	29,211	0	0	29,141	4.00
5.01	01160	COMMUNICATIONS	0	0	2,447	0	9,503	5.01
5.02	00550	DATA PROCESSING	0	39,960	7,969	0	60,140	5.02
5.03	00560	PURCHASING	0	0	0	0	75,330	5.03
5.04	00570	ADMITTING	0	0	0	0	91,643	5.04
5.05	00580	CREDIT & COLLECTIONS	0	0	0	0	26,420	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	9,214	2,719	224,637	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	75,888	217,524	6.00
7.00	00700	OPERATION OF PLANT	0	43,715	82,827	0	450,209	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	335	1,108	54,439	8.00
9.00	00900	HOUSEKEEPING	0	7,646	837	1,992	47,916	9.00
10.00	01000	DIETARY	0	0	0	0	186,713	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	75,106	1,872	0	181,141	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	56,843	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	202,838	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	14,556	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	13,779	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	31,575	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	157,906	0	1,252,549	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	55,731	0	153,453	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	156,556	260,315	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	75,503	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	115,486	41.00
43.00	04300	NURSERY	0	0	0	0	20,359	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	88,694	182,559	601,690	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	124,585	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	62,302	118,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,591	70,204	54.00
54.01	05401	ULTRASOUND	0	0	0	12,989	55,835	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	23,970	48,785	223,111	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	185,615	687,617	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	307,915	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	17,335	28,825	56.01
57.00	05700	CT SCAN	0	0	0	9,560	50,134	57.00
58.00	05800	MRI	0	0	0	0	58,888	58.00
60.00	06000	LABORATORY	0	0	43,594	8,850	187,490	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,726	0	4,751	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,435	40,329	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,140	0	25,168	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	221,642	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,882	0	5,183	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	941	0	2,592	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,602	4,511	20,172	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,609	0	65,122	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,385	61,623	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	28,019	0	0	17,940	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	38,068	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	244,765	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	115,414	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	71,990	90.02
91.00	09100	EMERGENCY	0	0	0	105,666	175,698	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	119,186	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	47,312	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	47,312	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	223,657	496,296	910,846	7,690,910	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	32,482	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	56,152	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	662,622	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	25,024	193.08
193.09	19309	OUTREACH LAB	0	0	3,890	0	20,992	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	116,004	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	756,036	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	7,300	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	72,062	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	223,657	500,186	910,846	9,439,584	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			1.09	1.10	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0					1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0				1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			15,689,395			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	57,887	8,532,141		4.00
5.01	01160	COMMUNICATIONS	0	0	87,775	0	970,120	5.01
5.02	00550	DATA PROCESSING	0	0	8,424,573	0	16,769	5.02
5.03	00560	PURCHASING	0	0	76,709	51,327	7,849	5.03
5.04	00570	ADMITTING	0	0	4,438	175,240	29,257	5.04
5.05	00580	CREDIT & COLLECTIONS	0	0	8,884	52,840	28,543	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	274,740	359,046	91,339	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	40,991	116,639	10,704	6.00
7.00	00700	OPERATION OF PLANT	0	0	126,754	0	2,498	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	59,989	195,131	6,779	9.00
10.00	01000	DIETARY	0	0	17,943	107,531	8,920	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	89,385	223,806	18,553	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	75,916	75,322	5,352	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	11,107	137,440	14,985	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	1,089	10,882	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	480	4,032	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	3,214	13,294	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	244,588	1,036,711	132,374	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	41,844	198,839	14,272	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	39,580	82,521	9,990	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	7,038	82,419	6,065	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,623	84,887	11,774	41.00
43.00	04300	NURSERY	0	0	21,408	60,482	3,568	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	897,246	425,953	47,810	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	59,824	148,446	18,196	52.00
53.00	05300	ANESTHESIOLOGY	0	0	147,564	45,774	9,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	422,362	195,717	32,111	54.00
54.01	05401	ULTRASOUND	0	0	88,154	46,712	3,925	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	454,924	122,760	12,131	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	899,775	105,879	13,558	55.00
55.01	05501	CHEMOTHERAPY	0	0	33,136	58,671	2,854	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	137,281	30,446	4,282	56.01
57.00	05700	CT SCAN	0	0	726,416	46,765	3,568	57.00
58.00	05800	MRI	0	0	404,971	28,809	6,779	58.00
60.00	06000	LABORATORY	0	0	306,054	244,569	24,619	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,103	75	2,141	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	73,705	134,101	7,849	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,680	74,161	4,638	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	31,590	172,137	27,473	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,858	17,712	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	758	14,281	714	68.00
69.01	06901	CV DIAGNOSTIC	0	0	119,904	66,892	17,840	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	38,586	44,050	10,347	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			1.09	1.10	2.00	4.00	5.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,250	217,922	7,849	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	9,202	34,406	4,638	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	9,617	19,817	6,065	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	11,732	158,411	17,126	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	8,471	100,809	5,352	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	47,650	29,144	8,563	90.01
90.02	09002	DIABETES CENTER	0	0	1,647	14,559	4,638	90.02
91.00	09100	EMERGENCY	0	0	87,073	318,910	27,473	91.00
91.01	09101	G.I. LABORATORY	0	0	119,199	62,694	8,563	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	29,832	94,105	11,774	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	287	104,127	13,201	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	14,930,806	6,247,203	785,301	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	397	0	714	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	3,175	0	3,211	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	264	718	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	590,596	2,004,681	130,943	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	10,640	58,568	8,920	193.08
193.09	19309	OUTREACH LAB	0	0	8,258	111,777	2,854	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	21,553	0	11,417	193.11
193.13	19313	HEALTHPOINT	0	0	113,231	106,263	23,905	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	10,196	2,931	714	194.00
194.01	07951	FOUNDATION OFFICE	0	0	279	0	2,141	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	15,689,395	8,532,141	970,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Subtotal	DATA PROCESSING	PURCHASING	ADMITTING	CREDIT & COLLECTIONS	
			5A.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	14,173,640	14,173,640				5.02
5.03	00560	PURCHASING	784,235	47,410	831,645			5.03
5.04	00570	ADMITTING	2,931,136	177,199	547	3,108,882		5.04
5.05	00580	CREDIT & COLLECTIONS	5,087,234	307,544	995	0	5,395,773	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	42,988,264	2,598,746	2,430	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,374,650	264,465	165	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,019,064	363,876	585	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62,563	3,782	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,205,032	254,211	1,101	0	0	9.00
10.00	01000	DIETARY	2,390,297	144,503	336	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,777,615	288,826	2,987	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,210,692	133,645	14,072	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	651,985	39,415	1,115	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	26,527	1,604	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	18,291	1,106	176	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	72,336	4,373	144	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,714,631	1,070,920	41,866	92,302	160,202	30.00
33.01	03301	ADULT SPECIAL CARE	3,309,154	200,052	27,589	29,706	51,559	33.01
34.01	03401	CARDIOTHORACIC ICU	1,712,000	103,497	5,502	9,075	15,750	34.01
40.00	04000	SUBPROVIDER - IPF	1,384,756	83,714	226	11,569	20,080	40.00
41.00	04100	SUBPROVIDER - IRF	1,421,239	85,920	1,365	6,681	11,596	41.00
43.00	04300	NURSERY	903,844	54,641	3,194	10,597	18,392	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,285,112	621,776	52,862	348,757	605,315	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,603,938	157,418	20,260	23,314	40,465	52.00
53.00	05300	ANESTHESIOLOGY	1,193,651	72,161	46,143	81,057	140,684	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,564,919	215,514	48,950	65,023	112,856	54.00
54.01	05401	ULTRASOUND	914,014	55,256	2,668	16,177	28,078	54.01
54.03	05403	CARDIOVASCULAR LAB	4,543,735	274,687	125,848	130,730	226,900	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,908,232	236,268	2,924	71,546	124,179	55.00
55.01	05501	CHEMOTHERAPY	1,360,461	82,245	6,410	26,063	45,237	55.01
56.01	05601	NUCLEAR MEDICINE	1,694,510	102,440	242	79,543	138,057	56.01
57.00	05700	CT SCAN	1,977,723	119,561	10,305	89,298	154,988	57.00
58.00	05800	MRI	1,077,836	65,159	526	29,445	51,106	58.00
60.00	06000	LABORATORY	7,837,003	473,778	1,591	299,514	519,847	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	975,814	58,992	696	24,903	43,223	63.00
65.00	06500	RESPIRATORY THERAPY	2,405,303	145,410	3,058	78,864	136,879	65.00
66.00	06600	PHYSICAL THERAPY	1,089,825	65,884	132	21,908	38,024	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,736,030	165,404	295	36,758	63,798	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	252,936	15,291	17	8,494	14,742	67.00
68.00	06800	SPEECH PATHOLOGY	204,483	12,362	0	7,349	12,756	68.00
69.01	06901	CV DIAGNOSTIC	1,782,408	107,754	794	108,794	188,826	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	898,803	54,336	4,725	64,403	111,780	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,917,602	720,467	0	359,005	623,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,389,996	1,111,749	283,101	372,203	646,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,471,615	1,177,137	1,028	401,399	696,567	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Subtotal	DATA PROCESSING	PURCHASING	ADMITTING	CREDIT & COLLECTIONS	
			5A.01	5.02	5.03	5.04	5.05	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	441,131	26,668	177	3,586	6,224	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	367,196	22,198	2	1,227	2,130	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,700,390	163,249	1,058	13,441	23,329	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,954,407	118,152	1,255	10,533	18,281	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	715,448	43,252	259	13,843	24,027	90.01
90.02	09002	DIABETES CENTER	290,140	17,540	47	450	781	90.02
91.00	09100	EMERGENCY	6,197,158	374,643	47,461	104,733	181,779	91.00
91.01	09101	G.I. LABORATORY	1,411,098	85,307	21,761	42,173	73,197	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,600,822	96,776	1,021	5,281	9,167	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,997,730	120,771	854	9,138	15,861	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	235,980,654	13,409,054	790,865	3,108,882	5,395,773	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,218	2,190	39	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	72	4	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	78,185	4,727	3	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	48,964	2,960	443	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	33,183,607	0	37,970	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,301,127	380,928	178	0	0	193.08
193.09	19309	OUTREACH LAB	2,929,849	177,121	116	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	181,099	10,948	950	0	0	193.11
193.13	19313	HEALTHPOINT	2,881,800	174,216	906	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	115,607	6,989	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	74,482	4,503	175	0	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	281,811,664	14,173,640	831,645	3,108,882	5,395,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	45,589,440	45,589,440				5.06
6.00	00600	MAINTENANCE & REPAIRS	4,639,280	895,353	5,534,633			6.00
7.00	00700	OPERATION OF PLANT	6,383,525	1,231,982	591,186	8,206,693		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,345	12,804	2,358	54,120	135,627	8.00
9.00	00900	HOUSEKEEPING	4,460,344	860,820	104,327	47,636	8,081	9.00
10.00	01000	DIETARY	2,535,136	489,266	140,871	185,619	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,069,428	978,369	31,829	180,080	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,358,409	455,159	61,889	56,510	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	692,515	133,651	87,234	201,650	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	28,131	5,429	0	14,471	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	19,573	3,777	0	13,698	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	76,853	14,832	0	31,390	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,079,921	3,682,310	1,673,946	1,245,217	25,668	30.00
33.01	03301	ADULT SPECIAL CARE	3,618,060	698,264	116,115	152,555	2,963	33.01
34.01	03401	CARDIOTHORACIC ICU	1,845,824	356,233	83,108	258,790	3,078	34.01
40.00	04000	SUBPROVIDER - IPF	1,500,345	289,558	66,604	75,061	3,124	40.00
41.00	04100	SUBPROVIDER - IRF	1,526,801	294,663	113,758	114,810	3,577	41.00
43.00	04300	NURSERY	990,668	191,193	79,571	20,239	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,913,822	2,299,296	394,320	598,167	26,463	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,845,395	549,144	0	123,856	4,243	52.00
53.00	05300	ANESTHESIOLOGY	1,533,696	295,994	18,861	117,644	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,007,262	773,378	215,137	69,793	2,019	54.00
54.01	05401	ULTRASOUND	1,016,193	196,119	49,511	55,508	1,904	54.01
54.03	05403	CARDIOVASCULAR LAB	5,301,900	1,023,235	174,468	221,804	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,343,149	838,202	105,506	683,590	1,620	55.00
55.01	05501	CHEMOTHERAPY	1,520,416	293,431	24,756	306,111	1,524	55.01
56.01	05601	NUCLEAR MEDICINE	2,014,792	388,843	7,073	28,656	0	56.01
57.00	05700	CT SCAN	2,351,875	453,898	27,113	49,840	0	57.00
58.00	05800	MRI	1,224,072	236,239	45,385	58,543	1,896	58.00
60.00	06000	LABORATORY	9,131,733	1,762,370	109,042	186,392	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,103,628	212,994	1,768	4,723	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,769,514	534,500	27,703	40,092	0	65.00
66.00	06600	PHYSICAL THERAPY	1,215,773	234,637	25,345	25,020	1,551	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,002,285	579,423	1,768	220,344	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	291,480	56,254	2,358	5,153	0	67.00
68.00	06800	SPEECH PATHOLOGY	236,950	45,730	589	2,576	0	68.00
69.01	06901	CV DIAGNOSTIC	2,188,576	422,382	34,776	20,053	3,477	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,134,047	218,864	48,332	64,741	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,620,176	2,628,612	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,803,058	4,014,865	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	21,747,746	4,197,184	24,756	61,262	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	477,786	92,210	9,431	17,835	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	392,753	75,799	10,020	37,845	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,901,467	559,966	41,259	243,332	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,102,628	405,795	34,776	114,738	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	796,829	153,783	30,060	0	0	90.01
90.02	09002	DIABETES CENTER	308,958	59,627	8,841	71,568	0	90.02
91.00	09100	EMERGENCY	6,905,774	1,332,773	307,676	174,669	41,027	91.00
91.01	09101	G.I. LABORATORY	1,633,536	315,263	36,544	118,488	3,412	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,713,067	330,612	16,504	47,035	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,144,354	413,847	25,934	47,035	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	235,175,288	36,588,932	5,012,408	6,468,259	135,627	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,447	7,420	43,617	32,292	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	76	15	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	82,915	16,002	37,133	55,823	0	193.03
193.04	19304	COMMUNITY WELLNESS	52,367	10,107	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	33,221,577	6,411,532	376,049	658,742	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,682,233	1,289,631	27,703	24,877	0	193.08
193.09	19309	OUTREACH LAB	3,107,086	599,649	0	20,869	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	192,997	37,247	0	115,325	0	193.11
193.13	19313	HEALTHPOINT	3,056,922	589,968	16,504	751,609	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	122,596	23,660	1,768	7,257	0	194.00
194.01	07951	FOUNDATION OFFICE	79,160	15,277	19,451	71,640	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	281,811,664	45,589,440	5,534,633	8,206,693	135,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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	5,481,208					9.00
10.00	01000	DIETARY	125,531	3,476,423				10.00
11.00	01100	CAFETERIA	0	2,307,134	2,307,134			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	121,784	0	100,624	0	6,482,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,217	0	55,613	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	136,372	0	57,525	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	9,787	0	4,466	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	9,264	0	2,187	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	21,228	0	4,431	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	842,114	910,315	464,200	0	3,817,244	30.00
33.01	03301	ADULT SPECIAL CARE	103,170	47,853	80,071	0	666,217	33.01
34.01	03401	CARDIOTHORACIC ICU	175,015	21,710	37,190	0	306,100	34.01
40.00	04000	SUBPROVIDER - IPF	50,762	95,836	39,480	0	324,106	40.00
41.00	04100	SUBPROVIDER - IRF	77,643	78,828	36,125	0	288,094	41.00
43.00	04300	NURSERY	13,688	0	15,607	0	126,041	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	404,528	6,529	185,137	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,761	0	81,708	0	0	52.00
53.00	05300	ANESTHESIOLOGY	79,560	0	21,000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,200	121	97,715	0	0	54.00
54.01	05401	ULTRASOUND	37,539	0	13,832	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	150,002	121	48,091	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	462,299	0	40,144	0	0	55.00
55.01	05501	CHEMOTHERAPY	207,017	0	29,060	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	19,379	1,074	11,061	0	0	56.01
57.00	05700	CT SCAN	33,706	0	16,774	0	0	57.00
58.00	05800	MRI	39,591	0	10,683	0	0	58.00
60.00	06000	LABORATORY	126,053	0	149,779	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,194	0	23	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	27,114	0	68,506	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,921	0	28,877	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	149,014	0	76,098	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,485	0	8,645	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,742	61	4,488	0	0	68.00
69.01	06901	CV DIAGNOSTIC	13,562	0	31,625	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	43,783	216	21,801	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,431	0	69,766	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	12,061	0	13,958	0	108,035	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	25,594	0	9,664	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	164,560	0	47,793	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	77,595	0	25,614	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	16,832	0	0	90.01
90.02	09002	DIABETES CENTER	48,400	0	6,710	0	54,018	90.02
91.00	09100	EMERGENCY	118,125	6,625	170,825	0	0	91.00
91.01	09101	G.I. LABORATORY	80,131	0	27,870	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	31,809	0	0	0	270,088	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	31,809	0	0	0	342,112	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,305,540	3,476,423	2,231,598	0	6,302,055	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,838	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	37,752	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	206	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	445,494	0	0	0	18,006	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	16,824	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	14,113	0	75,330	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	77,992	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	508,298	0	0	0	162,053	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	4,908	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	48,449	0	0	0	0	194.01
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)	5,481,208	3,476,423	2,307,134	0	6,482,114	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,025,797					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,887	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	32,072	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	7,330	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	461	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,098	0	0	0	0	41.00
43.00	04300	NURSERY	2,882	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	319,986	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,941	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	47,278	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,783	0	0	0	0	54.00
54.01	05401	ULTRASOUND	3,248	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	480,718	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,477	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	7,524	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	216	0	0	0	0	56.01
57.00	05700	CT SCAN	10,074	0	0	0	0	57.00
58.00	05800	MRI	1,068	0	0	0	0	58.00
60.00	06000	LABORATORY	190,164	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,715	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	23,130	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	192	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	1,004	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	3,628	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	6,163	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,657,231	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	101	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,584	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,103	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	2,917	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	46,893	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	20,344	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,253	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	999	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,004,464	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	21,333	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,025,797	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			20.00	20.01	20.02	20.03	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	1,308,947					20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	62,284				20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	48,499			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	148,734		20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	944,387	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	42,014	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	39,961	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	149,504	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	62,984	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,860	0	48,499	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	148,734	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	57,520	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
			20.00	20.01	20.02	20.03	21.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	51,619	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	9,752	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,866	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,308,947	57,520	48,499	148,734	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	4,764	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	1,308,947	62,284	48,499	148,734	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			22.00	23.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO						20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	32,744,209	0	32,744,209	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	5,559,354	0	5,559,354	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	3,134,339	0	3,134,339	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	2,594,841	0	2,594,841	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,599,381	0	2,599,381	41.00
43.00	04300	NURSERY	0	0	1,439,889	0	1,439,889	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	16,199,607	0	16,199,607	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,705,048	0	3,705,048	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,114,033	0	2,114,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,404,142	0	5,404,142	54.00
54.01	05401	ULTRASOUND	0	0	1,373,854	0	1,373,854	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	7,400,339	0	7,400,339	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	6,476,987	0	6,476,987	55.00
55.01	05501	CHEMOTHERAPY	0	0	2,389,839	0	2,389,839	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,471,094	0	2,471,094	56.01
57.00	05700	CT SCAN	0	0	2,943,280	0	2,943,280	57.00
58.00	05800	MRI	0	0	1,617,477	0	1,617,477	58.00
60.00	06000	LABORATORY	0	0	11,713,053	0	11,713,053	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,337,045	0	1,337,045	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,490,559	0	3,490,559	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,548,316	0	1,548,316	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	4,029,936	0	4,029,936	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	367,375	0	367,375	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	292,136	0	292,136	68.00
69.01	06901	CV DIAGNOSTIC	0	0	2,718,079	0	2,718,079	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			22.00	23.00	24.00	25.00	26.00	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	1,537,947	0	1,537,947	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,248,788	0	16,248,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	26,475,154	0	26,475,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	26,142,145	0	26,142,145	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	731,316	0	731,316	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	551,776	0	551,776	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	3,959,961	0	3,959,961	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	2,763,249	0	2,763,249	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	1,000,421	0	1,000,421	90.01
90.02	09002	DIABETES CENTER	0	0	558,122	0	558,122	90.02
91.00	09100	EMERGENCY	0	0	9,156,006	0	9,156,006	91.00
91.01	09101	G.I. LABORATORY	0	0	2,235,588	0	2,235,588	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	2,420,120	0	2,420,120	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	3,011,956	0	3,011,956	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	222,456,761	0	222,456,761	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	143,614	0	143,614	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	91	0	91	193.02
193.03	19303	LACEYS RESTAURANT	0	0	229,625	0	229,625	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	62,680	0	62,680	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	41,152,733	0	41,152,733	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	8,041,268	0	8,041,268	193.08
193.09	19309	OUTREACH LAB	0	0	3,821,811	0	3,821,811	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	423,561	0	423,561	193.11
193.13	19313	HEALTHPOINT	0	0	5,085,354	0	5,085,354	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	160,189	0	160,189	194.00
194.01	07951	FOUNDATION OFFICE	0	0	233,977	0	233,977	194.01
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)	0	0	281,811,664	0	281,811,664	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,070	0	0	4.00
5.01	01160	COMMUNICATIONS	0	2,679	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	4,143	1,776	0	5.02
5.03	00560	PURCHASING	0	0	6,737	51,880	0	5.03
5.04	00570	ADMITTING	0	0	21,720	0	15,192	5.04
5.05	00580	CREDIT & COLLECTIONS	0	8,652	0	0	6,141	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	38,067	20,485	0	42,905	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	13,588	32,186	6.00
7.00	00700	OPERATION OF PLANT	0	15,963	13,080	42,384	11,991	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,847	3,860	974	8.00
9.00	00900	HOUSEKEEPING	0	0	9,600	6,923	2,130	9.00
10.00	01000	DIETARY	0	0	21,479	0	55,644	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	30,908	16,280	6,215	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,123	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	32,876	63,650	399,602	66,076	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	67,475	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	45,029	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	8,607	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	27,721	0	22,618	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,749	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,824	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
			0	1.00	1.01	1.02	1.03	
70.01	07001	NEUROPHYSIOLOGY	0	47,597	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	57,490	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	46,472	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	250,056	309,185	593,703	264,464	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,625	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	2,167	2,316	8,059	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	30,811	1,314	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	280,867	312,666	598,644	272,523	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	29,211	0	0	29,141	4.00
5.01	01160	COMMUNICATIONS	0	0	2,447	0	9,503	5.01
5.02	00550	DATA PROCESSING	0	39,960	7,969	0	60,140	5.02
5.03	00560	PURCHASING	0	0	0	0	75,330	5.03
5.04	00570	ADMITTING	0	0	0	0	91,643	5.04
5.05	00580	CREDIT & COLLECTIONS	0	0	0	0	26,420	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	9,214	2,719	224,637	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	75,888	217,524	6.00
7.00	00700	OPERATION OF PLANT	0	43,715	82,827	0	450,209	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	335	1,108	54,439	8.00
9.00	00900	HOUSEKEEPING	0	7,646	837	1,992	47,916	9.00
10.00	01000	DIETARY	0	0	0	0	186,713	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	75,106	1,872	0	181,141	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	56,843	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	202,838	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	14,556	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	13,779	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	31,575	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	157,906	0	1,252,549	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	55,731	0	153,453	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	156,556	260,315	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	75,503	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	115,486	41.00
43.00	04300	NURSERY	0	0	0	0	20,359	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	88,694	182,559	601,690	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	124,585	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	62,302	118,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,591	70,204	54.00
54.01	05401	ULTRASOUND	0	0	0	12,989	55,835	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	23,970	48,785	223,111	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	185,615	687,617	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	307,915	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	17,335	28,825	56.01
57.00	05700	CT SCAN	0	0	0	9,560	50,134	57.00
58.00	05800	MRI	0	0	0	0	58,888	58.00
60.00	06000	LABORATORY	0	0	43,594	8,850	187,490	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,726	0	4,751	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,435	40,329	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,140	0	25,168	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	221,642	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,882	0	5,183	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	941	0	2,592	68.00
69.01	06901	CV DIAGNOSTIC	0	0	4,602	4,511	20,172	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	2,609	0	65,122	70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
			1.04	1.05	1.06	1.07	1.08	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,385	61,623	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	28,019	0	0	17,940	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	38,068	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	244,765	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	115,414	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	71,990	90.02
91.00	09100	EMERGENCY	0	0	0	105,666	175,698	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	119,186	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	47,312	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	47,312	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	223,657	496,296	910,846	7,690,910	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	32,482	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	56,152	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	662,622	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	25,024	193.08
193.09	19309	OUTREACH LAB	0	0	3,890	0	20,992	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	116,004	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	756,036	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	7,300	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	72,062	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	223,657	500,186	910,846	9,439,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	57,887	120,309	120,309	4.00
5.01	01160	COMMUNICATIONS	0	0	87,775	102,404	0	5.01
5.02	00550	DATA PROCESSING	0	0	8,424,573	8,538,561	0	5.02
5.03	00560	PURCHASING	0	0	76,709	210,656	724	5.03
5.04	00570	ADMITTING	0	0	4,438	132,993	2,471	5.04
5.05	00580	CREDIT & COLLECTIONS	0	0	8,884	50,097	745	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	274,740	612,767	5,063	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	40,991	380,177	1,645	6.00
7.00	00700	OPERATION OF PLANT	0	0	126,754	786,923	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	62,563	0	8.00
9.00	00900	HOUSEKEEPING	0	0	59,989	137,033	2,751	9.00
10.00	01000	DIETARY	0	0	17,943	281,779	1,516	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	89,385	400,907	3,156	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	75,916	133,882	1,062	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	11,107	213,945	1,938	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	1,089	15,645	153	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	480	14,259	57	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	3,214	34,789	187	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	244,588	2,217,247	14,618	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	41,844	251,028	2,804	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	39,580	456,451	1,164	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	7,038	150,016	1,162	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,623	171,138	1,197	41.00
43.00	04300	NURSERY	0	0	21,408	50,374	853	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	897,246	1,770,189	6,006	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	59,824	234,748	2,093	52.00
53.00	05300	ANESTHESIOLOGY	0	0	147,564	333,952	645	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	422,362	511,157	2,760	54.00
54.01	05401	ULTRASOUND	0	0	88,154	156,978	659	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	454,924	750,790	1,731	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	899,775	1,773,007	1,493	55.00
55.01	05501	CHEMOTHERAPY	0	0	33,136	341,051	827	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	137,281	183,441	429	56.01
57.00	05700	CT SCAN	0	0	726,416	786,110	659	57.00
58.00	05800	MRI	0	0	404,971	463,859	406	58.00
60.00	06000	LABORATORY	0	0	306,054	545,988	3,449	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	4,103	10,580	1	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	73,705	144,293	1,891	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,680	45,988	1,046	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	31,590	253,232	2,427	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,858	9,923	250	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	758	4,291	201	68.00
69.01	06901	CV DIAGNOSTIC	0	0	119,904	149,189	943	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	38,586	153,914	621	70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,250	138,748	3,073	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	9,202	55,161	485	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	9,617	47,685	279	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	11,732	256,497	2,234	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	8,471	123,885	1,421	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	47,650	47,650	411	90.01
90.02	09002	DIABETES CENTER	0	0	1,647	73,637	205	90.02
91.00	09100	EMERGENCY	0	0	87,073	368,437	4,497	91.00
91.01	09101	G.I. LABORATORY	0	0	119,199	284,857	884	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	29,832	77,144	1,327	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	287	47,599	1,468	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	14,930,806	25,669,923	88,087	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	397	35,504	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	3,175	59,327	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	264	264	10	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	590,596	1,265,760	28,271	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	10,640	35,664	826	193.08
193.09	19309	OUTREACH LAB	0	0	8,258	33,140	1,576	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	21,553	169,682	0	193.11
193.13	19313	HEALTHPOINT	0	0	113,231	869,267	1,498	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	10,196	17,496	41	194.00
194.01	07951	FOUNDATION OFFICE	0	0	279	72,341	0	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	15,689,395	28,228,368	120,309	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING	ADMITTING	CREDIT & COLLECTIONS	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	102,404					5.01
5.02	00550	DATA PROCESSING	1,770	8,540,331				5.02
5.03	00560	PURCHASING	829	28,567	240,776			5.03
5.04	00570	ADMITTING	3,088	106,770	158	245,480		5.04
5.05	00580	CREDIT & COLLECTIONS	3,013	185,308	288	0	239,451	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	9,642	1,565,985	703	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,130	159,351	48	0	0	6.00
7.00	00700	OPERATION OF PLANT	264	219,250	169	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,279	0	0	0	8.00
9.00	00900	HOUSEKEEPING	716	153,172	319	0	0	9.00
10.00	01000	DIETARY	942	87,069	97	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,958	174,029	865	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	565	80,527	4,074	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,582	23,749	323	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	966	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	666	51	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	2,635	42	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,968	645,273	12,121	7,287	7,109	30.00
33.01	03301	ADULT SPECIAL CARE	1,506	120,539	7,988	2,345	2,288	33.01
34.01	03401	CARDIOTHORACIC ICU	1,055	62,361	1,593	716	699	34.01
40.00	04000	SUBPROVIDER - IPF	640	50,441	65	913	891	40.00
41.00	04100	SUBPROVIDER - IRF	1,243	51,770	395	527	515	41.00
43.00	04300	NURSERY	377	32,923	925	837	816	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,047	374,645	15,305	27,533	26,860	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,921	94,851	5,866	1,841	1,796	52.00
53.00	05300	ANESTHESIOLOGY	1,017	43,480	13,359	6,399	6,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,390	129,856	14,172	5,133	5,008	54.00
54.01	05401	ULTRASOUND	414	33,294	772	1,277	1,246	54.01
54.03	05403	CARDIOVASCULAR LAB	1,281	165,510	36,436	10,321	10,068	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,431	142,361	846	5,648	5,510	55.00
55.01	05501	CHEMOTHERAPY	301	49,556	1,856	2,058	2,007	55.01
56.01	05601	NUCLEAR MEDICINE	452	61,724	70	6,280	6,126	56.01
57.00	05700	CT SCAN	377	72,041	2,984	7,050	6,877	57.00
58.00	05800	MRI	716	39,261	152	2,325	2,268	58.00
60.00	06000	LABORATORY	2,599	285,471	460	23,646	23,067	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	226	35,545	201	1,966	1,918	63.00
65.00	06500	RESPIRATORY THERAPY	829	87,616	885	6,226	6,074	65.00
66.00	06600	PHYSICAL THERAPY	490	39,698	38	1,730	1,687	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,900	99,663	85	2,902	2,831	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	9,213	5	671	654	67.00
68.00	06800	SPEECH PATHOLOGY	75	7,448	0	580	566	68.00
69.01	06901	CV DIAGNOSTIC	1,883	64,926	230	8,589	8,379	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,092	32,740	1,368	5,084	4,960	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	434,111	0	28,342	27,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	669,874	81,964	29,384	28,666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	829	709,273	298	31,733	30,930	73.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING	ADMITTING	CREDIT & COLLECTIONS	
			5.01	5.02	5.03	5.04	5.05	
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	490	16,069	51	283	276	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	640	13,375	1	97	95	88.00
88.01	08801	RURAL HEALTH CLINIC II	1,808	98,364	306	1,061	1,035	88.01
88.02	08802	RURAL HEALTH CLINIC III	565	71,191	363	832	811	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	904	26,061	75	1,093	1,066	90.01
90.02	09002	DIABETES CENTER	490	10,569	13	36	35	90.02
91.00	09100	EMERGENCY	2,900	225,738	13,741	8,268	8,066	91.00
91.01	09101	G.I. LABORATORY	904	51,401	6,300	3,329	3,248	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,243	58,312	296	417	407	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,394	72,769	247	721	704	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	82,896	8,079,636	228,969	245,480	239,451	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75	1,319	11	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	3	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	339	2,848	1	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	1,784	128	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	13,822	0	10,993	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	942	229,525	52	0	0	193.08
193.09	19309	OUTREACH LAB	301	106,723	34	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	1,205	6,597	275	0	0	193.11
193.13	19313	HEALTHPOINT	2,523	104,972	262	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	75	4,211	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	226	2,713	51	0	0	194.01
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)	102,404	8,540,331	240,776	245,480	239,451	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,194,160					5.06
6.00	00600	MAINTENANCE & REPAIRS	43,094	585,445				6.00
7.00	00700	OPERATION OF PLANT	59,297	62,535	1,128,438			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	616	249	7,442	73,149		8.00
9.00	00900	HOUSEKEEPING	41,432	11,036	6,550	4,358	357,367	9.00
10.00	01000	DIETARY	23,549	14,901	25,523	0	8,184	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	47,090	3,367	24,761	0	7,940	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,907	6,547	7,770	0	2,492	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	6,433	9,227	27,727	0	8,891	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	261	0	1,990	0	638	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	182	0	1,884	0	604	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	714	0	4,316	0	1,384	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	177,233	177,066	171,220	13,844	54,905	30.00
33.01	03301	ADULT SPECIAL CARE	33,608	12,282	20,977	1,598	6,727	33.01
34.01	03401	CARDIOTHORACIC ICU	17,146	8,791	35,584	1,660	11,411	34.01
40.00	04000	SUBPROVIDER - IPF	13,937	7,045	10,321	1,685	3,310	40.00
41.00	04100	SUBPROVIDER - IRF	14,182	12,033	15,787	1,929	5,062	41.00
43.00	04300	NURSERY	9,202	8,417	2,783	0	892	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	110,667	41,711	82,249	14,272	26,375	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,431	0	17,030	2,289	5,461	52.00
53.00	05300	ANESTHESIOLOGY	14,247	1,995	16,176	0	5,187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,223	22,757	9,597	1,089	3,077	54.00
54.01	05401	ULTRASOUND	9,439	5,237	7,633	1,027	2,447	54.01
54.03	05403	CARDIOVASCULAR LAB	49,249	18,455	30,499	0	9,780	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	40,344	11,160	93,995	874	30,141	55.00
55.01	05501	CHEMOTHERAPY	14,123	2,619	42,091	822	13,497	55.01
56.01	05601	NUCLEAR MEDICINE	18,715	748	3,940	0	1,264	56.01
57.00	05700	CT SCAN	21,847	2,868	6,853	0	2,198	57.00
58.00	05800	MRI	11,370	4,801	8,050	1,023	2,581	58.00
60.00	06000	LABORATORY	84,825	11,534	25,629	0	8,218	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,252	187	649	0	208	63.00
65.00	06500	RESPIRATORY THERAPY	25,726	2,930	5,513	0	1,768	65.00
66.00	06600	PHYSICAL THERAPY	11,293	2,681	3,440	836	1,103	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	27,888	187	30,298	0	9,716	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,708	249	709	0	227	67.00
68.00	06800	SPEECH PATHOLOGY	2,201	62	354	0	114	68.00
69.01	06901	CV DIAGNOSTIC	20,330	3,679	2,757	1,876	884	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	10,534	5,113	8,902	0	2,855	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	126,518	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	193,240	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	202,015	2,619	8,424	0	2,701	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,438	998	2,452	0	786	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	3,648	1,060	5,204	0	1,669	88.00
88.01	08801	RURAL HEALTH CLINIC II	26,952	4,364	33,459	0	10,729	88.01
88.02	08802	RURAL HEALTH CLINIC III	19,531	3,679	15,777	0	5,059	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	7,402	3,180	0	0	0	90.01
90.02	09002	DIABETES CENTER	2,870	935	9,841	0	3,156	90.02
91.00	09100	EMERGENCY	64,148	32,546	24,017	22,127	7,702	91.00
91.01	09101	G.I. LABORATORY	15,174	3,866	16,292	1,840	5,224	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	15,913	1,746	6,467	0	2,074	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	19,919	2,743	6,467	0	2,074	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,761,063	530,205	889,399	73,149	280,715	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	357	4,614	4,440	0	1,424	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	1	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	770	3,928	7,676	0	2,461	193.03
193.04	19304	COMMUNITY WELLNESS	486	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	308,487	39,778	90,578	0	29,046	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	62,071	2,930	3,421	0	1,097	193.08
193.09	19309	OUTREACH LAB	28,862	0	2,870	0	920	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	1,793	0	15,857	0	5,085	193.11
193.13	19313	HEALTHPOINT	28,396	1,746	103,348	0	33,140	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	1,139	187	998	0	320	194.00
194.01	07951	FOUNDATION OFFICE	735	2,057	9,851	0	3,159	194.01
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)	2,194,160	585,445	1,128,438	73,149	357,367	202.00

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		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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	443,560					10.00
11.00	01100	CAFETERIA	294,369	294,369				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	12,839	0	676,912		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,096	0	0	265,922	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	7,340	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	570	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	279	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	565	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	116,148	59,229	0	398,625	5,175	30.00
33.01	03301	ADULT SPECIAL CARE	6,106	10,216	0	69,572	2,818	33.01
34.01	03401	CARDIOTHORACIC ICU	2,770	4,745	0	31,965	644	34.01
40.00	04000	SUBPROVIDER - IPF	12,228	5,037	0	33,846	41	40.00
41.00	04100	SUBPROVIDER - IRF	10,058	4,609	0	30,085	184	41.00
43.00	04300	NURSERY	0	1,991	0	13,162	253	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	833	23,622	0	0	28,120	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,425	0	0	1,489	52.00
53.00	05300	ANESTHESIOLOGY	0	2,679	0	0	4,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15	12,468	0	0	3,760	54.00
54.01	05401	ULTRASOUND	0	1,765	0	0	285	54.01
54.03	05403	CARDIOVASCULAR LAB	15	6,136	0	0	42,245	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,122	0	0	218	55.00
55.01	05501	CHEMOTHERAPY	0	3,708	0	0	661	55.01
56.01	05601	NUCLEAR MEDICINE	137	1,411	0	0	19	56.01
57.00	05700	CT SCAN	0	2,140	0	0	885	57.00
58.00	05800	MRI	0	1,363	0	0	94	58.00
60.00	06000	LABORATORY	0	19,110	0	0	16,711	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3	0	0	942	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,741	0	0	2,033	65.00
66.00	06600	PHYSICAL THERAPY	0	3,684	0	0	17	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	9,709	0	0	88	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,103	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8	573	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	4,035	0	0	319	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	28	2,782	0	0	542	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	145,653	72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,901	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,781	0	11,282	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	1,233	0	0	9	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	6,098	0	0	139	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	3,268	0	0	185	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	2,148	0	0	256	90.01
90.02	09002	DIABETES CENTER	0	856	0	5,641	0	90.02
91.00	09100	EMERGENCY	845	21,796	0	0	4,121	91.00
91.01	09101	G.I. LABORATORY	0	3,556	0	0	1,788	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	28,205	110	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	35,726	88	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	443,560	284,732	0	658,109	264,047	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	26	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	1,880	1,875	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	9,611	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	16,923	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	443,560	294,369	0	676,912	265,922	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		301,155	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0			20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0			30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0			33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0			34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0			41.00
43.00	04300	NURSERY	0	0	0			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
54.01	05401	ULTRASOUND	0	0	0			54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0			54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
55.01	05501	CHEMOTHERAPY	0	0	0			55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0			56.01
57.00	05700	CT SCAN	0	0	0			57.00
58.00	05800	MRI	0	0	0			58.00
60.00	06000	LABORATORY	0	0	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0			66.01
66.02	06602	PHYSIATRY	0	0	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.01	06901	CV DIAGNOSTIC	0	0	0			69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0			69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
76.00	03950	CARDIAC REHAB	0	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0			88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0			90.01
90.02	09002	DIABETES CENTER	0	0	0			90.02
91.00	09100	EMERGENCY	0	0	0			91.00
91.01	09101	G.I. LABORATORY	0	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.01	19101	RESPITE CARE	0	0	0			191.01
193.01	19301	VENDING MACHINES	0	0	0			193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0			193.02
193.03	19303	LACEYS RESTAURANT	0	0	0			193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0			193.04
193.05	19305	HOME INFUSION	0	0	0			193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0			193.06
193.07	19307	GENERATIONS	0	0	0			193.07
193.08	19308	RETAIL PHARMACY	0	0	0			193.08
193.09	19309	OUTREACH LAB	0	0	0			193.09
193.10	19310	FOOT CLINIC	0	0	0			193.10
193.11	19311	MARKETING	0	0	0			193.11
193.13	19313	HEALTHPOINT	0	0	0			193.13
193.14	19314	DOCTORS PARK	0	0	0			193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0			194.00
194.01	07951	FOUNDATION OFFICE	0	0	0			194.01
200.00		Cross Foot Adjustments				0	301,155	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0	301,155	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			20.01	20.02	20.03	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	20,223					20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY		17,982				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO			44,632			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
33.01	03301	ADULT SPECIAL CARE						33.01
34.01	03401	CARDIOTHORACIC ICU						34.01
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	ULTRASOUND						54.01
54.03	05403	CARDIOVASCULAR LAB						54.03
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
55.01	05501	CHEMOTHERAPY						55.01
56.01	05601	NUCLEAR MEDICINE						56.01
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB						66.01
66.02	06602	PHYSIATRY						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.01	06901	CV DIAGNOSTIC						69.01
69.02	06902	ELECTROPHYSIOLOGY LAB						69.02
70.01	07001	NEUROPHYSIOLOGY						70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			20.01	20.02	20.03	21.00	22.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
76.00	03950	CARDIAC REHAB						76.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
88.01	08801	RURAL HEALTH CLINIC II						88.01
88.02	08802	RURAL HEALTH CLINIC III						88.02
90.01	09001	HYPERBARIC WOUND CLINIC						90.01
90.02	09002	DIABETES CENTER						90.02
91.00	09100	EMERGENCY						91.00
91.01	09101	G.I. LABORATORY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.01	19101	RESPITE CARE						191.01
193.01	19301	VENDING MACHINES						193.01
193.02	19302	SUNSET GUEST HOUSE						193.02
193.03	19303	LACEYS RESTAURANT						193.03
193.04	19304	COMMUNITY WELLNESS						193.04
193.05	19305	HOME INFUSION						193.05
193.06	19306	SE HOSP PHYSICIANS LLC						193.06
193.07	19307	GENERATIONS						193.07
193.08	19308	RETAIL PHARMACY						193.08
193.09	19309	OUTREACH LAB						193.09
193.10	19310	FOOT CLINIC						193.10
193.11	19311	MARKETING						193.11
193.13	19313	HEALTHPOINT						193.13
193.14	19314	DOCTORS PARK						193.14
194.00	07950	JAZZMANS RESTAURANT						194.00
194.01	07951	FOUNDATION OFFICE						194.01
200.00		Cross Foot Adjustments	20,223	17,982	44,632	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,223	17,982	44,632	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY						20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY						20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO						20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		4,091,068	0	4,091,068		30.00
33.01	03301	ADULT SPECIAL CARE		552,402	0	552,402		33.01
34.01	03401	CARDIOTHORACIC ICU		638,755	0	638,755		34.01
40.00	04000	SUBPROVIDER - IPF		291,578	0	291,578		40.00
41.00	04100	SUBPROVIDER - IRF		320,714	0	320,714		41.00
43.00	04300	NURSERY		123,805	0	123,805		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,553,434	0	2,553,434		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		406,241	0	406,241		52.00
53.00	05300	ANESTHESIOLOGY		449,534	0	449,534		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		761,462	0	761,462		54.00
54.01	05401	ULTRASOUND		222,473	0	222,473		54.01
54.03	05403	CARDIOVASCULAR LAB		1,132,516	0	1,132,516		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		2,112,150	0	2,112,150		55.00
55.01	05501	CHEMOTHERAPY		475,177	0	475,177		55.01
56.01	05601	NUCLEAR MEDICINE		284,756	0	284,756		56.01
57.00	05700	CT SCAN		912,889	0	912,889		57.00
58.00	05800	MRI		538,269	0	538,269		58.00
60.00	06000	LABORATORY		1,050,707	0	1,050,707		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		62,678	0	62,678		63.00
65.00	06500	RESPIRATORY THERAPY		294,525	0	294,525		65.00
66.00	06600	PHYSICAL THERAPY		113,731	0	113,731		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB		441,926	0	441,926		66.01
66.02	06602	PHYSIATRY		0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY		25,712	0	25,712		67.00
68.00	06800	SPEECH PATHOLOGY		16,473	0	16,473		68.00
69.01	06901	CV DIAGNOSTIC		268,019	0	268,019		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB		0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY		230,535	0	230,535		70.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		616,620	0	616,620		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,148,781	0	1,148,781		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,139,544	0	1,139,544		73.00
76.00	03950	CARDIAC REHAB		0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION		94,552	0	94,552		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0		76.98
76.99	07699	LITHOTRIPSY		0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		74,995	0	74,995		88.00
88.01	08801	RURAL HEALTH CLINIC II		443,046	0	443,046		88.01
88.02	08802	RURAL HEALTH CLINIC III		246,567	0	246,567		88.02
90.01	09001	HYPERBARIC WOUND CLINIC		90,246	0	90,246		90.01
90.02	09002	DIABETES CENTER		108,284	0	108,284		90.02
91.00	09100	EMERGENCY		808,949	0	808,949		91.00
91.01	09101	G.I. LABORATORY		398,663	0	398,663		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		193,661	0	193,661		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		191,919	0	191,919		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	23,927,356	0	23,927,356		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		47,744	0	47,744		190.00
191.01	19101	RESPITE CARE		0	0	0		191.01
193.01	19301	VENDING MACHINES		0	0	0		193.01
193.02	19302	SUNSET GUEST HOUSE		4	0	4		193.02
193.03	19303	LACEYS RESTAURANT		77,350	0	77,350		193.03
193.04	19304	COMMUNITY WELLNESS		2,698	0	2,698		193.04
193.05	19305	HOME INFUSION		0	0	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC		1,790,490	0	1,790,490		193.06
193.07	19307	GENERATIONS		0	0	0		193.07
193.08	19308	RETAIL PHARMACY		336,528	0	336,528		193.08
193.09	19309	OUTREACH LAB		184,037	0	184,037		193.09
193.10	19310	FOOT CLINIC		0	0	0		193.10
193.11	19311	MARKETING		200,494	0	200,494		193.11
193.13	19313	HEALTHPOINT		1,162,075	0	1,162,075		193.13
193.14	19314	DOCTORS PARK		0	0	0		193.14
194.00	07950	JAZZMANS RESTAURANT		24,467	0	24,467		194.00
194.01	07951	FOUNDATION OFFICE		91,133	0	91,133		194.01
200.00		Cross Foot Adjustments	0	383,992	0	383,992		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	28,228,368	0	28,228,368		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	20,128					1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2	0	55,695				1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3	0	0	46,525			1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4	0	0	0	44,774		1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5	0	0	0	0	0	1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	0	0	0	0	0	1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	0	0	0	0	1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	0	0	0	1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	0	0	1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	725	0	0	0	4.00
5.01	01160	COMMUNICATIONS	192	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	738	138	0	0	5.02
5.03	00560	PURCHASING	0	1,200	4,032	0	0	5.03
5.04	00570	ADMITTING	0	3,869	0	2,496	0	5.04
5.05	00580	CREDIT & COLLECTIONS	620	0	0	1,009	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,728	3,649	0	7,049	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,056	5,288	0	6.00
7.00	00700	OPERATION OF PLANT	1,144	2,330	3,294	1,970	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	329	300	160	0	8.00
9.00	00900	HOUSEKEEPING	0	1,710	538	350	0	9.00
10.00	01000	DIETARY	0	3,826	0	9,142	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,215	2,900	483	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	200	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,356	11,338	31,056	10,856	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	5,244	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,021	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,414	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,938	0	3,716	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,024	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,134	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
70.01	07001	NEUROPHYSIOLOGY	3,411	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,120	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	8,278	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,920	55,075	46,141	43,450	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	204	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	386	180	1,324	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	2,208	234	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	280,867	312,666	598,644	272,523	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.954044	5.613897	12.867147	6.086635	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6	9,946					1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7	0	95,656				1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8	0	0	105,190			1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9	0	0	0	655,620		1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,299	0	0	2,024	0	4.00
5.01	01160	COMMUNICATIONS	0	468	0	660	0	5.01
5.02	00550	DATA PROCESSING	1,777	1,524	0	4,177	0	5.02
5.03	00560	PURCHASING	0	0	0	5,232	0	5.03
5.04	00570	ADMITTING	0	0	0	6,365	0	5.04
5.05	00580	CREDIT & COLLECTIONS	0	0	0	1,835	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	1,762	314	15,602	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,764	15,108	0	6.00
7.00	00700	OPERATION OF PLANT	1,944	15,840	0	31,269	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	64	128	3,781	0	8.00
9.00	00900	HOUSEKEEPING	340	160	230	3,328	0	9.00
10.00	01000	DIETARY	0	0	0	12,968	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,340	358	0	12,581	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,948	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	14,088	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0	1,011	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0	957	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0	2,193	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	30,198	0	86,995	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	10,658	0	10,658	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	18,080	18,080	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	5,244	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	8,021	0	41.00
43.00	04300	NURSERY	0	0	0	1,414	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	16,962	21,083	41,790	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,653	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,195	8,219	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,147	4,876	0	54.00
54.01	05401	ULTRASOUND	0	0	1,500	3,878	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	4,584	5,634	15,496	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	21,436	47,758	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	21,386	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	2,002	2,002	0	56.01
57.00	05700	CT SCAN	0	0	1,104	3,482	0	57.00
58.00	05800	MRI	0	0	0	4,090	0	58.00
60.00	06000	LABORATORY	0	8,337	1,022	13,022	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	330	0	330	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,667	2,801	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,748	0	1,748	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	15,394	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	360	0	360	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	180	0	180	0	68.00
69.01	06901	CV DIAGNOSTIC	0	880	521	1,401	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	
			1.05	1.06	1.07	1.08	1.09	
70.01	07001	NEUROPHYSIOLOGY	0	499	0	4,523	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	160	4,280	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,246	0	0	1,246	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	2,644	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	17,000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	8,016	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	5,000	0	90.02
91.00	09100	EMERGENCY	0	0	12,203	12,203	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	8,278	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	3,286	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	3,286	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,946	94,912	105,190	534,167	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,256	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	3,900	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	46,022	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	1,738	0	193.08
193.09	19309	OUTREACH LAB	0	744	0	1,458	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	8,057	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	52,510	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	507	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	5,005	0	194.01
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)	223,657	500,186	910,846	9,439,584	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.487131	5.229008	8.659055	14.397950	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	CAPITAL RELATED COSTS MVBLE EQUIP (DIRECT COS TS)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	
			1.10	2.00	4.00	5.01	5A.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1	0					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		17,683,217				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	65,243	97,971,900			4.00
5.01	01160	COMMUNICATIONS	0	98,930	0	2,719		5.01
5.02	00550	DATA PROCESSING	0	9,495,181	0	47	-14,173,640	5.02
5.03	00560	PURCHASING	0	86,457	589,369	22	0	5.03
5.04	00570	ADMITTING	0	5,002	2,012,215	82	0	5.04
5.05	00580	CREDIT & COLLECTIONS	0	10,013	606,740	80	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	309,654	4,122,797	256	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	46,200	1,339,318	30	0	6.00
7.00	00700	OPERATION OF PLANT	0	142,862	0	7	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	67,612	2,240,613	19	0	9.00
10.00	01000	DIETARY	0	20,223	1,234,739	25	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	100,744	2,569,884	52	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,563	864,893	15	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	12,519	1,578,175	42	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	1,227	124,949	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	541	46,296	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	3,623	152,647	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	275,670	11,904,182	371	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	47,162	2,283,195	40	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	44,610	947,560	28	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	7,932	946,392	17	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	11,973	974,728	33	0	41.00
43.00	04300	NURSERY	0	24,129	694,496	10	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,011,268	4,891,066	134	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	67,427	1,704,547	51	0	52.00
53.00	05300	ANESTHESIOLOGY	0	166,316	525,602	27	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	476,036	2,247,345	90	0	54.00
54.01	05401	ULTRASOUND	0	99,357	536,382	11	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	512,736	1,409,608	34	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,014,119	1,215,771	38	0	55.00
55.01	05501	CHEMOTHERAPY	0	37,347	673,702	8	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	154,727	349,603	12	0	56.01
57.00	05700	CT SCAN	0	818,729	536,991	10	0	57.00
58.00	05800	MRI	0	456,435	330,808	19	0	58.00
60.00	06000	LABORATORY	0	344,947	2,808,301	69	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,624	866	6	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	83,072	1,539,839	22	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,164	851,567	13	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	35,605	1,976,589	77	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,221	203,375	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	854	163,982	2	0	68.00
69.01	06901	CV DIAGNOSTIC	0	135,141	768,094	50	0	69.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	MVBLE EQUIP (DIRECT COS TS)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	
			1.10	2.00	4.00	5.01	5A.02	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	43,490	505,813	29	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,569	2,502,318	22	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	10,371	395,076	13	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	10,839	227,552	17	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	13,223	1,818,981	48	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	9,548	1,157,552	15	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	53,705	334,653	24	0	90.01
90.02	09002	DIABETES CENTER	0	1,856	167,178	13	0	90.02
91.00	09100	EMERGENCY	0	98,138	3,661,930	77	0	91.00
91.01	09101	G.I. LABORATORY	0	134,347	719,897	24	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	33,623	1,080,577	33	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	324	1,195,658	37	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,828,228	71,734,411	2,201	-14,173,640	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	447	0	2	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	3,578	0	9	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	297	8,245	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	665,649	23,019,396	367	-33,183,607	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	11,992	672,514	25	0	193.08
193.09	19309	OUTREACH LAB	0	9,307	1,283,500	8	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	24,292	0	32	0	193.11
193.13	19313	HEALTHPOINT	0	127,621	1,220,174	67	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	11,492	33,660	2	0	194.00
194.01	07951	FOUNDATION OFFICE	0	314	0	6	0	194.01
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)	0	15,689,395	8,532,141	970,120		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.887248	0.087088	356.792939		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			120,309	102,404		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001228	37.662376		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	DATA PROCESSING (ACCUM. COST)	PURCHASING (SUPPLY COS TS)	ADMITTING (GROSS REVE NUES)	CREDIT & COLLECTIONS (GROSS REVE NUES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	234,454,417					5.02
5.03	00560	PURCHASING	784,235	9,485,889				5.03
5.04	00570	ADMITTING	2,931,136	6,242	750,556,993			5.04
5.05	00580	CREDIT & COLLECTIONS	5,087,234	11,349	0	750,556,993		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	42,988,264	27,712	0	0	-45,589,440	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,374,650	1,879	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,019,064	6,673	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62,563	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,205,032	12,562	0	0	0	9.00
10.00	01000	DIETARY	2,390,297	3,833	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,777,615	34,074	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,210,692	160,513	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	651,985	12,719	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	26,527	0	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	18,291	2,006	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	72,336	1,647	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,714,631	477,528	22,284,325	22,284,325	0	30.00
33.01	03301	ADULT SPECIAL CARE	3,309,154	314,683	7,171,860	7,171,860	0	33.01
34.01	03401	CARDIOTHORACIC ICU	1,712,000	62,754	2,190,898	2,190,898	0	34.01
40.00	04000	SUBPROVIDER - IPF	1,384,756	2,578	2,793,125	2,793,125	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,421,239	15,565	1,613,055	1,613,055	0	41.00
43.00	04300	NURSERY	903,844	36,427	2,558,306	2,558,306	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,285,112	602,955	84,200,117	84,200,117	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,603,938	231,086	5,628,712	5,628,712	0	52.00
53.00	05300	ANESTHESIOLOGY	1,193,651	526,312	19,569,411	19,569,411	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,564,919	558,335	15,698,462	15,698,462	0	54.00
54.01	05401	ULTRASOUND	914,014	30,426	3,905,717	3,905,717	0	54.01
54.03	05403	CARDIOVASCULAR LAB	4,543,735	1,435,440	31,562,109	31,562,109	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,908,232	33,347	17,273,411	17,273,411	0	55.00
55.01	05501	CHEMOTHERAPY	1,360,461	73,108	6,292,474	6,292,474	0	55.01
56.01	05601	NUCLEAR MEDICINE	1,694,510	2,755	19,203,969	19,203,969	0	56.01
57.00	05700	CT SCAN	1,977,723	117,542	21,559,112	21,559,112	0	57.00
58.00	05800	MRI	1,077,836	6,003	7,108,984	7,108,984	0	58.00
60.00	06000	LABORATORY	7,837,003	18,142	72,311,452	72,311,452	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	975,814	7,938	6,012,325	6,012,325	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,405,303	34,883	19,040,067	19,040,067	0	65.00
66.00	06600	PHYSICAL THERAPY	1,089,825	1,510	5,289,155	5,289,155	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	2,736,030	3,367	8,874,443	8,874,443	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	252,936	190	2,050,689	2,050,689	0	67.00
68.00	06800	SPEECH PATHOLOGY	204,483	4	1,774,377	1,774,377	0	68.00
69.01	06901	CV DIAGNOSTIC	1,782,408	9,053	26,265,954	26,265,954	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	898,803	53,896	15,548,686	15,548,686	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,917,602	0	86,674,303	86,674,303	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	DATA PROCESSING (ACCUM. COST)	PURCHASING (SUPPLY COSTS)	ADMITTING (GROSS REVENUES)	CREDIT & COLLECTIONS (GROSS REVENUES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,389,996	3,229,126	89,860,733	89,860,733	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,471,615	11,729	96,890,940	96,890,940	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	441,131	2,015	865,739	865,739	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	367,196	28	296,349	296,349	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,700,390	12,070	3,245,133	3,245,133	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	1,954,407	14,316	2,542,927	2,542,927	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	715,448	2,952	3,342,154	3,342,154	0	90.01
90.02	09002	DIABETES CENTER	290,140	531	108,652	108,652	0	90.02
91.00	09100	EMERGENCY	6,197,158	541,351	25,285,693	25,285,693	0	91.00
91.01	09101	G.I. LABORATORY	1,411,098	248,208	10,181,818	10,181,818	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,600,822	11,644	1,275,106	1,275,106	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,997,730	9,746	2,206,251	2,206,251	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	221,807,014	9,020,752	750,556,993	750,556,993	-45,589,440	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,218	446	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	72	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	78,185	38	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	48,964	5,048	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	433,087	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,301,127	2,031	0	0	0	193.08
193.09	19309	OUTREACH LAB	2,929,849	1,320	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	181,099	10,834	0	0	0	193.11
193.13	19313	HEALTHPOINT	2,881,800	10,337	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	115,607	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	74,482	1,996	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,173,640	831,645	3,108,882	5,395,773		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.060454	0.087672	0.004142	0.007189		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,540,331	240,776	245,480	239,451		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.036426	0.025383	0.000327	0.000319		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	236,222,224					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,639,280	9,390				6.00
7.00	00700	OPERATION OF PLANT	6,383,525	1,003	573,348			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,345	4	3,781	1,766,798		8.00
9.00	00900	HOUSEKEEPING	4,460,344	177	3,328	105,267	566,239	9.00
10.00	01000	DIETARY	2,535,136	239	12,968	0	12,968	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,069,428	54	12,581	0	12,581	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,358,409	105	3,948	0	3,948	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	692,515	148	14,088	0	14,088	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	28,131	0	1,011	0	1,011	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	19,573	0	957	0	957	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	76,853	0	2,193	0	2,193	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,079,921	2,840	86,995	334,373	86,995	30.00
33.01	03301	ADULT SPECIAL CARE	3,618,060	197	10,658	38,600	10,658	33.01
34.01	03401	CARDIOTHORACIC ICU	1,845,824	141	18,080	40,100	18,080	34.01
40.00	04000	SUBPROVIDER - IPF	1,500,345	113	5,244	40,700	5,244	40.00
41.00	04100	SUBPROVIDER - IRF	1,526,801	193	8,021	46,600	8,021	41.00
43.00	04300	NURSERY	990,668	135	1,414	0	1,414	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,913,822	669	41,790	344,727	41,790	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,845,395	0	8,653	55,277	8,653	52.00
53.00	05300	ANESTHESIOLOGY	1,533,696	32	8,219	0	8,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,007,262	365	4,876	26,300	4,876	54.00
54.01	05401	ULTRASOUND	1,016,193	84	3,878	24,800	3,878	54.01
54.03	05403	CARDIOVASCULAR LAB	5,301,900	296	15,496	0	15,496	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,343,149	179	47,758	21,100	47,758	55.00
55.01	05501	CHEMOTHERAPY	1,520,416	42	21,386	19,850	21,386	55.01
56.01	05601	NUCLEAR MEDICINE	2,014,792	12	2,002	0	2,002	56.01
57.00	05700	CT SCAN	2,351,875	46	3,482	0	3,482	57.00
58.00	05800	MRI	1,224,072	77	4,090	24,700	4,090	58.00
60.00	06000	LABORATORY	9,131,733	185	13,022	0	13,022	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,103,628	3	330	0	330	63.00
65.00	06500	RESPIRATORY THERAPY	2,769,514	47	2,801	0	2,801	65.00
66.00	06600	PHYSICAL THERAPY	1,215,773	43	1,748	20,200	1,748	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	3,002,285	3	15,394	0	15,394	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	291,480	4	360	0	360	67.00
68.00	06800	SPEECH PATHOLOGY	236,950	1	180	0	180	68.00
69.01	06901	CV DIAGNOSTIC	2,188,576	59	1,401	45,300	1,401	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,134,047	82	4,523	0	4,523	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,620,176	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,803,058	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,747,746	42	4,280	0	4,280	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	477,786	16	1,246	0	1,246	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	392,753	17	2,644	0	2,644	88.00
88.01	08801	RURAL HEALTH CLINIC II	2,901,467	70	17,000	0	17,000	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,102,628	59	8,016	0	8,016	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	796,829	51	0	0	0	90.01
90.02	09002	DIABETES CENTER	308,958	15	5,000	0	5,000	90.02
91.00	09100	EMERGENCY	6,905,774	522	12,203	534,454	12,203	91.00
91.01	09101	G.I. LABORATORY	1,633,536	62	8,278	44,450	8,278	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,713,067	28	3,286	0	3,286	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,144,354	44	3,286	0	3,286	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	189,585,848	8,504	451,895	1,766,798	444,786	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,447	74	2,256	0	2,256	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	76	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	82,915	63	3,900	0	3,900	193.03
193.04	19304	COMMUNITY WELLNESS	52,367	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	33,221,577	638	46,022	0	46,022	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	6,682,233	47	1,738	0	1,738	193.08
193.09	19309	OUTREACH LAB	3,107,086	0	1,458	0	1,458	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	192,997	0	8,057	0	8,057	193.11
193.13	19313	HEALTHPOINT	3,056,922	28	52,510	0	52,510	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	122,596	3	507	0	507	194.00
194.01	07951	FOUNDATION OFFICE	79,160	33	5,005	0	5,005	194.01
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)	45,589,440	5,534,633	8,206,693	135,627	5,481,208	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.192994	589.417785	14.313633	0.076764	9.680026	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,194,160	585,445	1,128,438	73,149	357,367	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009289	62.347710	1.968155	0.041402	0.631124	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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	401,453					10.00
11.00	01100	CAFETERIA	266,425	201,494				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,788	0	360		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,857	0	0	40,689,223	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	5,024	0	0	0	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	390	0	0	0	20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	191	0	0	0	20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	387	0	0	0	20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	105,122	40,541	0	212	791,879	30.00
33.01	03301	ADULT SPECIAL CARE	5,526	6,993	0	37	431,279	33.01
34.01	03401	CARDIOTHORACIC ICU	2,507	3,248	0	17	98,572	34.01
40.00	04000	SUBPROVIDER - IPF	11,067	3,448	0	18	6,200	40.00
41.00	04100	SUBPROVIDER - IRF	9,103	3,155	0	16	28,206	41.00
43.00	04300	NURSERY	0	1,363	0	7	38,752	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	754	16,169	0	0	4,302,967	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,136	0	0	227,812	52.00
53.00	05300	ANESTHESIOLOGY	0	1,834	0	0	635,763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14	8,534	0	0	575,324	54.00
54.01	05401	ULTRASOUND	0	1,208	0	0	43,682	54.01
54.03	05403	CARDIOVASCULAR LAB	14	4,200	0	0	6,464,389	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,506	0	0	33,307	55.00
55.01	05501	CHEMOTHERAPY	0	2,538	0	0	101,172	55.01
56.01	05601	NUCLEAR MEDICINE	124	966	0	0	2,905	56.01
57.00	05700	CT SCAN	0	1,465	0	0	135,470	57.00
58.00	05800	MRI	0	933	0	0	14,367	58.00
60.00	06000	LABORATORY	0	13,081	0	0	2,557,203	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	144,095	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,983	0	0	311,034	65.00
66.00	06600	PHYSICAL THERAPY	0	2,522	0	0	2,577	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	6,646	0	0	13,497	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	755	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7	392	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	2,762	0	0	48,783	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	25	1,904	0	0	82,877	70.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	
			10.00	11.00	12.00	13.00	14.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	22,285,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,093	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,219	0	6	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	844	0	0	1,353	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	4,174	0	0	21,294	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2,237	0	0	28,277	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	1,470	0	0	39,222	90.01
90.02	09002	DIABETES CENTER	0	586	0	3	0	90.02
91.00	09100	EMERGENCY	765	14,919	0	0	630,586	91.00
91.01	09101	G.I. LABORATORY	0	2,434	0	0	273,579	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	15	16,848	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	19	13,439	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	401,453	194,897	0	350	40,402,357	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	18	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	1	286,866	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	6,579	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	9	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	3,476,423	2,307,134	0	6,482,114	3,025,797	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.659601	11.450137	0.000000	18,005.872222	0.074364	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	443,560	294,369	0	676,912	265,922	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.104886	1.460932	0.000000	1,880.311111	0.006535	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		17,852	20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	0	0	0			20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY	0	0	0			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO	0	0	0			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0		12,880	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0		573	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0		545	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0		2,039	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		859	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	39	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	704	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	133	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	80	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	17,852	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	0	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	0	0	0	0	1,308,947	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	73.322149	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	301,155	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	16.869538	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			20.01	20.02	20.03	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2						1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3						1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4						1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5						1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6						1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7						1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8						1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9						1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1						1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CREDIT & COLLECTIONS						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY	3,138					20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY		2,740				20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO			2,640			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
33.01	03301	ADULT SPECIAL CARE	0	0	0	0	0	33.01
34.01	03401	CARDIOTHORACIC ICU	0	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,740	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,640	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	2,898	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			20.01	20.02	20.03	21.00	22.00	
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,898	2,740	2,640	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.01	19101	RESPITE CARE	0	0	0	0	0	191.01
193.01	19301	VENDING MACHINES	0	0	0	0	0	193.01
193.02	19302	SUNSET GUEST HOUSE	0	0	0	0	0	193.02
193.03	19303	LACEYS RESTAURANT	0	0	0	0	0	193.03
193.04	19304	COMMUNITY WELLNESS	0	0	0	0	0	193.04
193.05	19305	HOME INFUSION	0	0	0	0	0	193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0	0	0	0	0	193.06
193.07	19307	GENERATIONS	0	0	0	0	0	193.07
193.08	19308	RETAIL PHARMACY	0	0	0	0	0	193.08
193.09	19309	OUTREACH LAB	240	0	0	0	0	193.09
193.10	19310	FOOT CLINIC	0	0	0	0	0	193.10
193.11	19311	MARKETING	0	0	0	0	0	193.11
193.13	19313	HEALTHPOINT	0	0	0	0	0	193.13
193.14	19314	DOCTORS PARK	0	0	0	0	0	193.14
194.00	07950	JAZZMANS RESTAURANT	0	0	0	0	0	194.00
194.01	07951	FOUNDATION OFFICE	0	0	0	0	0	194.01
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)	62,284	48,499	148,734	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.848311	17.700365	56.338636	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,223	17,982	44,632	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.444551	6.562774	16.906061	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)		
			23.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	NEW CAP-REL CSTS-BLDGS & FIX #2			1.01
1.02	00102	NEW CAP-REL CSTS-BLDGS & FIX #3			1.02
1.03	00103	NEW CAP-REL CSTS-BLDGS & FIX #4			1.03
1.04	00104	NEW CAP-REL CSTS-BLDGS & FIX #5			1.04
1.05	00105	NEW CAP-REL CSTS-BLDGS & FIX #6			1.05
1.06	00106	NEW CAP-REL CSTS-BLDGS & FIX #7			1.06
1.07	00107	NEW CAP-REL CSTS-BLDGS & FIX #8			1.07
1.08	00108	NEW CAP-REL CSTS-BLDGS & FIX #9			1.08
1.09	00109	NEW CAP-REL CSTS-BLDGS & FIX #1			1.09
1.10	00110	NEW CAP-REL CSTS-BLDGS & FIX #1			1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CREDIT & COLLECTIONS			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL			5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
20.01	02001	SCHOOL OF MEDICAL TECHNOLOGY			20.01
20.02	02002	SCHOOL OF SURGICAL TECHNOLOGY			20.02
20.03	02003	SCHOOL OF RADIOLOGICAL TECHNOLO			20.03
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
33.01	03301	ADULT SPECIAL CARE	0		33.01
34.01	03401	CARDIOTHORACIC ICU	0		34.01
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	0		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.01	05401	ULTRASOUND	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
55.01	05501	CHEMOTHERAPY	0		55.01
56.01	05601	NUCLEAR MEDICINE	0		56.01
57.00	05700	CT SCAN	0		57.00
58.00	05800	MRI	0		58.00
60.00	06000	LABORATORY	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		63.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0		66.01
66.02	06602	PHYSIATRY	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.01	06901	CV DIAGNOSTIC	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)		
			23.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
76.00	03950	CARDIAC REHAB	0		76.00
76.97	07697	CARDIAC REHABILITATION	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0		90.01
90.02	09002	DIABETES CENTER	0		90.02
91.00	09100	EMERGENCY	0		91.00
91.01	09101	G.I. LABORATORY	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.01	19101	RESPITE CARE	0		191.01
193.01	19301	VENDING MACHINES	0		193.01
193.02	19302	SUNSET GUEST HOUSE	0		193.02
193.03	19303	LACEYS RESTAURANT	0		193.03
193.04	19304	COMMUNITY WELLNESS	0		193.04
193.05	19305	HOME INFUSION	0		193.05
193.06	19306	SE HOSP PHYSICIANS LLC	0		193.06
193.07	19307	GENERATIONS	0		193.07
193.08	19308	RETAIL PHARMACY	0		193.08
193.09	19309	OUTREACH LAB	0		193.09
193.10	19310	FOOT CLINIC	0		193.10
193.11	19311	MARKETING	0		193.11
193.13	19313	HEALTHPOINT	0		193.13
193.14	19314	DOCTORS PARK	0		193.14
194.00	07950	JAZZMANS RESTAURANT	0		194.00
194.01	07951	FOUNDATION OFFICE	0		194.01
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)	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,744,209		32,744,209	0	32,744,209	30.00
33.01	03301	ADULT SPECIAL CARE	5,559,354		5,559,354	0	5,559,354	33.01
34.01	03401	CARDIOTHORACIC ICU	3,134,339		3,134,339	0	3,134,339	34.01
40.00	04000	SUBPROVIDER - IPF	2,594,841		2,594,841	0	2,594,841	40.00
41.00	04100	SUBPROVIDER - IRF	2,599,381		2,599,381	0	2,599,381	41.00
43.00	04300	NURSERY	1,439,889		1,439,889	0	1,439,889	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,199,607		16,199,607	0	16,199,607	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,705,048		3,705,048	0	3,705,048	52.00
53.00	05300	ANESTHESIOLOGY	2,114,033		2,114,033	0	2,114,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,404,142		5,404,142	0	5,404,142	54.00
54.01	05401	ULTRASOUND	1,373,854		1,373,854	0	1,373,854	54.01
54.03	05403	CARDIOVASCULAR LAB	7,400,339		7,400,339	0	7,400,339	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	6,476,987		6,476,987	0	6,476,987	55.00
55.01	05501	CHEMOTHERAPY	2,389,839		2,389,839	0	2,389,839	55.01
56.01	05601	NUCLEAR MEDICINE	2,471,094		2,471,094	0	2,471,094	56.01
57.00	05700	CT SCAN	2,943,280		2,943,280	0	2,943,280	57.00
58.00	05800	MRI	1,617,477		1,617,477	0	1,617,477	58.00
60.00	06000	LABORATORY	11,713,053		11,713,053	0	11,713,053	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,337,045		1,337,045	0	1,337,045	63.00
65.00	06500	RESPIRATORY THERAPY	3,490,559	0	3,490,559	0	3,490,559	65.00
66.00	06600	PHYSICAL THERAPY	1,548,316	0	1,548,316	0	1,548,316	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	4,029,936	0	4,029,936	0	4,029,936	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	367,375	0	367,375	0	367,375	67.00
68.00	06800	SPEECH PATHOLOGY	292,136	0	292,136	0	292,136	68.00
69.01	06901	CV DIAGNOSTIC	2,718,079		2,718,079	0	2,718,079	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,537,947		1,537,947	0	1,537,947	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,248,788		16,248,788	0	16,248,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,475,154		26,475,154	0	26,475,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,142,145		26,142,145	0	26,142,145	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	731,316		731,316	0	731,316	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	551,776		551,776	0	551,776	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,959,961		3,959,961	0	3,959,961	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,763,249		2,763,249	0	2,763,249	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	1,000,421		1,000,421	0	1,000,421	90.01
90.02	09002	DIABETES CENTER	558,122		558,122	0	558,122	90.02
91.00	09100	EMERGENCY	9,156,006		9,156,006	0	9,156,006	91.00
91.01	09101	G.I. LABORATORY	2,235,588		2,235,588	0	2,235,588	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,703,586		4,703,586		4,703,586	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,420,120		2,420,120		2,420,120	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,011,956		3,011,956		3,011,956	116.00
200.00		Subtotal (see instructions)	227,160,347	0	227,160,347	0	227,160,347	200.00
201.00		Less Observation Beds	4,703,586		4,703,586		4,703,586	201.00
202.00		Total (see instructions)	222,456,761	0	222,456,761	0	222,456,761	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,284,325		22,284,325			30.00
33.01	03301	ADULT SPECIAL CARE	7,171,860		7,171,860			33.01
34.01	03401	CARDIOTHORACIC ICU	2,190,898		2,190,898			34.01
40.00	04000	SUBPROVIDER - IPF	2,793,125		2,793,125			40.00
41.00	04100	SUBPROVIDER - IRF	1,613,055		1,613,055			41.00
43.00	04300	NURSERY	2,558,306		2,558,306			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,550,022	44,220,803	91,770,825	0.176522	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,486,338	142,374	5,628,712	0.658241	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,704,355	8,865,056	19,569,411	0.108027	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,210,403	9,488,059	15,698,462	0.344247	0.000000	54.00
54.01	05401	ULTRASOUND	1,104,695	2,801,022	3,905,717	0.351755	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	12,328,909	19,233,200	31,562,109	0.234469	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	339,042	16,934,369	17,273,411	0.374969	0.000000	55.00
55.01	05501	CHEMOTHERAPY	37,101	6,255,373	6,292,474	0.379793	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	1,505,758	17,698,212	19,203,970	0.128676	0.000000	56.01
57.00	05700	CT SCAN	4,854,086	16,705,026	21,559,112	0.136521	0.000000	57.00
58.00	05800	MRI	1,343,817	5,765,166	7,108,983	0.227526	0.000000	58.00
60.00	06000	LABORATORY	36,481,786	35,829,666	72,311,452	0.161981	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,426,390	585,935	6,012,325	0.222384	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	15,726,664	3,313,402	19,040,066	0.183327	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,072,838	216,317	5,289,155	0.292734	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	8,874,443	8,874,443	0.454106	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,025,591	25,098	2,050,689	0.179147	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,696,987	77,390	1,774,377	0.164641	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,348,961	18,916,992	26,265,953	0.103483	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	8,166,547	7,382,139	15,548,686	0.098912	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,951,138	39,723,165	86,674,303	0.187469	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,909,975	27,380,050	82,290,025	0.321730	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,960,625	52,078,896	98,039,521	0.266649	0.000000	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	87,241	778,498	865,739	0.844730	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	296,349	296,349			88.00
88.01	08801	RURAL HEALTH CLINIC II	0	3,245,133	3,245,133			88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2,542,927	2,542,927			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	53,075	3,289,079	3,342,154	0.299334	0.000000	90.01
90.02	09002	DIABETES CENTER	0	108,652	108,652	5.136785	0.000000	90.02
91.00	09100	EMERGENCY	5,372,975	19,912,719	25,285,694	0.362102	0.000000	91.00
91.01	09101	G.I. LABORATORY	2,217,752	7,964,067	10,181,819	0.219567	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,531,951	4,235,710	5,767,661	0.815510	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,275,106	1,275,106			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,206,251	2,206,251			116.00
200.00		Subtotal (see instructions)	369,106,591	388,366,644	757,473,235			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	369,106,591	388,366,644	757,473,235			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
33.01	03301	ADULT SPECIAL CARE			33.01
34.01	03401	CARDIOTHORACIC ICU			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.176522		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241		52.00
53.00	05300	ANESTHESIOLOGY	0.108027		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247		54.00
54.01	05401	ULTRASOUND	0.351755		54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969		55.00
55.01	05501	CHEMOTHERAPY	0.379793		55.01
56.01	05601	NUCLEAR MEDICINE	0.128676		56.01
57.00	05700	CT SCAN	0.136521		57.00
58.00	05800	MRI	0.227526		58.00
60.00	06000	LABORATORY	0.161981		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384		63.00
65.00	06500	RESPIRATORY THERAPY	0.183327		65.00
66.00	06600	PHYSICAL THERAPY	0.292734		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147		67.00
68.00	06800	SPEECH PATHOLOGY	0.164641		68.00
69.01	06901	CV DIAGNOSTIC	0.103483		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649		73.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.844730		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
88.01	08801	RURAL HEALTH CLINIC II			88.01
88.02	08802	RURAL HEALTH CLINIC III			88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334		90.01
90.02	09002	DIABETES CENTER	5.136785		90.02
91.00	09100	EMERGENCY	0.362102		91.00
91.01	09101	G.I. LABORATORY	0.219567		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,744,209		32,744,209	0	32,744,209	30.00
33.01	03301	ADULT SPECIAL CARE	5,559,354		5,559,354	0	5,559,354	33.01
34.01	03401	CARDIOTHORACIC ICU	3,134,339		3,134,339	0	3,134,339	34.01
40.00	04000	SUBPROVIDER - IPF	2,594,841		2,594,841	0	2,594,841	40.00
41.00	04100	SUBPROVIDER - IRF	2,599,381		2,599,381	0	2,599,381	41.00
43.00	04300	NURSERY	1,439,889		1,439,889	0	1,439,889	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,199,607		16,199,607	0	16,199,607	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,705,048		3,705,048	0	3,705,048	52.00
53.00	05300	ANESTHESIOLOGY	2,114,033		2,114,033	0	2,114,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,404,142		5,404,142	0	5,404,142	54.00
54.01	05401	ULTRASOUND	1,373,854		1,373,854	0	1,373,854	54.01
54.03	05403	CARDIOVASCULAR LAB	7,400,339		7,400,339	0	7,400,339	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	6,476,987		6,476,987	0	6,476,987	55.00
55.01	05501	CHEMOTHERAPY	2,389,839		2,389,839	0	2,389,839	55.01
56.01	05601	NUCLEAR MEDICINE	2,471,094		2,471,094	0	2,471,094	56.01
57.00	05700	CT SCAN	2,943,280		2,943,280	0	2,943,280	57.00
58.00	05800	MRI	1,617,477		1,617,477	0	1,617,477	58.00
60.00	06000	LABORATORY	11,713,053		11,713,053	0	11,713,053	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,337,045		1,337,045	0	1,337,045	63.00
65.00	06500	RESPIRATORY THERAPY	3,490,559	0	3,490,559	0	3,490,559	65.00
66.00	06600	PHYSICAL THERAPY	1,548,316	0	1,548,316	0	1,548,316	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	4,029,936	0	4,029,936	0	4,029,936	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	367,375	0	367,375	0	367,375	67.00
68.00	06800	SPEECH PATHOLOGY	292,136	0	292,136	0	292,136	68.00
69.01	06901	CV DIAGNOSTIC	2,718,079		2,718,079	0	2,718,079	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0		0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	1,537,947		1,537,947	0	1,537,947	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,248,788		16,248,788	0	16,248,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,475,154		26,475,154	0	26,475,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,142,145		26,142,145	0	26,142,145	73.00
76.00	03950	CARDIAC REHAB	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	731,316		731,316	0	731,316	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	551,776		551,776	0	551,776	88.00
88.01	08801	RURAL HEALTH CLINIC II	3,959,961		3,959,961	0	3,959,961	88.01
88.02	08802	RURAL HEALTH CLINIC III	2,763,249		2,763,249	0	2,763,249	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	1,000,421		1,000,421	0	1,000,421	90.01
90.02	09002	DIABETES CENTER	558,122		558,122	0	558,122	90.02
91.00	09100	EMERGENCY	9,156,006		9,156,006	0	9,156,006	91.00
91.01	09101	G.I. LABORATORY	2,235,588		2,235,588	0	2,235,588	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,703,586		4,703,586		4,703,586	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,420,120		2,420,120		2,420,120	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,011,956		3,011,956		3,011,956	116.00
200.00		Subtotal (see instructions)	227,160,347	0	227,160,347	0	227,160,347	200.00
201.00		Less Observation Beds	4,703,586		4,703,586		4,703,586	201.00
202.00		Total (see instructions)	222,456,761	0	222,456,761	0	222,456,761	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,284,325		22,284,325			30.00
33.01	03301	ADULT SPECIAL CARE	7,171,860		7,171,860			33.01
34.01	03401	CARDIOTHORACIC ICU	2,190,898		2,190,898			34.01
40.00	04000	SUBPROVIDER - IPF	2,793,125		2,793,125			40.00
41.00	04100	SUBPROVIDER - IRF	1,613,055		1,613,055			41.00
43.00	04300	NURSERY	2,558,306		2,558,306			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,550,022	44,220,803	91,770,825	0.176522	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,486,338	142,374	5,628,712	0.658241	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,704,355	8,865,056	19,569,411	0.108027	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,210,403	9,488,059	15,698,462	0.344247	0.000000	54.00
54.01	05401	ULTRASOUND	1,104,695	2,801,022	3,905,717	0.351755	0.000000	54.01
54.03	05403	CARDIOVASCULAR LAB	12,328,909	19,233,200	31,562,109	0.234469	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	339,042	16,934,369	17,273,411	0.374969	0.000000	55.00
55.01	05501	CHEMOTHERAPY	37,101	6,255,373	6,292,474	0.379793	0.000000	55.01
56.01	05601	NUCLEAR MEDICINE	1,505,758	17,698,212	19,203,970	0.128676	0.000000	56.01
57.00	05700	CT SCAN	4,854,086	16,705,026	21,559,112	0.136521	0.000000	57.00
58.00	05800	MRI	1,343,817	5,765,166	7,108,983	0.227526	0.000000	58.00
60.00	06000	LABORATORY	36,481,786	35,829,666	72,311,452	0.161981	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,426,390	585,935	6,012,325	0.222384	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	15,726,664	3,313,402	19,040,066	0.183327	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,072,838	216,317	5,289,155	0.292734	0.000000	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	8,874,443	8,874,443	0.454106	0.000000	66.01
66.02	06602	PHYSIATRY	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,025,591	25,098	2,050,689	0.179147	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,696,987	77,390	1,774,377	0.164641	0.000000	68.00
69.01	06901	CV DIAGNOSTIC	7,348,961	18,916,992	26,265,953	0.103483	0.000000	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0.000000	0.000000	69.02
70.01	07001	NEUROPHYSIOLOGY	8,166,547	7,382,139	15,548,686	0.098912	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,951,138	39,723,165	86,674,303	0.187469	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,909,975	27,380,050	82,290,025	0.321730	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,960,625	52,078,896	98,039,521	0.266649	0.000000	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	87,241	778,498	865,739	0.844730	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	296,349	296,349	1.861913	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	3,245,133	3,245,133	1.220277	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2,542,927	2,542,927	1.086641	0.000000	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	53,075	3,289,079	3,342,154	0.299334	0.000000	90.01
90.02	09002	DIABETES CENTER	0	108,652	108,652	5.136785	0.000000	90.02
91.00	09100	EMERGENCY	5,372,975	19,912,719	25,285,694	0.362102	0.000000	91.00
91.01	09101	G.I. LABORATORY	2,217,752	7,964,067	10,181,819	0.219567	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,531,951	4,235,710	5,767,661	0.815510	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,275,106	1,275,106			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,206,251	2,206,251			116.00
200.00		Subtotal (see instructions)	369,106,591	388,366,644	757,473,235			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	369,106,591	388,366,644	757,473,235			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
33.01	03301	ADULT SPECIAL CARE			33.01
34.01	03401	CARDIOTHORACIC ICU			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
54.03	05403	CARDIOVASCULAR LAB	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CHEMOTHERAPY	0.000000		55.01
56.01	05601	NUCLEAR MEDICINE	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.000000		66.01
66.02	06602	PHYSIATRY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.01	06901	CV DIAGNOSTIC	0.000000		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000		69.02
70.01	07001	NEUROPHYSIOLOGY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	CARDIAC REHAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.000000		90.01
90.02	09002	DIABETES CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	G.I. LABORATORY	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,091,068	0	4,091,068	33,499	122.13	30.00
33.01	ADULT SPECIAL CARE	552,402		552,402	3,267	169.09	33.01
34.01	CARDIOTHORACIC ICU	638,755		638,755	1,140	560.31	34.01
40.00	SUBPROVIDER - IPF	291,578	0	291,578	2,831	102.99	40.00
41.00	SUBPROVIDER - IRF	320,714	0	320,714	2,680	119.67	41.00
43.00	NURSERY	123,805		123,805	3,013	41.09	43.00
200.00	Total (lines 30-199)	6,018,322		6,018,322	46,430		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	15,887	1,940,279	30.00
33.01	ADULT SPECIAL CARE	1,991	336,658	33.01
34.01	CARDIOTHORACIC ICU	800	448,248	34.01
40.00	SUBPROVIDER - IPF	675	69,518	40.00
41.00	SUBPROVIDER - IRF	1,754	209,901	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	21,107	3,004,604	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,553,434	91,770,825	0.027824	28,417,296	790,683	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	406,241	5,628,712	0.072173	35,838	2,587	52.00
53.00	05300	ANESTHESIOLOGY	449,534	19,569,411	0.022971	5,124,430	117,713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	761,462	15,698,462	0.048506	2,417,582	117,267	54.00
54.01	05401	ULTRASOUND	222,473	3,905,717	0.056961	324,297	18,472	54.01
54.03	05403	CARDIOVASCULAR LAB	1,132,516	31,562,109	0.035882	5,519,312	198,044	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,112,150	17,273,411	0.122278	187,385	22,913	55.00
55.01	05501	CHEMOTHERAPY	475,177	6,292,474	0.075515	10,675	806	55.01
56.01	05601	NUCLEAR MEDICINE	284,756	19,203,970	0.014828	979,096	14,518	56.01
57.00	05700	CT SCAN	912,889	21,559,112	0.042344	2,853,929	120,847	57.00
58.00	05800	MRI	538,269	7,108,983	0.075717	756,200	57,257	58.00
60.00	06000	LABORATORY	1,050,707	72,311,452	0.014530	23,383,865	339,768	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	62,678	6,012,325	0.010425	2,286,322	23,835	63.00
65.00	06500	RESPIRATORY THERAPY	294,525	19,040,066	0.015469	7,925,165	122,594	65.00
66.00	06600	PHYSICAL THERAPY	113,731	5,289,155	0.021503	2,317,281	49,828	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	441,926	8,874,443	0.049798	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	25,712	2,050,689	0.012538	379,406	4,757	67.00
68.00	06800	SPEECH PATHOLOGY	16,473	1,774,377	0.009284	628,942	5,839	68.00
69.01	06901	CV DIAGNOSTIC	268,019	26,265,953	0.010204	5,461,732	55,732	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	230,535	15,548,686	0.014827	337,601	5,006	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	616,620	86,674,303	0.007114	25,252,310	179,645	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,148,781	82,290,025	0.013960	28,190,151	393,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,139,544	98,039,521	0.011623	23,012,040	267,469	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	94,552	865,739	0.109215	57,239	6,251	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	74,995	296,349	0.253063	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	443,046	3,245,133	0.136526	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	246,567	2,542,927	0.096962	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	90,246	3,342,154	0.027002	12,359	334	90.01
90.02	09002	DIABETES CENTER	108,284	108,652	0.996613	0	0	90.02
91.00	09100	EMERGENCY	808,949	25,285,694	0.031992	3,289,740	105,245	91.00
91.01	09101	G.I. LABORATORY	398,663	10,181,819	0.039154	1,408,631	55,154	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	587,666	5,767,661	0.101890	725,588	73,930	92.00
200.00		Total (lines 50-199)	18,111,120	715,380,309		171,294,412	3,150,029	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	944,387	0	0	0	944,387	30.00
33.01	03301	ADULT SPECIAL CARE	42,014	0	0		42,014	33.01
34.01	03401	CARDIOTHORACIC ICU	39,961	0	0		39,961	34.01
40.00	04000	SUBPROVIDER - IPF	149,504	0	0	0	149,504	40.00
41.00	04100	SUBPROVIDER - IRF	62,984	0	0	0	62,984	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	1,238,850	0	0		1,238,850	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	33,499	28.19	15,887	447,855		30.00
33.01	03301	ADULT SPECIAL CARE	3,267	12.86	1,991	25,604		33.01
34.01	03401	CARDIOTHORACIC ICU	1,140	35.05	800	28,040		34.01
40.00	04000	SUBPROVIDER - IPF	2,831	52.81	675	35,647		40.00
41.00	04100	SUBPROVIDER - IRF	2,680	23.50	1,754	41,219		41.00
43.00	04300	NURSERY	3,013	0.00	0	0		43.00
200.00		Total (lines 30-199)	46,430		21,107	578,365		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/28/2015 10:42 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	51,359	0	0	51,359	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,734	0	0	148,734	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	57,520	0	0	57,520	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	51,619	0	0	51,619	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	135,656	0	0	135,656	92.00
200.00		Total (lines 50-199)	0	444,888	0	0	444,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,359	91,770,825	0.000560	0.000560	28,417,296	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,628,712	0.000000	0.000000	35,838	52.00
53.00	05300	ANESTHESIOLOGY	0	19,569,411	0.000000	0.000000	5,124,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,734	15,698,462	0.009474	0.009474	2,417,582	54.00
54.01	05401	ULTRASOUND	0	3,905,717	0.000000	0.000000	324,297	54.01
54.03	05403	CARDIOVASCULAR LAB	0	31,562,109	0.000000	0.000000	5,519,312	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,273,411	0.000000	0.000000	187,385	55.00
55.01	05501	CHEMOTHERAPY	0	6,292,474	0.000000	0.000000	10,675	55.01
56.01	05601	NUCLEAR MEDICINE	0	19,203,970	0.000000	0.000000	979,096	56.01
57.00	05700	CT SCAN	0	21,559,112	0.000000	0.000000	2,853,929	57.00
58.00	05800	MRI	0	7,108,983	0.000000	0.000000	756,200	58.00
60.00	06000	LABORATORY	57,520	72,311,452	0.000795	0.000795	23,383,865	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,012,325	0.000000	0.000000	2,286,322	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,040,066	0.000000	0.000000	7,925,165	65.00
66.00	06600	PHYSICAL THERAPY	0	5,289,155	0.000000	0.000000	2,317,281	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	8,874,443	0.000000	0.000000	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,050,689	0.000000	0.000000	379,406	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,774,377	0.000000	0.000000	628,942	68.00
69.01	06901	CV DIAGNOSTIC	0	26,265,953	0.000000	0.000000	5,461,732	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	15,548,686	0.000000	0.000000	337,601	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	86,674,303	0.000000	0.000000	25,252,310	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	82,290,025	0.000000	0.000000	28,190,151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,039,521	0.000000	0.000000	23,012,040	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	865,739	0.000000	0.000000	57,239	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	296,349	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	3,245,133	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2,542,927	0.000000	0.000000	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	3,342,154	0.000000	0.000000	12,359	90.01
90.02	09002	DIABETES CENTER	0	108,652	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	51,619	25,285,694	0.002041	0.002041	3,289,740	91.00
91.01	09101	G.I. LABORATORY	0	10,181,819	0.000000	0.000000	1,408,631	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	135,656	5,767,661	0.023520	0.023520	725,588	92.00
200.00		Total (lines 50-199)	444,888	715,380,309			171,294,412	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	15,914	17,251,181	9,661		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,073	0		52.00
53.00	05300	ANESTHESIOLOGY	0	2,646,551	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,904	4,937,097	46,774		54.00
54.01	05401	ULTRASOUND	0	361,981	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	7,162,014	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,254,266	0		55.00
55.01	05501	CHEMOTHERAPY	0	1,892,792	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	7,960,582	0		56.01
57.00	05700	CT SCAN	0	7,312,104	0		57.00
58.00	05800	MRI	0	2,100,700	0		58.00
60.00	06000	LABORATORY	18,590	9,534,089	7,580		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	350,531	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,169,179	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	173,800	0		66.01
66.02	06602	PHYSIATRY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	9,873,100	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	2,373,936	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,562,746	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,515,551	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,380,775	0		73.00
76.00	03950	CARDIAC REHAB	0	407,156	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	2,152,257	0		90.01
90.02	09002	DIABETES CENTER	0	0	0		90.02
91.00	09100	EMERGENCY	6,714	3,987,251	8,138		91.00
91.01	09101	G.I. LABORATORY	0	2,705,473	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,066	1,163,430	27,364		92.00
200.00		Total (lines 50-199)	81,188	145,229,615	99,517		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176522	17,251,181	0	0	3,045,213	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	1,073	0	0	706	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	2,646,551	0	0	285,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	4,937,097	0	0	1,699,581	54.00
54.01	05401	ULTRASOUND	0.351755	361,981	0	0	127,329	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	7,162,014	0	0	1,679,270	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	6,254,266	0	0	2,345,156	55.00
55.01	05501	CHEMOTHERAPY	0.379793	1,892,792	0	0	718,869	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	7,960,582	0	0	1,024,336	56.01
57.00	05700	CT SCAN	0.136521	7,312,104	0	0	998,256	57.00
58.00	05800	MRI	0.227526	2,100,700	0	0	477,964	58.00
60.00	06000	LABORATORY	0.161981	9,534,089	312	0	1,544,341	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	350,531	0	0	77,952	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	1,169,179	0	0	214,342	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	173,800	0	0	78,924	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	9,873,100	0	0	1,021,698	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	2,373,936	0	0	234,811	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	14,562,746	0	0	2,730,063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	14,515,551	0	0	4,670,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	24,380,775	0	87,347	6,501,109	73.00
76.00	03950	CARDIAC REHAB	0.000000	407,156	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000				0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	2,152,257	0	0	644,244	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.362102	3,987,251	0	0	1,443,792	91.00
91.01	09101	G.I. LABORATORY	0.219567	2,705,473	0	0	594,033	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	1,163,430	0	0	948,789	92.00
200.00		Subtotal (see instructions)		145,229,615	312	87,347	33,106,765	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		145,229,615	312	87,347	33,106,765	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	51	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,291		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0		90.01
90.02	09002	DIABETES CENTER	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	51	23,291		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	51	23,291		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D Part II
Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,553,434	91,770,825	0.027824	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	406,241	5,628,712	0.072173	0	0	52.00
53.00	05300	ANESTHESIOLOGY	449,534	19,569,411	0.022971	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	761,462	15,698,462	0.048506	2,210	107	54.00
54.01	05401	ULTRASOUND	222,473	3,905,717	0.056961	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	1,132,516	31,562,109	0.035882	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,112,150	17,273,411	0.122278	0	0	55.00
55.01	05501	CHEMOTHERAPY	475,177	6,292,474	0.075515	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	284,756	19,203,970	0.014828	0	0	56.01
57.00	05700	CT SCAN	912,889	21,559,112	0.042344	5,300	224	57.00
58.00	05800	MRI	538,269	7,108,983	0.075717	3,600	273	58.00
60.00	06000	LABORATORY	1,050,707	72,311,452	0.014530	101,198	1,470	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	62,678	6,012,325	0.010425	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	294,525	19,040,066	0.015469	25,218	390	65.00
66.00	06600	PHYSICAL THERAPY	113,731	5,289,155	0.021503	6,686	144	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	441,926	8,874,443	0.049798	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	25,712	2,050,689	0.012538	451	6	67.00
68.00	06800	SPEECH PATHOLOGY	16,473	1,774,377	0.009284	798	7	68.00
69.01	06901	CV DIAGNOSTIC	268,019	26,265,953	0.010204	10,447	107	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	230,535	15,548,686	0.014827	2,274	34	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	616,620	86,674,303	0.007114	16,365	116	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,148,781	82,290,025	0.013960	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,139,544	98,039,521	0.011623	121,617	1,414	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	94,552	865,739	0.109215	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	74,995	296,349	0.253063	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	443,046	3,245,133	0.136526	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	246,567	2,542,927	0.096962	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	90,246	3,342,154	0.027002	0	0	90.01
90.02	09002	DIABETES CENTER	108,284	108,652	0.996613	0	0	90.02
91.00	09100	EMERGENCY	808,949	25,285,694	0.031992	17,208	551	91.00
91.01	09101	G.I. LABORATORY	398,663	10,181,819	0.039154	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,767,661	0.000000	0	0	92.00
200.00		Total (lines 50-199)	17,523,454	715,380,309		313,372	4,843	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D Part IV
Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	51,359	0	0	51,359	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,734	0	0	148,734	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	57,520	0	0	57,520	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	51,619	0	0	51,619	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	309,232	0	0	309,232	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D Part IV
Date/Time Prepared: 5/28/2015 10:42 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,359	91,770,825	0.000560	0.000560	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,628,712	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,569,411	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,734	15,698,462	0.009474	0.009474	2,210	54.00
54.01	05401	ULTRASOUND	0	3,905,717	0.000000	0.000000	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	31,562,109	0.000000	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,273,411	0.000000	0.000000	0	55.00
55.01	05501	CHEMOTHERAPY	0	6,292,474	0.000000	0.000000	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	19,203,970	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	21,559,112	0.000000	0.000000	5,300	57.00
58.00	05800	MRI	0	7,108,983	0.000000	0.000000	3,600	58.00
60.00	06000	LABORATORY	57,520	72,311,452	0.000795	0.000795	101,198	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,012,325	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,040,066	0.000000	0.000000	25,218	65.00
66.00	06600	PHYSICAL THERAPY	0	5,289,155	0.000000	0.000000	6,686	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	8,874,443	0.000000	0.000000	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,050,689	0.000000	0.000000	451	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,774,377	0.000000	0.000000	798	68.00
69.01	06901	CV DIAGNOSTIC	0	26,265,953	0.000000	0.000000	10,447	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	15,548,686	0.000000	0.000000	2,274	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	86,674,303	0.000000	0.000000	16,365	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	82,290,025	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,039,521	0.000000	0.000000	121,617	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	865,739	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	296,349	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	3,245,133	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2,542,927	0.000000	0.000000	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	3,342,154	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CENTER	0	108,652	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	51,619	25,285,694	0.002041	0.002041	17,208	91.00
91.01	09101	G.I. LABORATORY	0	10,181,819	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,767,661	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	309,232	715,380,309			313,372	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D Part IV
Date/Time Prepared: 5/28/2015 10:42 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	80	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0		66.01
66.02	06602	PHYSIATRY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03950	CARDIAC REHAB	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0		90.01
90.02	09002	DIABETES CENTER	0	0	0		90.02
91.00	09100	EMERGENCY	35	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	136	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D Part II
Date/Time Prepared: 5/28/2015 10:42 am

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,553,434	91,770,825	0.027824	56,287	1,566	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	406,241	5,628,712	0.072173	0	0	52.00
53.00	05300	ANESTHESIOLOGY	449,534	19,569,411	0.022971	7,829	180	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	761,462	15,698,462	0.048506	17,546	851	54.00
54.01	05401	ULTRASOUND	222,473	3,905,717	0.056961	2,540	145	54.01
54.03	05403	CARDIOVASCULAR LAB	1,132,516	31,562,109	0.035882	5,563	200	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,112,150	17,273,411	0.122278	0	0	55.00
55.01	05501	CHEMOTHERAPY	475,177	6,292,474	0.075515	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	284,756	19,203,970	0.014828	4,593	68	56.01
57.00	05700	CT SCAN	912,889	21,559,112	0.042344	31,700	1,342	57.00
58.00	05800	MRI	538,269	7,108,983	0.075717	5,100	386	58.00
60.00	06000	LABORATORY	1,050,707	72,311,452	0.014530	286,964	4,170	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	62,678	6,012,325	0.010425	25,069	261	63.00
65.00	06500	RESPIRATORY THERAPY	294,525	19,040,066	0.015469	145,845	2,256	65.00
66.00	06600	PHYSICAL THERAPY	113,731	5,289,155	0.021503	907,073	19,505	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	441,926	8,874,443	0.049798	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	25,712	2,050,689	0.012538	952,871	11,947	67.00
68.00	06800	SPEECH PATHOLOGY	16,473	1,774,377	0.009284	480,632	4,462	68.00
69.01	06901	CV DIAGNOSTIC	268,019	26,265,953	0.010204	35,167	359	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	230,535	15,548,686	0.014827	4,547	67	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	616,620	86,674,303	0.007114	233,369	1,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,148,781	82,290,025	0.013960	42,102	588	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,139,544	98,039,521	0.011623	356,841	4,148	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	94,552	865,739	0.109215	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	74,995	296,349	0.253063	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	443,046	3,245,133	0.136526	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	246,567	2,542,927	0.096962	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	90,246	3,342,154	0.027002	0	0	90.01
90.02	09002	DIABETES CENTER	108,284	108,652	0.996613	0	0	90.02
91.00	09100	EMERGENCY	808,949	25,285,694	0.031992	1,834	59	91.00
91.01	09101	G.I. LABORATORY	398,663	10,181,819	0.039154	14,550	570	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,767,661	0.000000	0	0	92.00
200.00		Total (lines 50-199)	17,523,454	715,380,309		3,618,022	54,790	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2015 10:42 am

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		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	51,359	0	0	51,359	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	148,734	0	0	148,734	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CHEMOTHERAPY	0	0	0	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	57,520	0	0	57,520	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0	0	0	66.01
66.02	06602	PHYSIATRY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0	0	0	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	CARDIAC REHAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	51,619	0	0	51,619	91.00
91.01	09101	G.I. LABORATORY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	309,232	0	0	309,232	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D Part IV
Date/Time Prepared: 5/28/2015 10:42 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,359	91,770,825	0.000560	0.000560	56,287	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,628,712	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,569,411	0.000000	0.000000	7,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,734	15,698,462	0.009474	0.009474	17,546	54.00
54.01	05401	ULTRASOUND	0	3,905,717	0.000000	0.000000	2,540	54.01
54.03	05403	CARDIOVASCULAR LAB	0	31,562,109	0.000000	0.000000	5,563	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,273,411	0.000000	0.000000	0	55.00
55.01	05501	CHEMOTHERAPY	0	6,292,474	0.000000	0.000000	0	55.01
56.01	05601	NUCLEAR MEDICINE	0	19,203,970	0.000000	0.000000	4,593	56.01
57.00	05700	CT SCAN	0	21,559,112	0.000000	0.000000	31,700	57.00
58.00	05800	MRI	0	7,108,983	0.000000	0.000000	5,100	58.00
60.00	06000	LABORATORY	57,520	72,311,452	0.000795	0.000795	286,964	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,012,325	0.000000	0.000000	25,069	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,040,066	0.000000	0.000000	145,845	65.00
66.00	06600	PHYSICAL THERAPY	0	5,289,155	0.000000	0.000000	907,073	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	8,874,443	0.000000	0.000000	0	66.01
66.02	06602	PHYSIATRY	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,050,689	0.000000	0.000000	952,871	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,774,377	0.000000	0.000000	480,632	68.00
69.01	06901	CV DIAGNOSTIC	0	26,265,953	0.000000	0.000000	35,167	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0.000000	0.000000	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0	15,548,686	0.000000	0.000000	4,547	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	86,674,303	0.000000	0.000000	233,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	82,290,025	0.000000	0.000000	42,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,039,521	0.000000	0.000000	356,841	73.00
76.00	03950	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	865,739	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	296,349	0.000000	0.000000	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0	3,245,133	0.000000	0.000000	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0	2,542,927	0.000000	0.000000	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	3,342,154	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CENTER	0	108,652	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	51,619	25,285,694	0.002041	0.002041	1,834	91.00
91.01	09101	G.I. LABORATORY	0	10,181,819	0.000000	0.000000	14,550	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,767,661	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	309,232	715,380,309			3,618,022	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D Part IV
Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	32	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	166	0	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
54.03	05403	CARDIOVASCULAR LAB	0	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	05501	CHEMOTHERAPY	0	0	0		55.01
56.01	05601	NUCLEAR MEDICINE	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	228	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0	0	0		66.01
66.02	06602	PHYSIATRY	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.01	06901	CV DIAGNOSTIC	0	0	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03950	CARDIAC REHAB	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0	0	0		90.01
90.02	09002	DIABETES CENTER	0	0	0		90.02
91.00	09100	EMERGENCY	4	0	0		91.00
91.01	09101	G.I. LABORATORY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	430	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176522	0	7,808,608	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	0	321,777	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	0	1,703,985	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	0	1,254,261	0	0	54.00
54.01	05401	ULTRASOUND	0.351755	0	431,945	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	0	1,247,168	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	0	1,258,260	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.379793	0	99,111	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	0	788,900	0	0	56.01
57.00	05700	CT SCAN	0.136521	0	1,649,253	0	0	57.00
58.00	05800	MRI	0.227526	0	343,000	0	0	58.00
60.00	06000	LABORATORY	0.161981	0	6,769,956	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	0	83,454	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	0	476,797	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	0	0	0	0	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	0	2,042,577	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	0	0	0	0	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	0	1,579,086	0	0	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	0	810,438	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	0	4,438,767	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	0	1,705,299	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	0	8,262,098	0	0	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	0	4,303	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1.861913				0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.220277				0	88.01
88.02	08802	RURAL HEALTH CLINIC III	1.086641				0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	0	187,005	0	0	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.362102	0	4,700,466	0	0	91.00
91.01	09101	G.I. LABORATORY	0.219567	0	614,817	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	0	724,070	0	0	92.00
200.00		Subtotal (see instructions)		0	49,305,401	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	49,305,401	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,378,391	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,807	0		52.00
53.00	05300	ANESTHESIOLOGY	184,076	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	431,776	0		54.00
54.01	05401	ULTRASOUND	151,939	0		54.01
54.03	05403	CARDIOVASCULAR LAB	292,422	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	471,808	0		55.00
55.01	05501	CHEMOTHERAPY	37,642	0		55.01
56.01	05601	NUCLEAR MEDICINE	101,512	0		56.01
57.00	05700	CT SCAN	225,158	0		57.00
58.00	05800	MRI	78,041	0		58.00
60.00	06000	LABORATORY	1,096,604	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,559	0		63.00
65.00	06500	RESPIRATORY THERAPY	87,410	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	927,546	0		66.01
66.02	06602	PHYSIATRY	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	06901	CV DIAGNOSTIC	163,409	0		69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0	0		69.02
70.01	07001	NEUROPHYSIOLOGY	80,162	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	832,131	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	548,646	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,203,080	0		73.00
76.00	03950	CARDIAC REHAB	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	3,635	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
88.01	08801	RURAL HEALTH CLINIC II	0	0		88.01
88.02	08802	RURAL HEALTH CLINIC III	0	0		88.02
90.01	09001	HYPERBARIC WOUND CLINIC	55,977	0		90.01
90.02	09002	DIABETES CENTER	0	0		90.02
91.00	09100	EMERGENCY	1,702,048	0		91.00
91.01	09101	G.I. LABORATORY	134,994	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	590,486	0		92.00
200.00		Subtotal (see instructions)	12,009,259	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	12,009,259	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	33,499	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,499	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.	6	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,681	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)	15,887	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)	32,744,209	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)	32,744,209	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	20,282,202	28.00
29.00	Private room charges (excluding swing-bed charges)	3,138	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	20,279,064	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.614431	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	523.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	707.06	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	32,744,209	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)	977.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	15,529,066	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)	15,529,066	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		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						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	5,559,354	3,267	1,701.67	1,991	3,388,025	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	3,134,339	1,140	2,749.42	800	2,199,536	46.01
47.00	NEONATOLOGY						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	37,877,450	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	58,994,077	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)	3,226,684	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,231,217	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,457,901	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	52,536,176	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)	4,812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	977.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,703,586	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260110

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

Worksheet D-1

Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII Hospital PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,091,068	32,744,209	0.124940	4,703,586	587,666	90.00
91.00	Nursing School cost	944,387	32,744,209	0.028841	4,703,586	135,656	91.00
92.00	Allied health cost	0	32,744,209	0.000000	4,703,586	0	92.00
93.00	All other Medical Education	0	32,744,209	0.000000	4,703,586	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260110 Component CCN: 26S110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,831	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,831	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)	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)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,594,841	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,594,841	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,594,841	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)	916.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	618,692	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)	618,692	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D-1
Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	NEONATOLOGY						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	68,522	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	687,214	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)	105,165	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,979	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	110,144	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	577,070	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: 260110 Component CCN: 26S110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	291,578	2,594,841	0.112368	0	0	90.00
91.00	Nursing School cost	149,504	2,594,841	0.057616	0	0	91.00
92.00	Allied health cost	0	2,594,841	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,594,841	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260110 Component CCN: 26T110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,680	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,680	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,680	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,754	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,599,381	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,599,381	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,599,381	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)	969.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,701,240	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,701,240	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D-1
Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	NEONATOLOGY						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	779,653	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,480,893	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)	251,120	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	55,220	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	306,340	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,174,553	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: 260110 Component CCN: 26T110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Subprovider - IRF	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	320,714	2,599,381	0.123381	0	0	90.00
91.00	Nursing School cost	62,984	2,599,381	0.024230	0	0	91.00
92.00	Allied health cost	0	2,599,381	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,599,381	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	33,499	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,499	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.	6	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	28,681	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)	4,137	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)	3,013	15.00
16.00	Nursery days (title V or XIX only)	1,542	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)	32,744,209	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)	32,744,209	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	202,825,202	28.00
29.00	Private room charges (excluding swing-bed charges)	3,138	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	202,822,064	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.161441	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	523.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	7,071.65	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	32,744,209	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)	977.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,043,793	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)	4,043,793	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,439,889	3,013	477.89	1,542	736,906	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	5,559,354	3,267	1,701.67	214	364,157	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	3,134,339	1,140	2,749.42	0	0	46.01
47.00	NEONATOLOGY						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,670,595	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	9,815,451	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)	4,812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	977.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,703,586	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,091,068	32,744,209	0.124940	4,703,586	587,666	90.00
91.00	Nursing School cost	0	32,744,209	0.000000	4,703,586	0	91.00
92.00	Allied health cost	0	32,744,209	0.000000	4,703,586	0	92.00
93.00	All other Medical Education	0	32,744,209	0.000000	4,703,586	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260110 Component CCN: 26S110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,831	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,831	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,034	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)	3,013	15.00
16.00	Nursery days (title V or XIX only)	1,542	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,594,841	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,594,841	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,594,841	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)	916.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	947,744	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)	947,744	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D-1
Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	NEONATOLOGY						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	39,221	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	986,965	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)	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: 260110 Component CCN: 26S110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	291,578	2,594,841	0.112368	0	0	90.00
91.00	Nursing School cost	0	2,594,841	0.000000	0	0	91.00
92.00	Allied health cost	0	2,594,841	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,594,841	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260110 Component CCN: 26T110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XIX	Subprovider - IRF	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)	2,680	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,680	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,680	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)	257	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)	3,013	15.00
16.00	Nursery days (title V or XIX only)	1,542	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,599,381	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,599,381	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,599,381	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)	969.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	249,269	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)	249,269	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D-1
Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
45.01	ADULT SPECIAL CARE	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
46.01	CARDIOTHORACIC ICU	0	0	0.00	0	0	46.01
47.00	NEONATOLOGY						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	98,362	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	347,631	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: 260110 Component CCN: 26T110	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 10:42 am
	Title XIX	Subprovider - IRF	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	320,714	2,599,381	0.123381	0	0	90.00
91.00	Nursing School cost	0	2,599,381	0.000000	0	0	91.00
92.00	Allied health cost	0	2,599,381	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,599,381	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		11,671,448		30.00
33.01	03301	ADULT SPECIAL CARE		2,714,478		33.01
34.01	03401	CARDIOTHORACIC ICU		785,255		34.01
40.00	04000	SUBPROVIDER - IPF		39,728		40.00
41.00	04100	SUBPROVIDER - IRF		3,570		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176522	28,417,296	5,016,278	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	35,838	23,590	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	5,124,430	553,577	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	2,417,582	832,245	54.00
54.01	05401	ULTRASOUND	0.351755	324,297	114,073	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	5,519,312	1,294,108	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	187,385	70,264	55.00
55.01	05501	CHEMOTHERAPY	0.379793	10,675	4,054	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	979,096	125,986	56.01
57.00	05700	CT SCAN	0.136521	2,853,929	389,621	57.00
58.00	05800	MRI	0.227526	756,200	172,055	58.00
60.00	06000	LABORATORY	0.161981	23,383,865	3,787,742	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	2,286,322	508,441	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	7,925,165	1,452,897	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	2,317,281	678,347	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	379,406	67,969	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	628,942	103,550	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	5,461,732	565,196	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	337,601	33,393	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	25,252,310	4,734,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	28,190,151	9,069,617	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	23,012,040	6,136,137	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	57,239	48,352	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	12,359	3,699	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	90.02
91.00	09100	EMERGENCY	0.362102	3,289,740	1,191,221	91.00
91.01	09101	G.I. LABORATORY	0.219567	1,408,631	309,289	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	725,588	591,724	92.00
200.00		Total (sum of lines 50-94 and 96-98)		171,294,412	37,877,450	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)		171,294,412		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D-3
Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		98,581		30.00
33.01	03301	ADULT SPECIAL CARE		9,524		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		514,172		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176522	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	2,210	761	54.00
54.01	05401	ULTRASOUND	0.351755	0	0	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.379793	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	0	0	56.01
57.00	05700	CT SCAN	0.136521	5,300	724	57.00
58.00	05800	MRI	0.227526	3,600	819	58.00
60.00	06000	LABORATORY	0.161981	101,198	16,392	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	25,218	4,623	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	6,686	1,957	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	451	81	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	798	131	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	10,447	1,081	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	2,274	225	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	16,365	3,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	121,617	32,429	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	0	0	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	90.02
91.00	09100	EMERGENCY	0.362102	17,208	6,231	91.00
91.01	09101	G.I. LABORATORY	0.219567	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		313,372	68,522	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)		313,372		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D-3
Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		1,043,630		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176522	56,287	9,936	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	7,829	846	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	17,546	6,040	54.00
54.01	05401	ULTRASOUND	0.351755	2,540	893	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	5,563	1,304	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.379793	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	4,593	591	56.01
57.00	05700	CT SCAN	0.136521	31,700	4,328	57.00
58.00	05800	MRI	0.227526	5,100	1,160	58.00
60.00	06000	LABORATORY	0.161981	286,964	46,483	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	25,069	5,575	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	145,845	26,737	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	907,073	265,531	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	952,871	170,704	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	480,632	79,132	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	35,167	3,639	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	4,547	450	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	233,369	43,749	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	42,102	13,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	356,841	95,151	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
88.01	08801	RURAL HEALTH CLINIC II	0.000000		0	88.01
88.02	08802	RURAL HEALTH CLINIC III	0.000000		0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	0	0	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	90.02
91.00	09100	EMERGENCY	0.362102	1,834	664	91.00
91.01	09101	G.I. LABORATORY	0.219567	14,550	3,195	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,618,022	779,653	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		3,618,022		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,206,183		30.00
33.01	03301	ADULT SPECIAL CARE		755,325		33.01
34.01	03401	CARDIOTHORACIC ICU		245,659		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		1,175,847		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176522	1,672,084	295,160	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	1,661,909	1,093,937	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	445,191	48,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	264,309	90,988	54.00
54.01	05401	ULTRASOUND	0.351755	53,122	18,686	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	300,730	70,512	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	15,999	5,999	55.00
55.01	05501	CHEMOTHERAPY	0.379793	261	99	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	48,843	6,285	56.01
57.00	05700	CT SCAN	0.136521	157,122	21,450	57.00
58.00	05800	MRI	0.227526	84,600	19,249	58.00
60.00	06000	LABORATORY	0.161981	3,445,726	558,142	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	270,942	60,253	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	1,600,625	293,438	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	260,441	76,240	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	46,263	8,288	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	154,577	25,450	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	543,721	56,266	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	62,265	6,159	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	2,404,624	450,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	909,365	292,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	4,222,918	1,126,037	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	728	615	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	1.861913	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.220277	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	1.086641	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	1,855	555	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	90.02
91.00	09100	EMERGENCY	0.362102	0	0	91.00
91.01	09101	G.I. LABORATORY	0.219567	206,459	45,332	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		18,834,679	4,670,595	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)		18,834,679		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260110
Component CCN: 26S110

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

Worksheet D-3
Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		510,855		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176522	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	1,664	573	54.00
54.01	05401	ULTRASOUND	0.351755	400	141	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.379793	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	0	0	56.01
57.00	05700	CT SCAN	0.136521	5,100	696	57.00
58.00	05800	MRI	0.227526	1,200	273	58.00
60.00	06000	LABORATORY	0.161981	40,177	6,508	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	9,956	1,825	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	664	194	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	693	114	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	4,141	429	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	4,909	920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	102,076	27,218	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	1.861913	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.220277	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	1.086641	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	1,103	330	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	90.02
91.00	09100	EMERGENCY	0.362102	0	0	91.00
91.01	09101	G.I. LABORATORY	0.219567	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		172,083	39,221	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)		172,083		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260110
Component CCN: 26T110

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

Worksheet D-3
Date/Time Prepared:
5/28/2015 10:42 am

Title XIX | Subprovider - IRF | 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
33.01	03301	ADULT SPECIAL CARE		0		33.01
34.01	03401	CARDIOTHORACIC ICU		0		34.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		139,230		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176522	2,985	527	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658241	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.108027	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.344247	1,967	677	54.00
54.01	05401	ULTRASOUND	0.351755	1,213	427	54.01
54.03	05403	CARDIOVASCULAR LAB	0.234469	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.374969	0	0	55.00
55.01	05501	CHEMOTHERAPY	0.379793	0	0	55.01
56.01	05601	NUCLEAR MEDICINE	0.128676	0	0	56.01
57.00	05700	CT SCAN	0.136521	800	109	57.00
58.00	05800	MRI	0.227526	0	0	58.00
60.00	06000	LABORATORY	0.161981	28,577	4,629	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222384	6,140	1,365	63.00
65.00	06500	RESPIRATORY THERAPY	0.183327	11,025	2,021	65.00
66.00	06600	PHYSICAL THERAPY	0.292734	130,500	38,202	66.00
66.01	06601	SOUTHEAST OUTPATIENT REHAB	0.454106	0	0	66.01
66.02	06602	PHYSIATRY	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.179147	110,578	19,810	67.00
68.00	06800	SPEECH PATHOLOGY	0.164641	83,707	13,782	68.00
69.01	06901	CV DIAGNOSTIC	0.103483	3,566	369	69.01
69.02	06902	ELECTROPHYSIOLOGY LAB	0.000000	0	0	69.02
70.01	07001	NEUROPHYSIOLOGY	0.098912	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.187469	16,249	3,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.321730	728	234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266649	48,625	12,966	73.00
76.00	03950	CARDIAC REHAB	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.844730	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	1.861913	0	0	88.00
88.01	08801	RURAL HEALTH CLINIC II	1.220277	0	0	88.01
88.02	08802	RURAL HEALTH CLINIC III	1.086641	0	0	88.02
90.01	09001	HYPERBARIC WOUND CLINIC	0.299334	662	198	90.01
90.02	09002	DIABETES CENTER	5.136785	0	0	90.02
91.00	09100	EMERGENCY	0.362102	0	0	91.00
91.01	09101	G.I. LABORATORY	0.219567	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.815510	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		447,322	98,362	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)		447,322		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Hospital	PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,212,951		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,391,280		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)		1,986,388		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		4,282,738		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		180.82		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.27		30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.11		31.00
32.00	Sum of lines 30 and 31		25.38		32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.16		33.00
34.00	Disproportionate share adjustment (see instructions)		929,748		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 10:42 am

		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000245129	0.000221512	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,217,533	1,694,045	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,658,593	426,993	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,085,586		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		41,605,953		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)		41,605,953		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,271,052		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		218,533		53.00
54.00	Special add-on payments for new technologies		5,766		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		501,499		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		81,188		58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,683,991		59.00
60.00	Primary payer payments		51,080		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,632,911		61.00
62.00	Deductibles billed to program beneficiaries		3,655,082		62.00
63.00	Coinsurance billed to program beneficiaries		69,616		63.00
64.00	Allowable bad debts (see instructions)		986,545		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		641,254		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		674,929		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,549,467		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		95,052		70.93
70.94	HRR adjustment amount (see instructions)		-74,732		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		111,899		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		42,457,888		71.00
71.01	Sequestration adjustment (see instructions)		849,158		71.01
72.00	Interim payments		41,061,318		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)		547,412		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		2,517,155		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		248,232		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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,212,951	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,391,280	0	0	36,604,230	36,604,230	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	1,986,388	0	0	1,986,388	1,986,388	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	4,282,738	0	0	4,282,738	4,282,738	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1016	0.1016	0.1016	0.1016		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	929,748	0	0	929,748	929,748	11.00
11.01	Uncompensated care payments	36.00	2,085,586	0	1,658,593	558,940	2,217,533	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	41,605,953	0	1,658,593	39,947,360	41,605,953	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	41,605,953	0	1,658,593	39,947,360	41,605,953	15.00
16.00	Payment for inpatient program capital	50.00	3,271,052	0	0	3,271,052	3,271,052	16.00
17.00	Special add-on payments for new technologies	54.00	5,766	0	0	5,766	5,766	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260110

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

Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII Hospital PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	1,658,593	43,224,178	44,882,771	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	2,904,827	0	0	2,904,827	2,904,827	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	213,141	0	0	213,141	213,141	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0527	0.0527	0.0527	0.0527		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,084	0	0	153,084	153,084	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,271,052	0	0	3,271,052	3,271,052	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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2015 10:42 am

		Title XVIII			Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,212,951	27,212,951		27,212,951	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,391,280		9,391,280	9,391,280	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	1,986,388	1,679,909	306,479	1,986,388	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	4,282,738	3,183,165	1,099,573	4,282,738	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1016	0.1016	0.1016		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	929,748	691,209	238,539	929,748	11.00
11.01	Uncompensated care payments	36.00	2,085,586	1,658,593	426,993	2,085,586	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	41,605,953	31,242,662	10,363,291	41,605,953	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	41,605,953	31,242,662	10,363,291	41,605,953	15.00
16.00	Payment for inpatient program capital	50.00	3,271,052	2,449,522	821,530	3,271,052	16.00
17.00	Special add-on payments for new technologies	54.00	5,766	5,766	0	5,766	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,697,950	11,184,821	44,882,771	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,904,827	2,159,705	745,122	2,904,827	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	213,141	176,001	37,140	213,141	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0527	0.0527	0.0527		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	153,084	113,816	39,268	153,084	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,271,052	2,449,522	821,530	3,271,052	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	95,052	71,094	23,958	95,052	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-74,732	-55,895	-18,837	-74,732	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	111,899	111,899	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part B Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	23,342	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	33,007,248	2.00
3.00	PPS payments	26,665,009	3.00
4.00	Outlier payment (see instructions)	315,917	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	99,517	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	23,342	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	87,659	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)	87,659	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	87,659	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	64,317	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)	23,342	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)	27,080,443	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)	5,216,545	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)	21,887,240	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)	21,887,240	30.00
31.00	Primary payer payments	6,224	31.00
32.00	Subtotal (line 30 minus line 31)	21,881,016	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)	819,920	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	532,948	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	341,325	36.00
37.00	Subtotal (see instructions)	22,413,964	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-419	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)	22,414,383	40.00
40.01	Sequestration adjustment (see instructions)	448,288	40.01
41.00	Interim payments	21,705,429	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	260,666	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: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I Date/Time Prepared: 5/28/2015 10:42 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		40,723,318		21,705,429	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	04/08/2015	338,000		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)		338,000		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)		41,061,318		21,705,429	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		547,412		260,666	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		41,608,730		21,966,095	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	CMS HCRIS PUF		99999		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260110 Component CCN: 26S110	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/28/2015 10:42 am
Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		456,879		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		456,879		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1,866		0	6.02
7.00	Total Medicare program liability (see instructions)		455,013		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	CMS HCRIS PUF	99999		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260110 Component CCN: 26T110	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/28/2015 10:42 am
Title XVIII	Subprovider - IRF	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		2,522,413		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,522,413		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		18,253		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,540,666		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	CMS HCRIS PUF	99999		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	8,217	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	18,678	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,088	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	33,094	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	757,473,235	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	28,110,977	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,668,482	8.00
9.00	Sequestration adjustment amount (see instructions)	33,370	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,635,112	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,603,578	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)	31,534	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260110 Component CCN: 26S110	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	545,838	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	7.756164	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	545,838	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	545,838	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	545,838	18.00
19.00	Deductibles	119,204	19.00
20.00	Subtotal (line 18 minus line 19)	426,634	20.00
21.00	Coinsurance	10,936	21.00
22.00	Subtotal (line 20 minus line 21)	415,698	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	19,720	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	12,818	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,383	25.00
26.00	Subtotal (sum of lines 22 and 24)	428,516	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)	35,783	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)	464,299	31.00
31.01	Sequestration adjustment (see instructions)	9,286	31.01
32.00	Interim payments	456,879	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)	-1,866	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	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260110 Component CCN: 26T110	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,442,619	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0324	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	95,506	3.00
4.00	Outlier Payments	32,318	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	7.342466	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	2,570,443	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,570,443	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,570,443	19.00
20.00	Deductibles	14,592	20.00
21.00	Subtotal (line 19 minus line 20)	2,555,851	21.00
22.00	Coinsurance	5,776	22.00
23.00	Subtotal (line 21 minus line 22)	2,550,075	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,219	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	792	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,219	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,550,867	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	41,649	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,592,516	32.00
32.01	Sequestration adjustment (see instructions)	51,850	32.01
33.00	Interim payments	2,522,413	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	18,253	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	32,318	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-3 Part VII Date/Time Prepared: 5/28/2015 10:42 am

Title XIX | Hospital | Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	9,815,451		1.00
2.00	Medical and other services		12,009,259	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	9,815,451	12,009,259	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	9,815,451	12,009,259	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	4,383,014		8.00
9.00	Ancillary service charges	18,834,679	49,305,401	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	23,217,693	49,305,401	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	23,217,693	49,305,401	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	13,402,242	37,296,142	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	9,815,451	12,009,259	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	9,815,451	12,009,259	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	9,815,451	12,009,259	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	9,815,451	12,009,259	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	9,815,451	12,009,259	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	9,815,451	12,009,259	40.00
41.00	Interim payments	5,000,992	10,509,984	41.00
42.00	Balance due provider/program (line 40 minus line 41)	4,814,459	1,499,275	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260110 Component CCN: 26S110	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2015 10:42 am
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	986,965		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	986,965	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	986,965	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	510,855		8.00
9.00	Ancillary service charges	172,083	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	682,938	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	682,938	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	304,027	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	682,938	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	682,938	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	304,027	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	682,938	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	682,938	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	682,938	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	682,938	0	40.00
41.00	Interim payments	585,473	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	97,465	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260110 Component CCN: 26T110	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2015 10:42 am
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	347,631		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	347,631	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	347,631	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	139,230		8.00
9.00	Ancillary service charges	447,322	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	586,552	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	586,552	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	238,921	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	347,631	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	347,631	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	347,631	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	347,631	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	347,631	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	347,631	0	40.00
41.00	Interim payments	222,487	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	125,144	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 260110

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

Worksheet G

Date/Time Prepared: 5/28/2015 10:42 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	13,579,847	0	0	0	1.00
2.00	Temporary investments	1,076,333	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	136,627,865	0	0	0	4.00
5.00	Other receivable	6,042,557	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-107,638,388	0	0	0	6.00
7.00	Inventory	5,756,075	0	0	0	7.00
8.00	Prepaid expenses	3,024,086	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	3,343,517	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	61,811,892	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,714,791	0	0	0	12.00
13.00	Land improvements	5,531,127	0	0	0	13.00
14.00	Accumulated depreciation	-3,682,589	0	0	0	14.00
15.00	Buildings	124,218,817	0	0	0	15.00
16.00	Accumulated depreciation	-104,562,771	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	159,854,959	0	0	0	23.00
24.00	Accumulated depreciation	-54,978,559	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	5,884,713	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	149,980,488	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	69,986,889	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,967,872	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	78,954,761	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	290,747,141	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	36,592,409	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,409,386	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,903,554	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	57,905,349	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	136,887,121	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	908,858	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	137,795,979	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	195,701,328	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	95,045,813				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	95,045,813	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	290,747,141	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-1 | Date/Time Prepared: 5/28/2015 10:42 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		230,024,708		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-123,022,862				2.00
3.00	Total (sum of line 1 and line 2)		107,001,846		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		107,001,846		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		107,001,846		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/28/2015 10:42 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	36,575,979		36,575,979	1.00
2.00	SUBPROVIDER - IPF	3,518,796		3,518,796	2.00
3.00	SUBPROVIDER - IRF	1,646,130		1,646,130	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	41,740,905		41,740,905	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
13.01	ADULT SPECIAL CARE	7,729,166		7,729,166	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.01	CARDIOTHORACIC ICU	2,535,878		2,535,878	14.01
15.00	NEONATOLOGY				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,265,044		10,265,044	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,005,949		52,005,949	17.00
18.00	Ancillary services	327,106,159	397,265,106	724,371,265	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	296,349	296,349	20.00
20.01	RURAL HEALTH CLINIC II	0	3,245,133	3,245,133	20.01
20.02	RURAL HEALTH CLINIC III	0	2,551,024	2,551,024	20.02
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,275,106	1,275,106	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	0	2,206,251	2,206,251	26.00
27.00	PHYSICIAN OFFICES	0	70,036,467	70,036,467	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	379,112,108	476,875,436	855,987,544	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		277,956,801		29.00
30.00	RENTALS-PROPERTY INTERNAL NET	4,999,830			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)		4,999,830		36.00
37.00	GROUPING DIFFERENCE IN AUDIT AND CR	311,000			37.00
38.00	MISC DIFFERE NCE	128			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)		311,128		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		282,645,503		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 260110 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-3 | Date/Time Prepared: 5/28/2015 10:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	855,987,544	1.00
2.00	Less contractual allowances and discounts on patients' accounts	615,609,315	2.00
3.00	Net patient revenues (line 1 minus line 2)	240,378,229	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	282,645,503	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-42,267,274	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	36,920	6.00
7.00	Income from investments	536,006	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	900,120	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	19,965	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,400,121	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BUILDING BLOCKS GRANT	829,250	24.00
24.01	MAIN STREET FITNESS	721,774	24.01
24.02	PRISONER MEALS	55,513	24.02
24.03	CANCER CENTER SERVICE LINE MISC	0	24.03
24.04	SOUTHEAST PHARMACY-MT AUBURN	1,129,161	24.04
24.05	SOUTHEAST PHARMACY-BROADWAY	3,122,881	24.05
24.06	SOUTHEAST PHARMACAY - JACKSON	1,400,238	24.06
24.07	HEALTHPOINT-CAPE	2,337,240	24.07
24.08	HEALTHPOINT-SPECIAL PROGRAMS	477,385	24.08
24.09	GAIN ON INVESTMENTS	0	24.09
24.10	INTEREST AND DIVIDEND	311,000	24.10
24.11	13 DEBT SERVICE INCOME	0	24.11
24.12	CHANGE IN UNREALIZED GAIN (LOSS)	0	24.12
24.13	OUTREACH LAB	5,134,610	24.13
24.14	MISC OTHER OPERATING REVENUE	2,183,156	24.14
24.15	RENTAL INCOME - INTERNAL	5,683,175	24.15
24.16	GAIN ON DISPOSALS	15,000	24.16
24.17	340B PHARMACY	1,551,003	24.17
24.18		0	24.18
25.00	Total other income (sum of lines 6-24)	28,844,518	25.00
26.00	Total (line 5 plus line 25)	-13,422,756	26.00
27.00	LOSS ON EQUIPMENT DISPOSAL	295,716	27.00
27.01	LACEYS RESTAURANT	29,529	27.01
27.02	SOUTHEAST PHARMACY-JACKSON	0	27.02
27.03	JAZZMANS RESTAURANT	-53,479	27.03
27.04	NET RENTAL LOSS	0	27.04
27.05	OTHER LOSSES	0	27.05
27.06	TRANSFER FROM AFFILIATE	109,328,340	27.06
28.00	Total other expenses (sum of line 27 and subscripts)	109,600,106	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-123,022,862	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H
Date/Time Prepared: 5/28/2015 10:42 am

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	171,280	139,273	7,755	524	168,821	487,653	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	531,501	0	0	0	0	531,501	6.00
7.00	Physical Therapy	245,119	0	0	0	0	245,119	7.00
8.00	Occupational Therapy	64,184	0	0	0	0	64,184	8.00
9.00	Speech Pathology	5,535	0	0	0	0	5,535	9.00
10.00	Medical Social Services	31,529	0	0	0	0	31,529	10.00
11.00	Home Health Aide	5,307	0	0	0	0	5,307	11.00
12.00	Supplies (see instructions)	0	0	0	0	16,848	16,848	12.00
13.00	Drugs	0	0	0	0	4,617	4,617	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,054,455	139,273	7,755	524	190,286	1,392,293	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-98,008	389,645	-616	389,029			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	75,907	607,408	0	607,408			6.00
7.00	Physical Therapy	33,604	278,723	0	278,723			7.00
8.00	Occupational Therapy	8,781	72,965	0	72,965			8.00
9.00	Speech Pathology	1,115	6,650	0	6,650			9.00
10.00	Medical Social Services	4,162	35,691	0	35,691			10.00
11.00	Home Health Aide	561	5,868	0	5,868			11.00
12.00	Supplies (see instructions)	0	16,848	0	16,848			12.00
13.00	Drugs	0	4,617	0	4,617			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	26,122	1,418,415	-616	1,417,799			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H-1 Part I
Date/Time Prepared: 5/28/2015 10:42 am

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	389,029	0	0	0	0	389,029	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	607,408	0	0	0	0	607,408	6.00
7.00	Physical Therapy	278,723	0	0	0	0	278,723	7.00
8.00	Occupational Therapy	72,965	0	0	0	0	72,965	8.00
9.00	Speech Pathology	6,650	0	0	0	0	6,650	9.00
10.00	Medical Social Services	35,691	0	0	0	0	35,691	10.00
11.00	Home Health Aide	5,868	0	0	0	0	5,868	11.00
12.00	Supplies (see instructions)	16,848	0	0	0	0	16,848	12.00
13.00	Drugs	4,617	0	0	0		4,617	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,417,799	0	0	0	0	1,417,799	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	389,029		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	229,690	837,098	6.00
7.00	Physical Therapy	105,399	384,122	7.00
8.00	Occupational Therapy	27,592	100,557	8.00
9.00	Speech Pathology	2,515	9,165	9.00
10.00	Medical Social Services	13,497	49,188	10.00
11.00	Home Health Aide	2,219	8,087	11.00
12.00	Supplies (see instructions)	6,371	23,219	12.00
13.00	Drugs	1,746	6,363	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		1,417,799	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H-1
Part II
Date/Time Prepared:
5/28/2015 10:42 am

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-389,029	1,028,770	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	607,408	6.00
7.00	Physical Therapy	0	0	0	0	0	278,723	7.00
8.00	Occupational Therapy	0	0	0	0	0	72,965	8.00
9.00	Speech Pathology	0	0	0	0	0	6,650	9.00
10.00	Medical Social Services	0	0	0	0	0	35,691	10.00
11.00	Home Health Aide	0	0	0	0	0	5,868	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	16,848	12.00
13.00	Drugs	0	0	0		0	4,617	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-389,029	1,028,770	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		389,029	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.378150	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H-2
Part I
Date/Time Prepared:
5/28/2015 10:42 am

Home Health Agency I

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	NEW CAP-REL CSTS-BLDGS & FIX #5	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	837,098	0	0	0	0	0	2.00
3.00	Physical Therapy	384,122	0	0	0	0	0	3.00
4.00	Occupational Therapy	100,557	0	0	0	0	0	4.00
5.00	Speech Pathology	9,165	0	0	0	0	0	5.00
6.00	Medical Social Services	49,188	0	0	0	0	0	6.00
7.00	Home Health Aide	8,087	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	23,219	0	0	0	0	0	8.00
9.00	Drugs	6,363	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,417,799	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	0	47,312	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	47,312	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H-2
Part I
Date/Time Prepared:
5/28/2015 10:42 am

Home Health Agency I

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	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	Subtotal	DATA PROCESSING	PURCHASING	
		2.00	4.00	5.01	5A.01	5.02	5.03	
1.00	Administrative and General	29,832	63,195	11,774	152,113	9,196	1,021	1.00
2.00	Skilled Nursing Care	0	30,448	0	867,546	52,445	0	2.00
3.00	Physical Therapy	0	462	0	384,584	23,250	0	3.00
4.00	Occupational Therapy	0	0	0	100,557	6,079	0	4.00
5.00	Speech Pathology	0	0	0	9,165	554	0	5.00
6.00	Medical Social Services	0	0	0	49,188	2,974	0	6.00
7.00	Home Health Aide	0	0	0	8,087	489	0	7.00
8.00	Supplies (see instructions)	0	0	0	23,219	1,404	0	8.00
9.00	Drugs	0	0	0	6,363	385	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	29,832	94,105	11,774	1,600,822	96,776	1,021	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

	Cost Center Description	ADMITTING	CREDIT & COLLECTIONS	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05	5A.05	5.06	6.00	7.00	
1.00	Administrative and General	5,281	9,167	176,778	34,117	16,504	47,035	1.00
2.00	Skilled Nursing Care	0	0	919,991	177,553	0	0	2.00
3.00	Physical Therapy	0	0	407,834	78,710	0	0	3.00
4.00	Occupational Therapy	0	0	106,636	20,580	0	0	4.00
5.00	Speech Pathology	0	0	9,719	1,876	0	0	5.00
6.00	Medical Social Services	0	0	52,162	10,067	0	0	6.00
7.00	Home Health Aide	0	0	8,576	1,655	0	0	7.00
8.00	Supplies (see instructions)	0	0	24,623	4,752	0	0	8.00
9.00	Drugs	0	0	6,748	1,302	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,281	9,167	1,713,067	330,612	16,504	47,035	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260110
HHA CCN: 267121

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

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Part I
Date/Time Prepared:
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	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	31,809	0	0	0	270,088	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	31,809	0	0	0	270,088	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		14.00	15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	1,253	0	0	0	0	9,752	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,253	0	0	0	0	9,752	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260110
HHA CCN: 267121

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

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Part I
Date/Time Prepared:
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	Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
		20.01	20.02	20.03	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	587,336	0	587,336				1.00
2.00	Skilled Nursing Care	1,097,544	0	1,097,544	351,719	1,449,263		2.00
3.00	Physical Therapy	486,544	0	486,544	155,918	642,462		3.00
4.00	Occupational Therapy	127,216	0	127,216	40,768	167,984		4.00
5.00	Speech Pathology	11,595	0	11,595	3,716	15,311		5.00
6.00	Medical Social Services	62,229	0	62,229	19,942	82,171		6.00
7.00	Home Health Aide	10,231	0	10,231	3,279	13,510		7.00
8.00	Supplies (see instructions)	29,375	0	29,375	9,414	38,789		8.00
9.00	Drugs	8,050	0	8,050	2,580	10,630		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	2,420,120	0	2,420,120	587,336	2,420,120		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.320461			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H-2
Part II
Date/Time Prepared:
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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	CAPITAL RELATED COSTS NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	MVBLE EQUIP (DIRECT COS TS)	
		1.06	1.07	1.08	1.09	1.10	2.00	
1.00	Administrative and General	0	0	3,286	0	0	33,623	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	3,286	0	0	33,623	20.00
21.00	Total cost to be allocated	0	0	47,312	0	0	29,832	21.00
22.00	Unit cost multiplier	0.000000	0.000000	14.398052	0.000000	0.000000	0.887250	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H-2
Part II
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	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING (SUPPLY COS TS)	ADMITTING (GROSS REVE NUES)	
		4.00	5.01	5A.02	5.02	5.03	5.04	
1.00	Administrative and General	725,652	33	0	152,113	11,644	1,275,106	1.00
2.00	Skilled Nursing Care	349,618	0	0	867,546	0	0	2.00
3.00	Physical Therapy	5,307	0	0	384,584	0	0	3.00
4.00	Occupational Therapy	0	0	0	100,557	0	0	4.00
5.00	Speech Pathology	0	0	0	9,165	0	0	5.00
6.00	Medical Social Services	0	0	0	49,188	0	0	6.00
7.00	Home Health Aide	0	0	0	8,087	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	23,219	0	0	8.00
9.00	Drugs	0	0	0	6,363	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,080,577	33		1,600,822	11,644	1,275,106	20.00
21.00	Total cost to be allocated	94,105	11,774		96,776	1,021	5,281	21.00
22.00	Unit cost multiplier	0.087088	356.787879		0.060454	0.087685	0.004142	22.00

	Cost Center Description	CREDIT & COLLECTIONS (GROSS REVE NUES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	5A.06	5.06	6.00	7.00	8.00	
1.00	Administrative and General	1,275,106	0	176,778	28	3,286	0	1.00
2.00	Skilled Nursing Care	0	0	919,991	0	0	0	2.00
3.00	Physical Therapy	0	0	407,834	0	0	0	3.00
4.00	Occupational Therapy	0	0	106,636	0	0	0	4.00
5.00	Speech Pathology	0	0	9,719	0	0	0	5.00
6.00	Medical Social Services	0	0	52,162	0	0	0	6.00
7.00	Home Health Aide	0	0	8,576	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	24,623	0	0	0	8.00
9.00	Drugs	0	0	6,748	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,275,106		1,713,067	28	3,286	0	20.00
21.00	Total cost to be allocated	9,167		330,612	16,504	47,035	0	21.00
22.00	Unit cost multiplier	0.007189		0.192994	589.428571	14.313755	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260110
HHA CCN: 267121

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

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	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	3,286	0	0	0	15	16,848	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,286	0	0	0	15	16,848	20.00
21.00	Total cost to be allocated	31,809	0	0	0	270,088	1,253	21.00
22.00	Unit cost multiplier	9.680158	0.000000	0.000000	0.000000	18,005.866667	0.074371	22.00

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	
		15.00	16.00	17.00	19.00	20.00	20.01	
1.00	Administrative and General	0	0	0	0	133	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	133	0	20.00
21.00	Total cost to be allocated	0	0	0	0	9,752	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	73.323308	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260110
HHA CCN: 267121

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

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	Cost Center Description	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
		20.02	20.03	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260110
HHA CCN: 267121

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

Worksheet H-3 Part I
Date/Time Prepared: 5/28/2015 10:42 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,449,263		1,449,263	3,859	375.55	1.00
2.00	Physical Therapy	3.00	642,462	0	642,462	2,736	234.82	2.00
3.00	Occupational Therapy	4.00	167,984	0	167,984	301	558.09	3.00
4.00	Speech Pathology	5.00	15,311	0	15,311	44	347.98	4.00
5.00	Medical Social Services	6.00	82,171		82,171	99	830.01	5.00
6.00	Home Health Aide	7.00	13,510		13,510	244	55.37	6.00
7.00	Total (sum of lines 1-6)		2,370,701	0	2,370,701	7,283		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		16020	0	1,800			8.00
8.01	Skilled Nursing Care		99926	0	929			8.01
9.00	Physical Therapy		16020	0	1,201			9.00
9.01	Physical Therapy		99926	0	678			9.01
10.00	Occupational Therapy		16020	0	160			10.00
10.01	Occupational Therapy		99926	0	60			10.01
11.00	Speech Pathology		16020	0	27			11.00
11.01	Speech Pathology		99926	0	18			11.01
12.00	Medical Social Services		16020	0	28			12.00
12.01	Medical Social Services		99926	0	12			12.01
13.00	Home Health Aide		16020	0	121			13.00
13.01	Home Health Aide		99926	0	97			13.01
14.00	Total (sum of lines 8-13)			0	5,131			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	38,789	0	38,789	0	0.000000	15.00
16.00	Cost of Drugs	9.00	10,630	0	10,630	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,729		0	1,024,876		1.00
2.00	Physical Therapy	0	1,879		0	441,227		2.00
3.00	Occupational Therapy	0	220		0	122,780		3.00
4.00	Speech Pathology	0	45		0	15,659		4.00
5.00	Medical Social Services	0	40		0	33,200		5.00
6.00	Home Health Aide	0	218		0	12,071		6.00
7.00	Total (sum of lines 1-6)	0	5,131		0	1,649,813		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260110
HHA CCN: 267121

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

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	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0				15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
	Cost Per Visit Computation			
1.00	Skilled Nursing Care	1,024,876		1.00
2.00	Physical Therapy	441,227		2.00
3.00	Occupational Therapy	122,780		3.00
4.00	Speech Pathology	15,659		4.00
5.00	Medical Social Services	33,200		5.00
6.00	Home Health Aide	12,071		6.00
7.00	Total (sum of lines 1-6)	1,649,813		7.00
	Cost Center Description			
		12.00		
	Limitation Cost Computation			
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260110 HHA CCN: 267121	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/28/2015 10:42 am
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	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.292734	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.454106	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.179147	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.164641	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.187469	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.266649	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 260110 HHA CCN: 267121	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2015 10:42 am
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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	987,871	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	13,604	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	8,095	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	101	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,009,671	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,009,671	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,009,671	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,009,671	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,009,671	31.00
31.01	Sequestration adjustment (see instructions)	0	20,194	31.01
32.00	Interim payments (see instructions)	0	989,478	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	35.00

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

Provider CCN: 260110
HHA CCN: 267121

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

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		989,478	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		989,478	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		989,477	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	CMS HCRIS PUF	99999		8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K
Date/Time Prepared: 5/28/2015 10:42 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	196,696	24,578	0	0	159,265	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	331,496	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	207,909	25,980	0	0	0	9.00
10.00	Nursing Care	506,136	63,245	25,900	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	220,848	27,597	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	37,947	4,742	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	14,034	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	186,288	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,169,536	146,142	25,900	331,496	359,587	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	380,539	26,122	406,661	-129	406,532	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	331,496	0	331,496	0	331,496	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	233,889	4,800	238,689	-225,851	12,838	9.00
10.00	Nursing Care	595,281	50,113	645,394	0	645,394	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	248,445	-134,773	113,672	0	113,672	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	42,689	2,405	45,094	0	45,094	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	14,034	0	14,034	0	14,034	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	186,288	0	186,288	0	186,288	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	75,090	75,090	0	75,090	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,032,661	23,757	2,056,418	-225,980	1,830,438	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-1

Date/Time Prepared:
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		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	79,028	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	506,136	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	79,028	0	0	506,136	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-1

Date/Time Prepared:
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		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	117,668	196,696		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	207,909	207,909		9.00
10.00	Nursing Care		0	0	506,136		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	220,848	220,848		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		37,947	0	37,947		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	37,947	546,425	1,169,536		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-2
Date/Time Prepared:
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Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	9,875	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	63,245	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	9,875	0	0	63,245	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-2
Date/Time Prepared:
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Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	14,703	24,578		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	25,980	25,980		9.00
10.00	Nursing Care		0	0	63,245		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	27,597	27,597		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		4,742	0	4,742		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	4,742	68,280	146,142		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-3
Date/Time Prepared:
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Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	331,496	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	331,496	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-3
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	0		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	331,496		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	331,496		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-4
Part I
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	406,532	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	331,496	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	12,838	0	0	0	0	9.00
10.00	Nursing Care	645,394	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	113,672	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	45,094	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	14,034	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	186,288	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	75,090	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,830,438	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-4
Part I
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	406,532	406,532			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	331,496	94,644	426,140		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	12,838	3,665	16,503		9.00
10.00	Nursing Care	0	645,394	184,262	829,656		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	113,672	32,454	146,126		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	45,094	12,875	57,969		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	14,034	4,007	18,041		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	186,288	53,186	239,474		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	75,090	21,439	96,529		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	1,830,438		1,830,438		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-4
Part II
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-4
Part II
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-406,532	1,423,906		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	331,496		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	12,838		9.00
10.00	Nursing Care	0	645,394		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	113,672		15.00
16.00	Spiritual Counseling	0	0		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	45,094		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	14,034		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	186,288		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	75,090		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		406,532		39.00
40.00	Unit Cost Multiplier		0.285505		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
			BLDG & FIXT	NEW CAP-REL CSTS-BLDGS & FIX #2	NEW CAP-REL CSTS-BLDGS & FIX #3	NEW CAP-REL CSTS-BLDGS & FIX #4	
		0	1.00	1.01	1.02	1.03	
1.00	Administrative and General		0	0	0	0	1.00
2.00	Inpatient - General Care	426,140	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	16,503	0	0	0	0	4.00
5.00	Nursing Care	829,656	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	146,126	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	57,969	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	18,041	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	239,474	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	96,529	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,830,438	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part I
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CAP-REL CSTS-BLDGS & FIX #5	NEW CAP-REL CSTS-BLDGS & FIX #6	NEW CAP-REL CSTS-BLDGS & FIX #7	NEW CAP-REL CSTS-BLDGS & FIX #8	NEW CAP-REL CSTS-BLDGS & FIX #9	
		1.04	1.05	1.06	1.07	1.08	
1.00	Administrative and General	0	0	0	0	47,312	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	47,312	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CAP-REL CSTS-BLDGS & FIX #1	NEW CAP-REL CSTS-BLDGS & FIX #1	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		1.09	1.10	2.00	4.00	5.01	
1.00	Administrative and General	0	0	287	22,513	13,201	1.00
2.00	Inpatient - General Care	0	0	0	49	0	2.00
3.00	Inpatient - Respite Care	0	0	0	147	0	3.00
4.00	Physician Services	0	0	0	15,593	0	4.00
5.00	Nursing Care	0	0	0	52,873	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	10,146	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	2,303	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	503	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	287	104,127	13,201	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	Subtotal	DATA PROCESSING	PURCHASING	ADMITTING	CREDIT & COLLECTIONS	
		5A.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	83,313	5,043	854	9,138	15,861	1.00
2.00	Inpatient - General Care	426,189	25,796	0	0	0	2.00
3.00	Inpatient - Respite Care	147	9	0	0	0	3.00
4.00	Physician Services	32,096	1,943	0	0	0	4.00
5.00	Nursing Care	882,529	53,414	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	156,272	9,459	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	57,969	3,509	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	18,041	1,092	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	239,474	14,494	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	98,832	5,982	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	503	30	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,995,365	120,771	854	9,138	15,861	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

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Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	7.00	8.00	
1.00	Administrative and General	114,209	22,066	25,934	47,035	0	1.00
2.00	Inpatient - General Care	451,985	87,327	0	0	0	2.00
3.00	Inpatient - Respite Care	156	30	0	0	0	3.00
4.00	Physician Services	34,039	6,577	0	0	0	4.00
5.00	Nursing Care	935,943	180,830	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	165,731	32,020	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	61,478	11,878	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	19,133	3,697	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	253,968	49,068	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	104,814	20,251	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	533	103	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,141,989	413,847	25,934	47,035	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

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Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	31,809	0	0	0	342,112	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	31,809	0	0	0	342,112	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

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Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	999	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	999	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

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Hospice I

	Cost Center Description	NURSING SCHOOL	SCHOOL OF MEDICAL TECHNOLOGY	SCHOOL OF SURGICAL TECHNOLOGY	SCHOOL OF RADIOLOGICAL TECHNOLO	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		20.00	20.01	20.02	20.03	21.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	5,866	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,866	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

Period:
From 01/01/2014
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Hospice I

	Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	
		22.00	23.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	584,164			1.00
2.00	Inpatient - General Care	0	0	539,312	0	539,312	2.00
3.00	Inpatient - Respite Care	0	0	186	0	186	3.00
4.00	Physician Services	0	0	40,616	0	40,616	4.00
5.00	Nursing Care	0	0	1,122,639	0	1,122,639	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	197,751	0	197,751	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	73,356	0	73,356	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	22,830	0	22,830	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	303,036	0	303,036	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	125,065	0	125,065	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	636	0	636	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	3,009,591	0	3,009,591	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260110
Hospice CCN: 261537

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

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Date/Time Prepared:
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Hospice I

	Cost Center Description	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	129,893	669,205		2.00
3.00	Inpatient - Respite Care	45	231		3.00
4.00	Physician Services	9,782	50,398		4.00
5.00	Nursing Care	270,388	1,393,027		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	47,628	245,379		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	17,668	91,024		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	5,499	28,329		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	72,986	376,022		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	30,122	155,187		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	153	789		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		3,009,591		34.00
35.00	Unit Cost Multiplier (see instructions)	0.240850			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #2 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #3 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #4 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #5 (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
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Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CAP-REL CSTS-BLDGS & FIX #6 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #7 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #8 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #9 (SQUARE FEET)	NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	
		1.05	1.06	1.07	1.08	1.09	
1.00	Administrative and General	0	0	0	3,286	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	3,286	0	34.00
35.00	Total cost to be allocated	0	0	0	47,312	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	14.398052	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

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

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Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CAP-REL CSTS-BLDGS & FIX #1 (SQUARE FEE T)	MVBLE EQUIP (DIRECT COS TS)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NONPATIENT)	Reconciliation	
		1.10	2.00	4.00	5.01	5A.02	
1.00	Administrative and General	0	5,317	277,371	37	0	1.00
2.00	Inpatient - General Care	0	0	602	0	0	2.00
3.00	Inpatient - Respite Care	0	0	1,806	0	0	3.00
4.00	Physician Services	0	0	192,116	0	0	4.00
5.00	Nursing Care	0	0	651,392	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	125,005	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	28,378	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	6,203	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	5,317	1,282,873	37		34.00
35.00	Total cost to be allocated	0	287	104,127	13,201		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.053978	0.081167	356.783784		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

Period:
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	Cost Center Description	DATA PROCESSING (ACCUM. COST)	PURCHASING (SUPPLY COSTS)	ADMITTING (GROSS REVENUES)	CREDIT & COLLECTIONS (GROSS REVENUES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	83,313	11,074	3,292,556	3,292,556	0	1.00
2.00	Inpatient - General Care	426,189	0	0	0	0	2.00
3.00	Inpatient - Respite Care	147	0	0	0	0	3.00
4.00	Physician Services	32,096	0	0	0	0	4.00
5.00	Nursing Care	882,529	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	156,272	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	57,969	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	18,041	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	239,474	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	98,832	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	503	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,995,365	11,074	3,292,556	3,292,556		34.00
35.00	Total cost to be allocated	120,771	854	9,138	15,861		35.00
36.00	Unit Cost Multiplier (see instructions)	0.060526	0.077118	0.002775	0.004817		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

Period:
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Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (REQUISITIO)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	114,209	46	3,286	0	3,286	1.00
2.00	Inpatient - General Care	451,985	0	0	0	0	2.00
3.00	Inpatient - Respite Care	156	0	0	0	0	3.00
4.00	Physician Services	34,039	0	0	0	0	4.00
5.00	Nursing Care	935,943	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	165,731	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	61,478	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	19,133	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	253,968	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	104,814	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	533	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,141,989	46	3,286	0	3,286	34.00
35.00	Total cost to be allocated	413,847	25,934	47,035	0	31,809	35.00
36.00	Unit Cost Multiplier (see instructions)	0.193207	563.782609	14.313755	0.000000	9.680158	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

Period:
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Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COSTS)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	22	8,414	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	22	8,414	34.00
35.00	Total cost to be allocated	0	0	0	342,112	999	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	15,550.545455	0.118731	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

Period:
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To 12/31/2014

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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	80	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	80	34.00
35.00	Total cost to be allocated	0	0	0	0	5,866	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	73.325000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

	Cost Center Description	SCHOOL OF MEDICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF SURGICAL TECHNOLOGY (TIME SPENT)	SCHOOL OF RADIOLOGICAL TECHNOLO (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		20.01	20.02	20.03	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

	Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)		
		23.00		
1.00	Administrative and General	0		1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	0		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	0		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		34.00
35.00	Total cost to be allocated	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-5
Part III
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.292734	0	0	1.00
1.01	SOUTHEAST OUTPATIENT REHAB	66.01	0.454106	0	0	1.01
1.02	PHYSIATRY	66.02	0.000000	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.179147	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.164641	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.266649	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.161981	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.187469	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.374969	0	0	9.00
9.01	CHEMOTHERAPY	55.01	0.379793	0	0	9.01
10.00	CARDIAC REHAB	76.00	0.000000	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.844730	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	10.99
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 260110
Hospice CCN: 261537

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

Worksheet K-6
Date/Time Prepared:
5/28/2015 10:42 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				3,009,591	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				13,430	2.00
3.00	Average cost per diem (line 1 divided by line 2)				224.09	3.00
4.00	Updupliated Medicare Days (Worksheet S-9, column 1, line 5)	11,821				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,648,968				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		344			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		77,087			7.00
8.00	Updupliated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		40			10.00
11.00	Aggregate NF cost (line 3 times line 10)		8,964			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,265		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			283,474		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260110	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,904,827	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	213,141	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)	94.39	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.27	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	18.11	8.00
9.00	Sum of lines 7 and 8	25.38	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.27	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	153,084	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,271,052	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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 260110
Component CCN: 268656

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

Worksheet M-1
Date/Time Prepared: 5/28/2015 10:42 am

Rural Health Clinic (RHC) I — Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	125,305	6,543	131,848	0	131,848	1.00
2.00	Physician Assistant	24,348	0	24,348	0	24,348	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	56,733	0	56,733	0	56,733	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	1,095	0	1,095	0	1,095	9.00
10.00	Subtotal (sum of lines 1 through 9)	207,481	6,543	214,024	0	214,024	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	7,012	7,012	0	7,012	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	14,162	14,162	0	14,162	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	21,174	21,174	0	21,174	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	207,481	27,717	235,198	0	235,198	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	20,071	38,360	58,431	0	58,431	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	20,071	38,360	58,431	0	58,431	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	227,552	66,077	293,629	0	293,629	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 260110 Component CCN: 268656	Period: From 01/01/2014 To 12/31/2014	Worksheet M-1 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) I	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	131,848		1.00
2.00	Physician Assistant	0	24,348		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	56,733		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	1,095		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	214,024		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	7,012		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	14,162		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	21,174		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	235,198		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	0	58,431		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	58,431		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	293,629		32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 260110
Component CCN: 268657

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

Worksheet M-1
Date/Time Prepared: 5/28/2015 10:42 am

Rural Health Clinic (RHC) II — Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	1,092,064	17,394	1,109,458	0	1,109,458	1.00
2.00	Physician Assistant	135,645	0	135,645	0	135,645	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	388,408	0	388,408	0	388,408	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	21,951	0	21,951	0	21,951	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,638,068	17,394	1,655,462	0	1,655,462	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	137,870	137,870	0	137,870	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	38,033	38,033	0	38,033	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	175,903	175,903	0	175,903	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,638,068	193,297	1,831,365	0	1,831,365	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	180,913	256,078	436,991	0	436,991	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	180,913	256,078	436,991	0	436,991	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,818,981	449,375	2,268,356	0	2,268,356	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 260110 Component CCN: 268657	Period: From 01/01/2014 To 12/31/2014	Worksheet M-1 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) II	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	1,109,458		1.00
2.00	Physician Assistant	0	135,645		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	388,408		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	21,951		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,655,462		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	137,870		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	38,033		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	175,903		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,831,365		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	0	436,991		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	436,991		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	2,268,356		32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 260110
Component CCN: 268674

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

Worksheet M-1
Date/Time Prepared: 5/28/2015 10:42 am

Rural Health Clinic (RHC) III

Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	769,420	14,512	783,932	0	783,932	1.00
2.00	Physician Assistant	69,616	0	69,616	0	69,616	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	223,969	0	223,969	0	223,969	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	0	0	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,063,005	14,512	1,077,517	0	1,077,517	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	405,720	405,720	0	405,720	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	13,579	13,579	0	13,579	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	419,299	419,299	0	419,299	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,063,005	433,811	1,496,816	0	1,496,816	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	94,547	133,478	228,025	0	228,025	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	94,547	133,478	228,025	0	228,025	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,157,552	567,289	1,724,841	0	1,724,841	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 260110
Component CCN: 268674

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

Worksheet M-1
Date/Time Prepared: 5/28/2015 10:42 am

Rural Health Clinic (RHC) III

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-480	783,452		1.00
2.00	Physician Assistant	0	69,616		2.00
3.00	Nurse Practitioner	0	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	223,969		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	0		9.00
10.00	Subtotal (sum of lines 1 through 9)	-480	1,077,037		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	405,720		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	13,579		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	419,299		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-480	1,496,336		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	0		29.00
30.00	Administrative Costs	0	228,025		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	228,025		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-480	1,724,361		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 260110
Component CCN: 268656

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

Worksheet M-2
Date/Time Prepared:
5/28/2015 10:42 am

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Rural Health Clinic (RHC) I Cost: Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	0.70	2,710	4,200	2,940		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.26	280	2,100	546		3.00
4.00	Subtotal (sum of lines 1 through 3)	0.96	2,990		3,486	3,486	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.96	2,990			3,486	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					235,198	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					235,198	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)					58,431	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					258,147	15.00
16.00	Total overhead (sum of lines 14 and 15)					316,578	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtotal (see instructions)					316,578	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					316,578	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					551,776	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 260110
Component CCN: 268657

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

Worksheet M-2
Date/Time Prepared:
5/28/2015 10:42 am

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Rural Health Clinic (RHC) II Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	4.25	19,283	4,200	17,850		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.55	3,252	2,100	3,255		3.00
4.00	Subtotal (sum of lines 1 through 3)	5.80	22,535		21,105	22,535	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	5.80	22,535			22,535	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,831,365	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,831,365	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)					436,991	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,691,605	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,128,596	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtotal (see instructions)					2,128,596	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					2,128,596	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					3,959,961	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 260110
Component CCN: 268674

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

Worksheet M-2
Date/Time Prepared: 5/28/2015 10:42 am

Rural Health Clinic (RHC) III — Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	2.60	11,348	4,200	10,920		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.68	2,121	2,100	1,428		3.00
4.00	Subtotal (sum of lines 1 through 3)	3.28	13,469		12,348	13,469	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	3.28	13,469			13,469	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,496,336	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,496,336	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)					228,025	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,038,888	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,266,913	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtotal (see instructions)					1,266,913	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					1,266,913	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					2,763,249	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 260110 Component CCN: 268656	Period: From 01/01/2014 To 12/31/2014	Worksheet M-3 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

			1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		551,776	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		2,491	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		549,285	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		3,486	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		3,486	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		157.57	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	79.80	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	79.80	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	957	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	76,369	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		76,369	16.00
16.01	Total program charges (see instructions)(from contractor's records)		100,901	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		770	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		583	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		40,024	16.04
16.05	Total program cost (see instructions)		40,607	16.05
17.00	Primary payer amounts		138	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		25,756	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		14,875	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		40,469	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		1,311	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		41,780	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		41,780	26.00
26.01	Sequestration adjustment (see instructions)		836	26.01
27.00	Interim payments		38,719	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		2,225	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 260110 Component CCN: 268657	Period: From 01/01/2014 To 12/31/2014	Worksheet M-3 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Rural Health Clinic (RHC) II	Cost

			1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		3,959,961	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		121,179	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		3,838,782	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		22,535	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		22,535	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		170.35	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	79.80	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	79.80	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	6,029	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	481,114	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		481,114	16.00
16.01	Total program charges (see instructions)(from contractor's records)		747,326	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		10,454	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		6,730	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		325,662	16.04
16.05	Total program cost (see instructions)		332,392	16.05
17.00	Primary payer amounts		1,762	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		67,306	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		133,911	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		330,630	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		19,788	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		350,418	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		350,418	26.00
26.01	Sequestration adjustment (see instructions)		7,008	26.01
27.00	Interim payments		322,458	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		20,952	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 260110 Component CCN: 268674	Period: From 01/01/2014 To 12/31/2014	Worksheet M-3 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Rural Health Clinic (RHC) III	Cost

			1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		2,763,249	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		2,763,249	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		13,469	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		13,469	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		205.16	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	79.80	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	79.80	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	0	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		0	16.04
16.05	Total program cost (see instructions)		0	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		0	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		0	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		0	26.00
26.01	Sequestration adjustment (see instructions)		0	26.01
27.00	Interim payments		0	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		0	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 260110 Component CCN: 268656	Period: From 01/01/2014 To 12/31/2014	Worksheet M-4 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	214,024	214,024	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000227	0.001072	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	49	229	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	461	323	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	510	552	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	235,198	235,198	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	316,578	316,578	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.002168	0.002347	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	686	743	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	1,196	1,295	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	7	33	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	170.86	39.24	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	4	16	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	683	628	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)		2,491	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)		1,311	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 260110 Component CCN: 268657	Period: From 01/01/2014 To 12/31/2014	Worksheet M-4 Date/Time Prepared: 5/28/2015 10:42 am
	Title XVIII	Rural Health Clinic (RHC) II	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,655,462	1,655,462	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.001631	0.004878	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	2,700	8,075	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	26,239	19,028	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	28,939	27,103	5.00
6.00	Total direct cost of the facility (from Wkst. M-1, col. 7, line 22)	1,831,365	1,831,365	6.00
7.00	Total overhead (from Wkst. M-2, line 16)	2,128,596	2,128,596	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.015802	0.014799	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	33,636	31,501	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	62,575	58,604	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	308	921	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	203.17	63.63	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	31	212	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	6,298	13,490	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)		121,179	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)		19,788	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260110 Component CCN: 268656	Period: From 01/01/2014 To 12/31/2014	Worksheet M-5 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		38,719	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		38,719	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		2,225	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		40,944	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	CMS HCRIS PUF	99999		8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260110 Component CCN: 268657	Period: From 01/01/2014 To 12/31/2014	Worksheet M-5 Date/Time Prepared: 5/28/2015 10:42 am
		Rural Health Clinic (RHC) II	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		322,458	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		322,458	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		20,952	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		343,410	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor	CMS HCRIS PUF	99999		8.00