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: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/25/2014 8:31 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/25/2014 Time: 8:31 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LUKE'S HOSPITAL (260179) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 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	32,866	64,345	-211,452	-32,090	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	-8,437	196		1,109	7.00
9.00	HOME HEALTH AGENCY I	0	2	3,987		0	9.00
200.00	Total	0	24,431	68,528	-211,452	-30,981	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: 260179

Period: From 07/01/2013 To 06/30/2014

Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 8:30 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 232 S. WOODS MILL RD.	PO Box:			1.00
2.00	City: CHESTERFIELD	State: MO	Zip Code: 63017	County: SAINT LOUIS	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	ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	SURREY PLACE	265414	41180		01/30/1990	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	ST. LUKE'S RENAL DIALYSIS	262321	41180		01/23/1991				18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	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.	N	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	736	0	98	0	1,317	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 8:30 am

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

		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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part 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, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 8:30 am

		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 Non-Provider Settings		
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

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

		Program Name	Program Code	Unweighted FTEs 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)	INTERNAL MEDICINE	1400	2.27	38.92	0.055110	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 8:30 am

		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 non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.27	38.92	0.055110	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 8:30 am

		V	XIX	
		1.00	2.00	
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 Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			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.					109.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	525,973	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 8:30 am

		1.00	2.00	
	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 they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		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						0.00	166.00

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

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2013	06/30/2014	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/25/2014 8:30 am

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

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

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

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

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	11/05/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/25/2014 8:30 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.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANTHONY	GANOUSIS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. LUKE'S HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-576-2411	ANTHONY.GANOUSIS@STLUKES-STL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/25/2014 8:30 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	11/05/2014			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HFS Supplemental Information	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part IX Date/Time Prepared: 11/25/2014 8:30 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/25/2014 8:30 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	327	113,033	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)		327	113,033	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		361	125,443	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	60	21,900		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	80	29,200			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	20,412			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		501				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: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/25/2014 8:30 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)	28,833	557	55,127			1.00
2.00	HMO and other (see instructions)	8,233	1,317				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	28,833	557	55,127			7.00
8.00	INTENSIVE CARE UNIT	1,933	73	3,522			8.00
9.00	CORONARY CARE UNIT	2,179	45	3,680			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		159	5,569			13.00
14.00	Total (see instructions)	32,945	834	67,898	38.91	2,418.50	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	9,349	0	14,964	0.01	48.39	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			24,777	0.00	44.19	21.00
22.00	HOME HEALTH AGENCY	24,496	366	40,002	0.00	51.24	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	18,153	299	20,412	0.00	22.06	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				38.92	2,584.38	27.00
28.00	Observation Bed Days		0	4,242			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	1,013			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: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/25/2014 8:30 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	6,343	386	14,188	1.00
2.00	HMO and other (see instructions)			1,685	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
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,343	386	14,188	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00				836	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						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 11/25/2014 8:30 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	160,993,333	516,023	161,509,356	5,375,518.76	30.05	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		3,395,667	0	3,395,667	27,557.77	123.22	4.00
4.01	Physicians - Part A - Teaching		1,709,904	0	1,709,904	14,192.97	120.48	4.01
5.00	Physician-Part B		14,952,576	0	14,952,576	133,868.17	111.70	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,310,241	0	2,310,241	87,744.00	26.33	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,120,614	2,433	2,123,047	100,657.49	21.09	9.00
10.00	Excluded area salaries (see instructions)		11,856,394	262,945	12,119,339	467,741.80	25.91	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,365,430	0	1,365,430	19,912.50	68.57	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		533,975	0	533,975	5,931.25	90.03	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	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)		35,111,898	0	35,111,898			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,991,492	0	3,991,492			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		589,475	0	589,475			22.00
22.01	Physician Part A - Teaching		269,662	0	269,662			22.01
23.00	Physician Part B		1,968,557	0	1,968,557			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		635,950	0	635,950			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,108,292	388,010	1,496,302	38,702.89	38.66	26.00
27.00	Administrative & General	5.00	18,648,170	-253,181	18,394,989	538,761.19	34.14	27.00
28.00	Administrative & General under contract (see inst.)		6,273,822	0	6,273,822	89,510.77	70.09	28.00
29.00	Maintenance & Repairs	6.00	2,519,511	2,362	2,521,873	97,734.77	25.80	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	93,510	193	93,703	8,004.56	11.71	31.00
32.00	Housekeeping	9.00	2,814,065	197,539	3,011,604	225,828.46	13.34	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,870,527	-358,750	2,511,777	174,345.38	14.41	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	430,081	749	430,830	30,982.03	13.91	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,523,886	1,036	1,524,922	42,831.63	35.60	38.00
39.00	Central Services and Supply	14.00	1,297,838	1,844	1,299,682	76,287.38	17.04	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2014 8:30 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	2,830,177	3,119	2,833,296	129,061.05	21.95	41.00
42.00	Social Service	17.00	511,886	461	512,347	19,099.74	26.82	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2014 8:30 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)		148,294,434	516,023	148,810,457	5,229,224.39	28.46	1.00
2.00	Excluded area salaries (see instructions)		13,977,008	265,378	14,242,386	568,399.29	25.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)		134,317,426	250,645	134,568,071	4,660,825.10	28.87	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,899,405	0	1,899,405	25,843.75	73.50	4.00
5.00	Subtotal wage-related costs (see inst.)		35,701,373	0	35,701,373	0.00	26.53	5.00
6.00	Total (sum of lines 3 thru 5)		171,918,204	250,645	172,168,849	4,686,668.85	36.74	6.00
7.00	Total overhead cost (see instructions)		40,921,765	-16,618	40,905,147	1,471,149.85	27.80	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2014 8:30 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,207,217	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	6,043,599	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	16,205	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	13,102,926	8.00
9.00	Prescription Drug Plan	7,288,645	9.00
10.00	Dental, Hearing and Vision Plan	1,069,630	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	196,893	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)	719,301	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	994,596	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	10,983,187	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	144,854	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	25,503	22.00
23.00	Tuition Reimbursement	801,471	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	42,594,027	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER MISCELLAENOUS/ADOPTION ASSIST.	32,616	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part V Date/Time Prepared: 11/25/2014 8:30 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	8,173,227	0	1.00
2.00	Hospital	8,173,227	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 260179
Component CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet S-4
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I | PPS

					1.00		
0.00	County				SAINT LOUIS 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	1,134	0	257	1,391	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,214.00	23.00	962.00	2,199.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	1.22	0.00	1.22	3.00
4.00	Director(s) and Assistant Director(s)			0.38	0.00	0.38	4.00
5.00	Other Administrative Personnel			7.97	0.00	7.97	5.00
6.00	Direct Nursing Service			21.67	0.00	21.67	6.00
7.00	Nursing Supervisor			3.24	0.00	3.24	7.00
8.00	Physical Therapy Service			11.03	0.55	11.58	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.57	0.27	3.84	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.29	0.00	0.29	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.72	0.00	1.72	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.35	0.00	1.35	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		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	10,729	388	373	369	11,859	21.00
22.00	Skilled Nursing Visit Charges	1,703,810	66,325	46,726	57,225	1,874,086	22.00
23.00	Physical Therapy Visits	8,089	149	206	252	8,696	23.00
24.00	Physical Therapy Visit Charges	1,362,902	25,725	26,425	42,175	1,457,227	24.00
25.00	Occupational Therapy Visits	2,329	82	29	105	2,545	25.00
26.00	Occupational Therapy Visit Charges	400,750	14,000	4,725	18,025	437,500	26.00
27.00	Speech Pathology Visits	157	15	1	2	175	27.00
28.00	Speech Pathology Visit Charges	26,950	2,625	175	350	30,100	28.00
29.00	Medical Social Service Visits	137	1	3	3	144	29.00
30.00	Medical Social Service Visit Charges	23,975	175	525	525	25,200	30.00
31.00	Home Health Aide Visits	908	131	2	36	1,077	31.00
32.00	Home Health Aide Visit Charges	67,694	9,675	150	2,700	80,219	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	22,349	766	614	767	24,496	33.00
34.00	Other Charges	138,716	12,316	4,572	1,187	156,791	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,724,797	130,841	83,298	122,187	4,061,123	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,291		159	52	1,502	36.00
37.00	Total Number of Outlier Episodes		13		2	15	37.00
38.00	Total Non-Routine Medical Supply Charges	138,716	12,316	4,572	1,187	156,791	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-5 | Date/Time Prepared: 11/25/2014 8:30 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	260	0					5.00
6.00	Number of stations	6	0	0	0			6.00
7.00	Treatment capacity per day per station	2	0					7.00
8.00	Utilization (see instructions)	9.42	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

		Y/N	
		1.00	
	ESRD PPS		
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)	N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)	Y	10.02

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	0		11.00
12.00	Number of patients transplanted during the cost reporting period	0		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

		MCP	INITIAL METHOD	
		1.00	2.00	
	PHYSICIAN PAYMENT METHOD			
21.00	Enter "X" if method(s) is applicable	X		21.00

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		0	0	0	0	22.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S-7 Date/Time Prepared: 11/25/2014 8:30 am

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	318	0	318	12.00
13.00		RUB	2,553	0	2,553	13.00
14.00		RUA	1,065	0	1,065	14.00
15.00		RVC	780	0	780	15.00
16.00		RVB	1,759	0	1,759	16.00
17.00		RVA	933	0	933	17.00
18.00		RHC	222	0	222	18.00
19.00		RHB	574	0	574	19.00
20.00		RHA	441	0	441	20.00
21.00		RMC	49	0	49	21.00
22.00		RMB	153	0	153	22.00
23.00		RMA	132	0	132	23.00
24.00		RLB	1	0	1	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	11	0	11	28.00
29.00		HE2	17	0	17	29.00
30.00		HE1	27	0	27	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	3	0	3	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	8	0	8	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	94	0	94	36.00
37.00		LE2	5	0	5	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	5	0	5	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	34	0	34	44.00
45.00		CE2	26	0	26	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	7	0	7	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	32	0	32	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	14	0	14	52.00
53.00		CA2	12	0	12	53.00
54.00		CA1	54	0	54	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-7 Date/Time Prepared: 11/25/2014 8:30 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	10	0	10	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	10	0	10	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		9,349	0	9,349	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	2,120,614	63.89	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,319,110			207.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 260179 Component CCN: 261627	Period: From 07/01/2013 To 06/30/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 11/25/2014 8:30 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	17,977	299	0	0	1,960	20,236	2.00
3.00	Inpatient Respite Care	143	0	0	0	0	143	3.00
4.00	General Inpatient Care	33	0	0	0	0	33	4.00
5.00	Total Hospice Days	18,153	299	0	0	1,960	20,412	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	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)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/25/2014 8:30 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)	0.275541	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,782,317	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?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	18,853,329	6.00
7.00	Medicaid cost (line 1 times line 6)	5,194,865	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)	412,548	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	366,801	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)	412,548	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	8,060,389	3,140,739	11,201,128	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,220,968	865,402	3,086,370	21.00
22.00	Partial payment by patients approved for charity care	623,098	546,911	1,170,009	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,597,870	318,491	1,916,361	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)	7,200,394	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	673,179	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	6,527,215	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,798,515	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,714,876	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,127,424	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/25/2014 8:30 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		0	0	9,411,495	9,411,495	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		32,676,078	32,676,078	-16,868,615	15,807,463	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		558,802	558,802	15,818	574,620	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,108,292	38,820,513	39,928,805	1,966,062	41,894,867	4.00
5.01	00541	NONPATIENT TELEPHONES	395,219	40,310	435,529	448,191	883,720	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00542	NONPATIENT TELEPHONES	0	0	0	24,451	24,451	5.03
5.04	00540	ADMITTING	791,808	11,996	803,804	1,246	805,050	5.04
5.05	00562	ADMIN & GENERAL - SURREY	506,220	181,377	687,597	-35,555	652,042	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	16,954,923	12,136,878	29,091,801	1,935,946	31,027,747	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,722,915	8,431,223	10,154,138	201,250	10,355,388	6.00
6.01	00601	PURCHASING	574,201	410,244	984,445	552	984,997	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	222,395	387,180	609,575	-2,577	606,998	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	72,287	-87,508	-15,221	1,219,803	1,204,582	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	21,223	96,799	118,022	47	118,069	8.01
9.00	00900	HOUSEKEEPING	2,571,217	633,774	3,204,991	257,590	3,462,581	9.00
9.01	00901	HOUSEKEEPING - SURREY	242,848	55,121	297,969	460	298,429	9.01
10.00	01000	DIETARY	2,200,973	398,770	2,599,743	939,570	3,539,313	10.00
10.01	01001	DIETARY - SURREY	669,554	712,143	1,381,697	1,239	1,382,936	10.01
11.00	01100	CAFETERIA	430,081	1,283,303	1,713,384	-1,230,494	482,890	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,337,567	51,224	1,388,791	938	1,389,729	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	186,319	6,702	193,021	98	193,119	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,297,838	2,134,192	3,432,030	-1,088,664	2,343,366	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,581,717	1,479,443	4,061,160	2,713	4,063,873	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	248,460	1,458	249,918	406	250,324	16.01
17.00	01700	SOCIAL SERVICE	329,756	89,375	419,131	295	419,426	17.00
17.01	01701	SOCIAL SERVICE - SURREY	182,130	83	182,213	166	182,379	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	767	767	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,310,241	0	2,310,241	0	2,310,241	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,486,062	511,736	1,997,798	572,360	2,570,158	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	155,937	155,937	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	133,586	133,586	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,915,930	5,096,636	35,012,566	-5,878,998	29,133,568	30.00
31.00	03100	INTENSIVE CARE UNIT	4,129,935	470,568	4,600,503	-322,922	4,277,581	31.00
32.00	03200	CORONARY CARE UNIT	3,906,274	431,385	4,337,659	-164,940	4,172,719	32.00
43.00	04300	NURSERY	1,737,466	126,248	1,863,714	2,704,470	4,568,184	43.00
44.00	04400	SKILLED NURSING FACILITY	2,120,614	163,729	2,284,343	-51,904	2,232,439	44.00
46.00	04600	OTHER LONG TERM CARE	1,728,204	75,658	1,803,862	-11,747	1,792,115	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,864,386	30,214,603	43,078,989	-28,578,295	14,500,694	50.00
50.01	03650	VASCULAR ACCESS CENTER	340,501	1,107,777	1,448,278	-454,247	994,031	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	195,019	79,930	274,949	-21,663	253,286	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,272,044	1,255,513	2,527,557	-452,269	2,075,288	50.04
51.00	05100	RECOVERY ROOM	1,051,888	91,300	1,143,188	-42,314	1,100,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,322	32,322	1,160,810	1,193,132	52.00
53.00	05300	ANESTHESIOLOGY	313,572	1,483,302	1,796,874	-700,913	1,095,961	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,330,217	3,446,252	9,776,469	-1,583,100	8,193,369	54.00
54.01	05401	TDOC RADIOLOGY	344,861	196,318	541,179	-122,832	418,347	54.01
54.02	05402	CDI RADIOLOGY	1,498,996	9,352,669	10,851,665	-316,003	10,535,662	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	589,991	703,009	1,293,000	-644,904	648,096	57.00
57.01	05701	TDOC CT SCAN	141,505	107,842	249,347	-64,860	184,487	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	297,544	107,048	404,592	-54,221	350,371	58.00
58.01	05801	TDOC - MRI	220,941	97,699	318,640	-53,913	264,727	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,161,241	7,446,567	8,607,808	-7,166,202	1,441,606	59.00
60.00	06000	LABORATORY	4,257,582	6,916,207	11,173,789	-37,165	11,136,624	60.00
64.00	06400	INTRAVENOUS THERAPY	2,758,754	15,079,212	17,837,966	-325,660	17,512,306	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	384,313	44,590	428,903	-2,281	426,622	64.01
65.00	06500	RESPIRATORY THERAPY	1,787,375	163,849	1,951,224	-40,923	1,910,301	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,728	8,728	0	8,728	65.01
66.00	06600	PHYSICAL THERAPY	3,199,664	607,565	3,807,229	-48,003	3,759,226	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,235,447	10,667	1,246,114	740	1,246,854	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	58,388	751,721	810,109	-3,377	806,732	66.02
67.00	06700	OCCUPATIONAL THERAPY	502,783	4,083	506,866	253	507,119	67.00
68.00	06800	SPEECH PATHOLOGY	205,705	1,559	207,264	-104	207,160	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/25/2014 8:30 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	
69.00	06900	ELECTROCARDIOLOGY	1,249,354	369,195	1,618,549	-26,484	1,592,065	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	519,274	117,996	637,270	30,572	667,842	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	171,803	77,004	248,807	-2,802	246,005	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,772,611	684,537	3,457,148	22,548	3,479,696	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,020,016	14,020,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,374,813	28,374,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,235,436	11,078,916	14,314,352	-355,867	13,958,485	73.00
74.00	07400	RENAL DIALYSIS	397,813	74,360	472,173	7,851	480,024	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	126,850	18,625	145,475	363,387	508,862	76.01
76.02	03022	CARDIAC REHAB	2,827,464	214,555	3,042,019	-177,022	2,864,997	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	273,050	121,987	395,037	-91,716	303,321	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	5,303	5,303	0	5,303	90.00
91.00	09100	EMERGENCY	8,269,608	885,002	9,154,610	-294,267	8,860,343	91.00
91.01	09101	URGENT CARE CENTERS	7,939,239	2,217,473	10,156,712	337,833	10,494,545	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	87,255	59,713	146,968	50	147,018	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,457,271	1,520,368	4,977,639	-870,180	4,107,459	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,229,493	998,054	2,227,547	-172,583	2,054,964	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	155,551,907	205,138,860	360,690,767	-4,046,257	356,644,510	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,498	24,571	47,069	-20,786	26,283	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,243,362	3,536,719	5,780,081	3,966,388	9,746,469	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	230,667	262,595	493,262	174	493,436	194.01
194.02	07952	COMMUNITY OUTREACH	433,876	181,463	615,339	39,453	654,792	194.02
194.03	07953	FOUNTAIN CAFE	29,190	90,830	120,020	-76,366	43,654	194.03
194.04	07954	SLEEP RESEARCH	100,689	-100,689	0	60	60	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	318,041	13,472	331,513	228	331,741	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	648,567	1,417,203	2,065,770	467	2,066,237	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	61,477	29,692	91,169	52	91,221	194.12
194.13	07963	VOLUNTEERS	211,134	29,271	240,405	218	240,623	194.13
194.14	07964	RETAIL PHARMACY	765,913	4,460,778	5,226,691	29,682	5,256,373	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	259,636	-29,663	229,973	174	230,147	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	83,558	8,184	91,742	44	91,786	194.16
194.17	07967	VALET SERVICES	32,818	177	32,995	106,469	139,464	194.17
200.00		TOTAL (SUM OF LINES 118-199)	160,993,333	215,063,463	376,056,796	0	376,056,796	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/25/2014 8:30 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	-246,373	9,165,122		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,531,247	13,276,216		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-12,288	562,332		2.01
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-218,464	41,676,403		4.00
5.01	00541	NONPATIENT TELEPHONES	-220,546	663,174		5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0		5.02
5.03	00542	NONPATIENT TELEPHONES	0	24,451		5.03
5.04	00540	ADMITTING	-48	805,002		5.04
5.05	00562	ADMIN & GENERAL - SURREY	-59,264	592,778		5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	4,640,229	35,667,976		5.06
6.00	00600	MAINTENANCE & REPAIRS	-4,920	10,350,468		6.00
6.01	00601	PURCHASING	-1,714	983,283		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-2,848	604,150		6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,204,582		8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	-197	117,872		8.01
9.00	00900	HOUSEKEEPING	-800	3,461,781		9.00
9.01	00901	HOUSEKEEPING - SURREY	-195	298,234		9.01
10.00	01000	DIETARY	-1,803,441	1,735,872		10.00
10.01	01001	DIETARY - SURREY	-10,989	1,371,947		10.01
11.00	01100	CAFETERIA	-1,900	480,990		11.00
11.01	01101	CAFETERIA - SURREY	0	0		11.01
13.00	01300	NURSING ADMINISTRATION	-6,510	1,383,219		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-400	192,719		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-35	2,343,331		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,529	4,061,344		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	250,324		16.01
17.00	01700	SOCIAL SERVICE	-359	419,067		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	182,379		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	-767	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,310,241		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,114,671	1,455,487		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-4,667	151,270		23.01
23.02	02302	PHARMACY EDUCATION	0	133,586		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,245,295	22,888,273		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,493,947	2,783,634		31.00
32.00	03200	CORONARY CARE UNIT	-1,178,097	2,994,622		32.00
43.00	04300	NURSERY	-50,000	4,518,184		43.00
44.00	04400	SKILLED NURSING FACILITY	-4,471	2,227,968		44.00
46.00	04600	OTHER LONG TERM CARE	-3,124	1,788,991		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,049,992	13,450,702		50.00
50.01	03650	VASCULAR ACCESS CENTER	-304,632	689,399		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-31,351	221,935		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-218,500	1,856,788		50.04
51.00	05100	RECOVERY ROOM	-20	1,100,854		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,193,132		52.00
53.00	05300	ANESTHESIOLOGY	-551,492	544,469		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-521,870	7,671,499		54.00
54.01	05401	TDOC RADIOLOGY	-543	417,804		54.01
54.02	05402	CDI RADIOLOGY	-1,463,006	9,072,656		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-27,218	620,878		57.00
57.01	05701	TDOC CT SCAN	-6,485	178,002		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	350,371		58.00
58.01	05801	TDOC - MRI	0	264,727		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,441,606		59.00
60.00	06000	LABORATORY	-152,248	10,984,376		60.00
64.00	06400	INTRAVENOUS THERAPY	-314,709	17,197,597		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-328,539	98,083		64.01
65.00	06500	RESPIRATORY THERAPY	-85	1,910,216		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	8,728		65.01
66.00	06600	PHYSICAL THERAPY	-174,057	3,585,169		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	-871	1,245,983		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-104,521	702,211		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	507,119		67.00
68.00	06800	SPEECH PATHOLOGY	0	207,160		68.00
69.00	06900	ELECTROCARDIOLOGY	-84,201	1,507,864		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	667,842		69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	-50,428	195,577		70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,426,793	2,052,903		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,020,016		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,374,813		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-39,166	13,919,319		73.00
74.00	07400	RENAL DIALYSIS	0	480,024		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	-17,065	491,797		76.01
76.02	03022	CARDIAC REHAB	-165,924	2,699,073		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	303,321		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-4,645	658		90.00
91.00	09100	EMERGENCY	-5,216,930	3,643,413		91.00
91.01	09101	URGENT CARE CENTERS	-3,090,117	7,404,428		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-50,250	96,768		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-24,522	4,082,937		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-24,941	2,030,023		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-26,024,998	330,619,512		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,283		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	594,401	10,340,870		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	-11,172	482,264		194.01
194.02	07952	COMMUNITY OUTREACH	129,464	784,256		194.02
194.03	07953	FOUNTAIN CAFE	-5,088	38,566		194.03
194.04	07954	SLEEP RESEARCH	109,304	109,364		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	-7,344	324,397		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	2,066,237		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	91,221		194.12
194.13	07963	VOLUNTEERS	0	240,623		194.13
194.14	07964	RETAIL PHARMACY	-24,000	5,232,373		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	66,435	296,582		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	91,786		194.16
194.17	07967	VALET SERVICES	0	139,464		194.17
200.00		TOTAL (SUM OF LINES 118-199)	-25,172,998	350,883,798		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	CAP REL COSTS-MVBLE EQUIP	00201		2.01
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00541		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	00560		5.02
5.03	NONPATIENT TELEPHONES	00542		5.03
5.04	ADMITTING	00540		5.04
5.05	ADMIN & GENERAL - SURREY	00562		5.05
5.06	ADMIN & GENERAL - HOSPITAL	00563		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	PURCHASING	00601		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	00602		6.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	00801		8.01
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING - SURREY	00901		9.01
10.00	DIETARY	01000		10.00
10.01	DIETARY - SURREY	01001		10.01
11.00	CAFETERIA	01100		11.00
11.01	CAFETERIA - SURREY	01101		11.01
13.00	NURSING ADMINISTRATION	01300		13.00
13.01	NURSING ADMINISTRATION - SURREY	01301		13.01
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	01601		16.01
17.00	SOCIAL SERVICE	01700		17.00
17.01	SOCIAL SERVICE - SURREY	01701		17.01
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	CLINICAL PASTORAL EDUCATION	02301		23.01
23.02	PHARMACY EDUCATION	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
50.01	VASCULAR ACCESS CENTER	03650		50.01
50.02	PAIN MGMT - BRAIN & SPINE	05001		50.02
50.03	PAIN MGMT CENTER	05002		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	03340		50.04
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	TDOC RADIOLOGY	05401		54.01
54.02	CDI RADIOLOGY	05402		54.02
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
57.01	TDOC CT SCAN	05701		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
58.01	TDOC - MRI	05801		58.01
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
64.01	BRAIN & SPINE INFUSION CENTER	06401		64.01
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	RESPIRATORY THERAPY - SURREY	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY - SURREY	06601		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	06602		66.02
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	TDOC - ELECTROCARDIOLOGY	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP MEDICINE CLINIC	07001		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	NUTRITION/DIABETES EDUCATION	03020		76.00
76.01	NUTRITION/DIABETES EDUCATION	03021		76.01
76.02	CARDIAC REHAB	03022		76.02
76.03	HYPERBARIC OXYGEN THERAPY	03950		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
91.01	URGENT CARE CENTERS	09101		91.01
91.02	ADULT DOWN SYNDROME CENTER	04950		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	DEVELOPMENT	07951		194.01
194.02	COMMUNITY OUTREACH	07952		194.02
194.03	FOUNTAIN CAFE	07953		194.03
194.04	SLEEP RESEARCH	07954		194.04
194.05	MEALS ON WHEELS	07955		194.05
194.06	GUEST MEALS	07956		194.06
194.07	PHYSICIAN REFERRAL	07957		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	07958		194.08
194.09	VACANT SPACE	07959		194.09
194.10	TV STORAGE	07960		194.10
194.11	MARKETING	07961		194.11
194.12	CHILDBIRTH INSTRUCTION	07962		194.12
194.13	VOLUNTEERS	07963		194.13
194.14	RETAIL PHARMACY	07964		194.14
194.15	REHAB HOSPITAL COVERAGE	07965		194.15
194.16	EXECUTIVE HEALTH PROGRAM	07966		194.16
194.17	VALET SERVICES	07967		194.17
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MED SUPPLIES CHGD TO PAT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	720,939		1.00
	TOTALS		0	720,939		
	B - NUTRITION/DIABETES EDUCATION					
1.00	NUTRITION/DIABETES EDUCATION	76.01	362,964	0		1.00
	TOTALS		362,964	0		
	C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,097,245		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
	TOTALS		0	1,097,245		
	D - LAUNDRY/LINEN RECLASSIFICATION					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,219,657		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		0	1,219,657		
	E - RENTAL/LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,169,317		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	3,308		2.00
3.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	26,139		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	TOTALS		0	1,198,764		
	F - INSURANCE AND FEES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	5,337,530		1.00
	TOTALS		0	5,337,530		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	G - TELEPHONE EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	447,595		1.00
2.00	NONPATIENT TELEPHONES	5.03	0	24,451		2.00
	TOTALS		0	472,046		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,935,738		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	1,036		2.00
3.00	VASCULAR ACCESS CENTER	50.01	0	70,764		3.00
4.00	LABORATORY	60.00	0	32,598		4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0	40,475		5.00
6.00	URGENT CARE CENTERS	91.01	0	421,672		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,909,199		7.00
	TOTALS		0	11,411,482		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,143,364		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	11,000		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	134,556		3.00
	TOTALS		0	1,288,920		
	J - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	767		1.00
	TOTALS		0	767		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	90,001	65,839		1.00
	TOTALS		90,001	65,839		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	102,060	0		1.00
	TOTALS		102,060	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	222,043		1.00
2.00	HOUSEKEEPING	9.00	192,081	62,062		2.00
	TOTALS		192,081	284,105		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,170,000		1.00
	TOTALS		0	1,170,000		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	332,393		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	11,474		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	95,897		3.00
	TOTALS		0	439,764		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	994,596		1.00
	TOTALS		0	994,596		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,305,522		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	1,305,522		
	S - EPOETIN COST					
1.00	RENAL DIALYSIS	74.00	0	17,110		1.00
	TOTALS		0	17,110		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	387,075	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	2,857	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	2,286	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	1,714		4.00
	TOTALS		392,218	1,714		
	U - AUDIO/VISUAL					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	19,160	1,585		1.00
2.00	COMMUNITY OUTREACH	194.02	35,938	2,973		2.00
	TOTALS		55,098	4,558		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	133,486	0		1.00
	TOTALS		133,486	0		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,413,806	303,981		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,039,423	130,899		2.00
	TOTALS		3,453,229	434,880		
	X - PHYSICIAN RECLASSIFICATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	475,902	94,282		1.00
2.00	ELECTROCARDIOLOGY	69.00	28,085	6,754		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

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	TOTALS		503,987	101,036		
	Y - SUPERVISOR RECLASSIFICATION					
1.00	TDOC RADIOLOGY	54.01	46,186	0		1.00
2.00	CT SCAN	57.00	41,243	0		2.00
3.00	TDOC CT SCAN	57.01	15,251	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	24,746	0		4.00
5.00	TDOC - MRI	58.01	19,489	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	137,843	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	25,919	0		7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	52,532	0		8.00
9.00	RETAIL PHARMACY	194.14	46,343	0		9.00
	TOTALS		409,552	0		
	Z - VALET RECLASSIFICATION					
1.00	VALET SERVICES	194.17	106,200	0		1.00
	TOTALS		106,200	0		
	AA - PATIENT BILLING RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	89,299	31,751		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		89,299	31,751		
	AB - MERCY CLINICAL ENGINEERING RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	22,166		1.00
2.00	COMMUNITY OUTREACH	194.02	0	233		2.00
	TOTALS		0	22,399		
	AC - IMPLANT RECLASSIFICATION					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,299,077		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	28,374,813		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	TOTALS		0	41,673,890		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AD - EMPLOYEE HOLIDAY GIFT CARDS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	935	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	596	0	2.00
3.00	ADMITTING	5.04	1,246	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	370	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	10,751	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,606	0	6.00
7.00	PURCHASING	6.01	552	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	204	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	146	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	47	0	10.00
11.00	HOUSEKEEPING	9.00	4,998	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	460	0	12.00
13.00	DIETARY	10.00	2,975	0	13.00
14.00	DIETARY - SURREY	10.01	1,239	0	14.00
15.00	CAFETERIA	11.00	749	0	15.00
16.00	NURSING ADMINISTRATION	13.00	938	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	98	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,844	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,713	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	406	0	20.00
21.00	SOCIAL SERVICE	17.00	295	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	166	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,176	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	97	0	24.00
25.00	PHARMACY EDUCATION	23.02	100	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	20,314	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	2,033	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,287	0	28.00
29.00	NURSERY	43.00	3,144	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,433	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,221	0	31.00
32.00	OPERATING ROOM	50.00	8,594	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	231	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	252	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	1,030	0	35.00
36.00	RECOVERY ROOM	51.00	819	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	873	0	37.00
38.00	ANESTHESIOLOGY	53.00	373	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,711	0	39.00
40.00	TDOC RADIOLOGY	54.01	302	0	40.00
41.00	CDI RADIOLOGY	54.02	843	0	41.00
42.00	CT SCAN	57.00	442	0	42.00
43.00	TDOC CT SCAN	57.01	113	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	246	0	44.00
45.00	TDOC - MRI	58.01	180	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	856	0	46.00
47.00	LABORATORY	60.00	4,338	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,553	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	68	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,659	0	50.00
51.00	PHYSICAL THERAPY	66.00	2,803	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	1,000	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	101	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	460	0	54.00
55.00	SPEECH PATHOLOGY	68.00	138	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,086	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	504	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	145	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,704	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	1,882	0	60.00
61.00	RENAL DIALYSIS	74.00	223	0	61.00
62.00	NUTRITION/DIABETES EDUCATION	76.01	431	0	62.00
63.00	CARDIAC REHAB	76.02	2,051	0	63.00
64.00	HYPERBARIC OXYGEN THERAPY	76.03	248	0	64.00
65.00	EMERGENCY	91.00	3,320	0	65.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
66.00	URGENT CARE CENTERS	91.01	3,989	0	66.00
67.00	ADULT DOWN SYNDROME CENTER	91.02	93	0	67.00
68.00	HOME HEALTH AGENCY	101.00	2,540	0	68.00
69.00	HOSPICE	116.00	1,079	0	69.00
70.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	45	0	70.00
71.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,318	0	71.00
72.00	DEVELOPMENT	194.01	229	0	72.00
73.00	COMMUNITY OUTREACH	194.02	309	0	73.00
74.00	FOUNTAIN CAFE	194.03	57	0	74.00
75.00	SLEEP RESEARCH	194.04	60	0	75.00
76.00	PHYSICIAN REFERRAL	194.07	228	0	76.00
77.00	MARKETING	194.11	497	0	77.00
78.00	CHILDBIRTH INSTRUCTION	194.12	52	0	78.00
79.00	VOLUNTEERS	194.13	218	0	79.00
80.00	RETAIL PHARMACY	194.14	600	0	80.00
81.00	REHAB HOSPITAL COVERAGE	194.15	174	0	81.00
82.00	EXECUTIVE HEALTH PROGRAM	194.16	44	0	82.00
83.00	VALET SERVICES	194.17	269	0	83.00
	TOTALS		125,519	0	
500.00	Grand Total: Increases		6,015,694	69,294,514	500.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MED SUPPLIES CHGD TO PAT						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	720,939	0		1.00
	TOTALS		0	720,939			
	B - NUTRITION/DIABETES EDUCATION						
1.00	DIETARY	10.00	362,964	0	0		1.00
	TOTALS		362,964	0			
	C - EMPLOYEE BENEFITS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,951	0		1.00
2.00	CDI RADIOLOGY	54.02	0	285,095	0		2.00
3.00	URGENT CARE CENTERS	91.01	0	350	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	799,849	0		4.00
	TOTALS		0	1,097,245			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,195	0		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	69	0		2.00
3.00	DIETARY	10.00	0	5,963	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,941	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	547,049	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	25,356	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	42,927	0		7.00
8.00	OPERATING ROOM	50.00	0	173,030	0		8.00
9.00	VASCULAR ACCESS CENTER	50.01	0	20,752	0		9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	38,452	0		10.00
11.00	RECOVERY ROOM	51.00	0	10,646	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,606	0		12.00
13.00	TDOC RADIOLOGY	54.01	0	11,071	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,689	0		14.00
15.00	TDOC - MRI	58.01	0	7,836	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	14,692	0		16.00
17.00	LABORATORY	60.00	0	1,787	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	5,953	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	34,516	0		19.00
20.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	2,362	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	12,245	0		21.00
22.00	TDOC - ELECTROCARDIOLOGY	69.01	0	15,065	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,228	0		23.00
24.00	RENAL DIALYSIS	74.00	0	2,229	0		24.00
25.00	HYPERBARIC OXYGEN THERAPY	76.03	0	13,766	0		25.00
26.00	EMERGENCY	91.00	0	91,351	0		26.00
27.00	URGENT CARE CENTERS	91.01	0	23,858	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,023	0		28.00
	TOTALS		0	1,219,657			
	E - RENTAL/LEASES						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	77,657	10		1.00
2.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	2,781	10		2.00
3.00	HOUSEKEEPING	9.00	0	1,551	0		3.00
4.00	CAFETERIA	11.00	0	18,767	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	353,628	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	17,822	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	527	0		7.00
8.00	OPERATING ROOM	50.00	0	34,285	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,472	0		9.00
10.00	TDOC RADIOLOGY	54.01	0	731	0		10.00
11.00	CT SCAN	57.00	0	436,585	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	719	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	270	0		13.00
14.00	TDOC - ELECTROCARDIOLOGY	69.01	0	4,155	0		14.00
15.00	SLEEP MEDICINE CLINIC	70.01	0	6,248	0		15.00
16.00	RENAL DIALYSIS	74.00	0	163	0		16.00
17.00	EMERGENCY	91.00	0	56,271	0		17.00
18.00	HOSPICE	116.00	0	157,234	0		18.00
19.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,098	0		19.00
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,344	0		20.00
21.00	DEVELOPMENT	194.01	0	55	0		21.00
22.00	FOUNTAIN CAFE	194.03	0	3,110	0		22.00
23.00	MARKETING	194.11	0	30	0		23.00
24.00	RETAIL PHARMACY	194.14	0	17,261	0		24.00
	TOTALS		0	1,198,764			

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - INSURANCE AND FEES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,337,530	12		1.00
	TOTALS		0	5,337,530			
	G - TELEPHONE EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	447,595	0		1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	24,451	0		2.00
	TOTALS		0	472,046			
	H - MOB DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,411,482	9		1.00
2.00		0.00	0	0	9		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
	TOTALS		0	11,411,482			
	I - INTEREST ON BONDS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,288,920	11		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	1,288,920			
	J - CRNA						
1.00	ANESTHESIOLOGY	53.00	0	767	0		1.00
	TOTALS		0	767			
	K - CLINICAL PASTORAL EDUCATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	90,001	65,839	0		1.00
	TOTALS		90,001	65,839			
	L - ALLOCATION OF SECURITY						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	102,060	0	0		1.00
	TOTALS		102,060	0			
	M - MAINT AND HOUSEKEEPING RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	192,081	284,105	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		192,081	284,105			
	N - MOB PROPERTY TAX						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,170,000	0		1.00
	TOTALS		0	1,170,000			
	O - PROPERTY INSURANCE						
1.00	ADMIN & GENERAL - SURREY	5.05	0	11,474	12		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	428,290	12		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	439,764			
	P - WORKMENS COMPENSATION EXPENSE						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	994,596	0		1.00
	TOTALS		0	994,596			
	R - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	0	1,212,476	0		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	19,733	0		2.00
3.00	FOUNTAIN CAFE	194.03	0	73,313	0		3.00
	TOTALS		0	1,305,522			
	S - EPOETIN COST						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,110	0		1.00
	TOTALS		0	17,110			
	T - LOAN FORGIVENESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	387,075	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,857	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,286	0		3.00
4.00	CORONARY CARE UNIT	32.00	1,714	0	0		4.00
	TOTALS		1,714	392,218			
	U - AUDIO/VISUAL						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	55,098	4,558	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		55,098	4,558			
	V - PHARMACY EDUCATION						
1.00	DRUGS CHARGED TO PATIENTS	73.00	133,486	0	0		1.00
	TOTALS		133,486	0			
	W - LDRP ROUTINE EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	3,453,229	434,880	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		3,453,229	434,880			

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	X - PHYSICIAN RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	2,084	338	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	305,077	57,509	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	113,287	12,908	0	3.00
4.00	CORONARY CARE UNIT	32.00	18,858	2,397	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	31,783	16,997	0	5.00
6.00	LABORATORY	60.00	0	4,549	0	6.00
7.00	EMERGENCY	91.00	32,898	6,338	0	7.00
	TOTALS		503,987	101,036		
	Y - SUPERVISOR RECLASSIFICATION					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	96,639	0	0	1.00
2.00	CT SCAN	57.00	50,277	0	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	42,327	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	46,343	0	0	4.00
5.00	CARDIAC REHAB	76.02	173,966	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
	TOTALS		409,552	0		
	Z - VALET RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	106,200	0	0	1.00
	TOTALS		106,200	0		
	AA - PATIENT BILLING RECLASSIFICATION					
1.00	CDI RADIOLOGY	54.02	0	31,751	0	1.00
2.00	HOME HEALTH AGENCY	101.00	72,871	0	0	2.00
3.00	HOSPICE	116.00	16,428	0	0	3.00
	TOTALS		89,299	31,751		
	AB - MERCY CLINICAL ENGINEERING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	22,399	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	22,399		
	AC - IMPLANT RECLASSIFICATION					
1.00	ADULTS & PEDIATRICS	30.00	0	1,083,746	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	173,404	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	103,045	0	3.00
4.00	NURSERY	43.00	0	16,461	0	4.00
5.00	SKILLED NURSING FACILITY	44.00	0	53,810	0	5.00
6.00	OTHER LONG TERM CARE	46.00	0	13,968	0	6.00
7.00	OPERATING ROOM	50.00	0	28,379,574	0	7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	504,490	0	8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	21,915	0	9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	440,986	0	10.00
11.00	RECOVERY ROOM	51.00	0	32,487	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,385	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	700,519	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,403,143	0	14.00
15.00	TDOC RADIOLOGY	54.01	0	157,518	0	15.00
16.00	CT SCAN	57.00	0	199,727	0	16.00
17.00	TDOC CT SCAN	57.01	0	80,224	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	63,524	0	18.00
19.00	TDOC - MRI	58.01	0	65,746	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	7,241,429	0	20.00
21.00	LABORATORY	60.00	0	67,765	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0	321,260	0	22.00
23.00	BRAIN & SPINE INFUSION CENTER	64.01	0	2,349	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	41,863	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	16,020	0	25.00
26.00	PHYSICAL THERAPY - SURREY	66.01	0	260	0	26.00
27.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,116	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	207	0	28.00
29.00	SPEECH PATHOLOGY	68.00	0	242	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	33,756	0	30.00
31.00	TDOC - ELECTROCARDIOLOGY	69.01	0	3,244	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	719	0	32.00
33.00	SLEEP MEDICINE CLINIC	70.01	0	13,383	0	33.00
34.00	DRUGS CHARGED TO PATIENTS	73.00	0	160,810	0	34.00
35.00	RENAL DIALYSIS	74.00	0	7,090	0	35.00
36.00	NUTRITION/DIABETES EDUCATION	76.01	0	8	0	36.00
37.00	CARDIAC REHAB	76.02	0	5,107	0	37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	78,198	0	38.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
39.00	EMERGENCY	91.00	0	110,729	0	39.00
40.00	URGENT CARE CENTERS	91.01	0	63,620	0	40.00
41.00	ADULT DOWN SYNDROME CENTER	91.02	0	43	0	41.00
	TOTALS		0	41,673,890		
	AD - EMPLOYEE HOLIDAY GIFT CARDS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	125,519	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
59.00		0.00	0	0	0	59.00
60.00		0.00	0	0	0	60.00
61.00		0.00	0	0	0	61.00
62.00		0.00	0	0	0	62.00
63.00		0.00	0	0	0	63.00
64.00		0.00	0	0	0	64.00
65.00		0.00	0	0	0	65.00
66.00		0.00	0	0	0	66.00
67.00		0.00	0	0	0	67.00
68.00		0.00	0	0	0	68.00
69.00		0.00	0	0	0	69.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/25/2014 8:30 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
70.00		0.00	0	0	0	70.00
71.00		0.00	0	0	0	71.00
72.00		0.00	0	0	0	72.00
73.00		0.00	0	0	0	73.00
74.00		0.00	0	0	0	74.00
75.00		0.00	0	0	0	75.00
76.00		0.00	0	0	0	76.00
77.00		0.00	0	0	0	77.00
78.00		0.00	0	0	0	78.00
79.00		0.00	0	0	0	79.00
80.00		0.00	0	0	0	80.00
81.00		0.00	0	0	0	81.00
82.00		0.00	0	0	0	82.00
83.00		0.00	0	0	0	83.00
	TOTALS		0	125,519		
500.00	Grand Total: Decreases		5,499,671	69,810,537		500.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/25/2014 8:30 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - MED SUPPLIES CHGD TO PAT						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
	TOTALS		0	TOTALS		0	
	B - NUTRITION/DIABETES EDUCATION						
1.00	NUTRITION/DIABETES EDUCATION	76.01	362,964	DIETARY	10.00	362,964	1.00
	TOTALS		362,964	TOTALS		362,964	
	C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1.00
2.00		0.00	0	CDI RADIOLOGY	54.02	0	2.00
3.00		0.00	0	URGENT CARE CENTERS	91.01	0	3.00
4.00		0.00	0	HOME HEALTH AGENCY	101.00	0	4.00
	TOTALS		0	TOTALS		0	
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	2.00
3.00		0.00	0	DIETARY	10.00	0	3.00
4.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	5.00
6.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	6.00
7.00		0.00	0	CORONARY CARE UNIT	32.00	0	7.00
8.00		0.00	0	OPERATING ROOM	50.00	0	8.00
9.00		0.00	0	VASCULAR ACCESS CENTER	50.01	0	9.00
10.00		0.00	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	10.00
11.00		0.00	0	RECOVERY ROOM	51.00	0	11.00
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	12.00
13.00		0.00	0	TDOC RADIOLOGY	54.01	0	13.00
14.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14.00
15.00		0.00	0	TDOC - MRI	58.01	0	15.00
16.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	16.00
17.00		0.00	0	LABORATORY	60.00	0	17.00
18.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	18.00
19.00		0.00	0	PHYSICAL THERAPY	66.00	0	19.00
20.00		0.00	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	20.00
21.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	21.00
22.00		0.00	0	TDOC - ELECTROCARDIOLOGY	69.01	0	22.00
23.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	23.00
24.00		0.00	0	RENAL DIALYSIS	74.00	0	24.00
25.00		0.00	0	HYPERBARIC OXYGEN THERAPY	76.03	0	25.00
26.00		0.00	0	EMERGENCY	91.00	0	26.00
27.00		0.00	0	URGENT CARE CENTERS	91.01	0	27.00
28.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	28.00
	TOTALS		0	TOTALS		0	
	E - RENTAL/LEASES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	MAINTENANCE & REPAIRS - SURREY	6.02	0	2.00
3.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	HOUSEKEEPING	9.00	0	3.00
4.00		0.00	0	CAFETERIA	11.00	0	4.00
5.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	6.00
7.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	7.00
8.00		0.00	0	OPERATING ROOM	50.00	0	8.00
9.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	9.00
10.00		0.00	0	TDOC RADIOLOGY	54.01	0	10.00
11.00		0.00	0	CT SCAN	57.00	0	11.00
12.00		0.00	0	RESPIRATORY THERAPY	65.00	0	12.00
13.00		0.00	0	PHYSICAL THERAPY	66.00	0	13.00
14.00		0.00	0	TDOC - ELECTROCARDIOLOGY	69.01	0	14.00
15.00		0.00	0	SLEEP MEDICINE CLINIC	70.01	0	15.00
16.00		0.00	0	RENAL DIALYSIS	74.00	0	16.00
17.00		0.00	0	EMERGENCY	91.00	0	17.00
18.00		0.00	0	HOSPICE	116.00	0	18.00
19.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	19.00
20.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	20.00
21.00		0.00	0	DEVELOPMENT	194.01	0	21.00
22.00		0.00	0	FOUNTAIN CAFE	194.03	0	22.00
23.00		0.00	0	MARKETING	194.11	0	23.00
24.00		0.00	0	RETAIL PHARMACY	194.14	0	24.00
	TOTALS		0	TOTALS		0	

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/25/2014 8:30 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	F - INSURANCE AND FEES						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	1.00
	TOTALS		0	TOTALS		0	
	G - TELEPHONE EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
2.00	NONPATIENT TELEPHONES	5.03	0	ADMIN & GENERAL - SURREY	5.05	0	2.00
	TOTALS		0	TOTALS		0	
	H - MOB DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0		0.00	0	2.00
3.00	VASCULAR ACCESS CENTER	50.01	0		0.00	0	3.00
4.00	LABORATORY	60.00	0		0.00	0	4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0		0.00	0	5.00
6.00	URGENT CARE CENTERS	91.01	0		0.00	0	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0	7.00
	TOTALS		0	TOTALS		0	
	I - INTEREST ON BONDS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0		0.00	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
	J - CRNA						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	ANESTHESIOLOGY	53.00	0	1.00
	TOTALS		0	TOTALS		0	
	K - CLINICAL PASTORAL EDUCATION						
1.00	CLINICAL PASTORAL EDUCATION	23.01	90,001	ADMIN & GENERAL - HOSPITAL	5.06	90,001	1.00
	TOTALS		90,001	TOTALS		90,001	
	L - ALLOCATION OF SECURITY						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	102,060	ADMIN & GENERAL - HOSPITAL	5.06	102,060	1.00
	TOTALS		102,060	TOTALS		102,060	
	M - MAINT AND HOUSEKEEPING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	192,081	1.00
2.00	HOUSEKEEPING	9.00	192,081		0.00	0	2.00
	TOTALS		192,081	TOTALS		192,081	
	N - MOB PROPERTY TAX						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	O - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	ADMIN & GENERAL - SURREY	5.05	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	ADMIN & GENERAL - HOSPITAL	5.06	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
	P - WORKMENS COMPENSATION EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	R - CAFETERIA RECLASS						
1.00	DIETARY	10.00	0	CAFETERIA	11.00	0	1.00
2.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2.00
3.00		0.00	0	FOUNTAIN CAFE	194.03	0	3.00
	TOTALS		0	TOTALS		0	
	S - EPOETIN COST						
1.00	RENAL DIALYSIS	74.00	0	DRUGS CHARGED TO PATIENTS	73.00	0	1.00
	TOTALS		0	TOTALS		0	
	T - LOAN FORGIVENESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	387,075	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	2,857	ADULTS & PEDIATRICS	30.00	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	2,286	INTENSIVE CARE UNIT	31.00	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	CORONARY CARE UNIT	32.00	1,714	4.00
	TOTALS		392,218	TOTALS		1,714	
	U - AUDIO/VISUAL						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	19,160	ADMIN & GENERAL - HOSPITAL	5.06	55,098	1.00
2.00	COMMUNITY OUTREACH	194.02	35,938		0.00	0	2.00
	TOTALS		55,098	TOTALS		55,098	
	V - PHARMACY EDUCATION						
1.00	PHARMACY EDUCATION	23.02	133,486	DRUGS CHARGED TO PATIENTS	73.00	133,486	1.00
	TOTALS		133,486	TOTALS		133,486	
	W - LDRP ROUTINE EXPENSE						
1.00	NURSERY	43.00	2,413,806	ADULTS & PEDIATRICS	30.00	3,453,229	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,039,423		0.00	0	2.00
	TOTALS		3,453,229	TOTALS		3,453,229	

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/25/2014 8:30 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	X - PHYSICIAN RECLASSIFICATION						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	475,902	ADMIN & GENERAL - HOSPITAL	5.06	2,084	1.00
2.00	ELECTROCARDIOLOGY	69.00	28,085	ADULTS & PEDIATRICS	30.00	305,077	2.00
3.00		0.00	0	INTENSIVE CARE UNIT	31.00	113,287	3.00
4.00		0.00	0	CORONARY CARE UNIT	32.00	18,858	4.00
5.00		0.00	0	CARDIAC CATHETERIZATION	59.00	31,783	5.00
6.00		0.00	0	LABORATORY	60.00	0	6.00
7.00		0.00	0	EMERGENCY	91.00	32,898	7.00
	TOTALS		503,987	TOTALS		503,987	
	Y - SUPERVISOR RECLASSIFICATION						
1.00	TDOC RADIOLOGY	54.01	46,186	RADIOLOGY-DIAGNOSTIC	54.00	96,639	1.00
2.00	CT SCAN	57.00	41,243	CT SCAN	57.00	50,277	2.00
3.00	TDOC CT SCAN	57.01	15,251	ELECTROCARDIOLOGY	69.00	42,327	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	24,746	DRUGS CHARGED TO PATIENTS	73.00	46,343	4.00
5.00	TDOC - MRI	58.01	19,489	CARDIAC REHAB	76.02	173,966	5.00
6.00	CARDIAC CATHETERIZATION	59.00	137,843		0.00	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	25,919		0.00	0	7.00
8.00	TDOC - ELECTROCARDIOLOGY	69.01	52,532		0.00	0	8.00
9.00	RETAIL PHARMACY	194.14	46,343		0.00	0	9.00
	TOTALS		409,552	TOTALS		409,552	
	Z - VALET RECLASSIFICATION						
1.00	VALET SERVICES	194.17	106,200	ADMIN & GENERAL - HOSPITAL	5.06	106,200	1.00
	TOTALS		106,200	TOTALS		106,200	
	AA - PATIENT BILLING RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	89,299	CDI RADIOLOGY	54.02	0	1.00
2.00		0.00	0	HOME HEALTH AGENCY	101.00	72,871	2.00
3.00		0.00	0	HOSPICE	116.00	16,428	3.00
	TOTALS		89,299	TOTALS		89,299	
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	MAINTENANCE & REPAIRS	6.00	0	1.00
2.00	COMMUNITY OUTREACH	194.02	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
	AC - IMPLANT RECLASSIFICATION						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	ADULTS & PEDIATRICS	30.00	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	INTENSIVE CARE UNIT	31.00	0	2.00
3.00		0.00	0	CORONARY CARE UNIT	32.00	0	3.00
4.00		0.00	0	NURSERY	43.00	0	4.00
5.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	5.00
6.00		0.00	0	OTHER LONG TERM CARE	46.00	0	6.00
7.00		0.00	0	OPERATING ROOM	50.00	0	7.00
8.00		0.00	0	VASCULAR ACCESS CENTER	50.01	0	8.00
9.00		0.00	0	PAIN MGMT - BRAIN & SPINE	50.02	0	9.00
10.00		0.00	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	10.00
11.00		0.00	0	RECOVERY ROOM	51.00	0	11.00
12.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	12.00
13.00		0.00	0	ANESTHESIOLOGY	53.00	0	13.00
14.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	14.00
15.00		0.00	0	TDOC RADIOLOGY	54.01	0	15.00
16.00		0.00	0	CT SCAN	57.00	0	16.00
17.00		0.00	0	TDOC CT SCAN	57.01	0	17.00
18.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18.00
19.00		0.00	0	TDOC - MRI	58.01	0	19.00
20.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	20.00
21.00		0.00	0	LABORATORY	60.00	0	21.00
22.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	22.00
23.00		0.00	0	BRAIN & SPINE INFUSION CENTER	64.01	0	23.00
24.00		0.00	0	RESPIRATORY THERAPY	65.00	0	24.00
25.00		0.00	0	PHYSICAL THERAPY	66.00	0	25.00
26.00		0.00	0	PHYSICAL THERAPY - SURREY	66.01	0	26.00
27.00		0.00	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	27.00
28.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	28.00
29.00		0.00	0	SPEECH PATHOLOGY	68.00	0	29.00
30.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	30.00
31.00		0.00	0	TDOC - ELECTROCARDIOLOGY	69.01	0	31.00
32.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	32.00
33.00		0.00	0	SLEEP MEDICINE CLINIC	70.01	0	33.00
34.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0	34.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/25/2014 8:30 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
35.00		0.00	0	RENAL DIALYSIS	74.00	0	35.00
36.00		0.00	0	NUTRITION/DIABETES EDUCATION	76.01	0	36.00
37.00		0.00	0	CARDIAC REHAB	76.02	0	37.00
38.00		0.00	0	HYPERBARIC OXYGEN THERAPY	76.03	0	38.00
39.00		0.00	0	EMERGENCY	91.00	0	39.00
40.00		0.00	0	URGENT CARE CENTERS	91.01	0	40.00
41.00		0.00	0	ADULT DOWN SYNDROME CENTER	91.02	0	41.00
	TOTALS		0	TOTALS		0	
	AD - EMPLOYEE HOLIDAY GIFT CARDS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	935	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	596		0.00	0	2.00
3.00	ADMITTING	5.04	1,246		0.00	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	370		0.00	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	10,751		0.00	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,606		0.00	0	6.00
7.00	PURCHASING	6.01	552		0.00	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	204		0.00	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	146		0.00	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	47		0.00	0	10.00
11.00	HOUSEKEEPING	9.00	4,998		0.00	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	460		0.00	0	12.00
13.00	DIETARY	10.00	2,975		0.00	0	13.00
14.00	DIETARY - SURREY	10.01	1,239		0.00	0	14.00
15.00	CAFETERIA	11.00	749		0.00	0	15.00
16.00	NURSING ADMINISTRATION	13.00	938		0.00	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	98		0.00	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,844		0.00	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,713		0.00	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	406		0.00	0	20.00
21.00	SOCIAL SERVICE	17.00	295		0.00	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	166		0.00	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,176		0.00	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	97		0.00	0	24.00
25.00	PHARMACY EDUCATION	23.02	100		0.00	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	20,314		0.00	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	2,033		0.00	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,287		0.00	0	28.00
29.00	NURSERY	43.00	3,144		0.00	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,433		0.00	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,221		0.00	0	31.00
32.00	OPERATING ROOM	50.00	8,594		0.00	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	231		0.00	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	252		0.00	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	1,030		0.00	0	35.00
36.00	RECOVERY ROOM	51.00	819		0.00	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	873		0.00	0	37.00
38.00	ANESTHESIOLOGY	53.00	373		0.00	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,711		0.00	0	39.00
40.00	TDOC RADIOLOGY	54.01	302		0.00	0	40.00
41.00	CDI RADIOLOGY	54.02	843		0.00	0	41.00
42.00	CT SCAN	57.00	442		0.00	0	42.00
43.00	TDOC CT SCAN	57.01	113		0.00	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	246		0.00	0	44.00
45.00	TDOC - MRI	58.01	180		0.00	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	856		0.00	0	46.00
47.00	LABORATORY	60.00	4,338		0.00	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,553		0.00	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	68		0.00	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,659		0.00	0	50.00
51.00	PHYSICAL THERAPY	66.00	2,803		0.00	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	1,000		0.00	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	101		0.00	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	460		0.00	0	54.00
55.00	SPEECH PATHOLOGY	68.00	138		0.00	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,086		0.00	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	504		0.00	0	57.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/25/2014 8:30 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
58.00	ELECTROENCEPHALOGRAPHY	70.00	145		0.00	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,704		0.00	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	1,882		0.00	0	60.00
61.00	RENAL DIALYSIS	74.00	223		0.00	0	61.00
62.00	NUTRITION/DIABETES EDUCATION	76.01	431		0.00	0	62.00
63.00	CARDIAC REHAB	76.02	2,051		0.00	0	63.00
64.00	HYPERBARIC OXYGEN THERAPY	76.03	248		0.00	0	64.00
65.00	EMERGENCY	91.00	3,320		0.00	0	65.00
66.00	URGENT CARE CENTERS	91.01	3,989		0.00	0	66.00
67.00	ADULT DOWN SYNDROME CENTER	91.02	93		0.00	0	67.00
68.00	HOME HEALTH AGENCY	101.00	2,540		0.00	0	68.00
69.00	HOSPICE	116.00	1,079		0.00	0	69.00
70.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	45		0.00	0	70.00
71.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,318		0.00	0	71.00
72.00	DEVELOPMENT	194.01	229		0.00	0	72.00
73.00	COMMUNITY OUTREACH	194.02	309		0.00	0	73.00
74.00	FOUNTAIN CAFE	194.03	57		0.00	0	74.00
75.00	SLEEP RESEARCH	194.04	60		0.00	0	75.00
76.00	PHYSICIAN REFERRAL	194.07	228		0.00	0	76.00
77.00	MARKETING	194.11	497		0.00	0	77.00
78.00	CHILDBIRTH INSTRUCTION	194.12	52		0.00	0	78.00
79.00	VOLUNTEERS	194.13	218		0.00	0	79.00
80.00	RETAIL PHARMACY	194.14	600		0.00	0	80.00
81.00	REHAB HOSPITAL COVERAGE	194.15	174		0.00	0	81.00
82.00	EXECUTIVE HEALTH PROGRAM	194.16	44		0.00	0	82.00
83.00	VALET SERVICES	194.17	269		0.00	0	83.00
	TOTALS		125,519	TOTALS		0	
500.00	Grand Total: Increases		6,015,694	Grand Total: Decreases		5,499,671	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part I Date/Time Prepared: 11/25/2014 8:30 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	15,769,085	0	0	0	0	1.00
2.00	Land Improvements	11,452,972	119,986	0	119,986	0	2.00
3.00	Buildings and Fixtures	291,740,229	7,596,760	0	7,596,760	0	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	190,936,320	18,377,789	-83,443	18,294,346	-2,138,477	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	509,898,606	26,094,535	-83,443	26,011,092	-2,138,477	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	509,898,606	26,094,535	-83,443	26,011,092	-2,138,477	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	15,769,085	0	1.00
2.00	Land Improvements	11,572,958	0	2.00
3.00	Buildings and Fixtures	299,336,989	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	211,369,143	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	538,048,175	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	538,048,175	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part II Date/Time Prepared: 11/25/2014 8:30 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,528,536	0	3,810,012	5,337,530	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	486,022	0	72,780	0	0	2.01
3.00	Total (sum of lines 1-2)	24,014,558	0	3,882,792	5,337,530	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	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	32,676,078	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	558,802	2.01
3.00	Total (sum of lines 1-2)	0	33,234,880	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 11/25/2014 8:30 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	326,679,031	0	326,679,031	0.612021	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	207,092,190	0	207,092,190	0.387979	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	533,771,221	0	533,771,221	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	7,854,168	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,106,899	1,169,317	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	487,058	3,308	2.01
3.00	Total (sum of lines 1-2)	0	0	0	20,448,125	1,172,625	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	978,561	332,393	0	0	9,165,122	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,276,216	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	60,492	11,474	0	0	562,332	2.01
3.00	Total (sum of lines 1-2)	1,039,053	343,867	0	0	23,003,670	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/25/2014 8:30 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)	B	-193,043	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	2.01
3.00	Investment income - other (chapter 2)	B	-12,288	CAP REL COSTS-MVBLE EQUIP	2.01	11	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	-213,804	NONPATIENT TELEPHONES	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	-19,881,943			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	-1,462,848			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,447,741	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		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-34	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-108,666	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/25/2014 8:30 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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-22,718	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-2,521,092	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-25,251	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	SNF COMMISSIONS	B	-197	ADMIN & GENERAL - SURREY	5.05	0	33.03
33.04	PERSONAL SERVICES REVENUE	B	458	ADMIN & GENERAL - SURREY	5.05	0	33.04
33.05	CHAPLAIN INCOME	B	-5,903	ADMIN & GENERAL - HOSPITAL	5.06	0	33.05
33.06	MEALS ON WHEELS	B	-48,825	DIETARY	10.00	0	33.06
33.07	TDOC CORNER GOURMET INCOME	B	-198,179	DIETARY	10.00	0	33.07
33.08	SNF CAFETERIA MEALS	B	-9,880	DIETARY - SURREY	10.01	0	33.08
33.09	MATERNITY SERVICES INCOME	B	-945	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	LACTATION INCOME	B	-30,378	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	PHYSICAL THERAPY INCOME	B	-17,575	PHYSICAL THERAPY	66.00	0	33.11
33.12	SPORTS MEDICINE INCOME	B	-85,981	PHYSICAL THERAPY	66.00	0	33.12
33.13	SPORTS MEDICINE INCOME	B	-27,896	PHYSICAL THERAPY	66.00	0	33.13
33.14	SPORTS MEDICINE INCOME	B	-10,964	PHYSICAL THERAPY	66.00	0	33.14
33.15	THERAPY SERVICES-JCC BAXTER	B	-16,303	PHYSICAL THERAPY	66.00	0	33.15
33.16	SLEEP MEDICINE MISCELLANEOUS INCOME	B	-12,559	SLEEP MEDICINE CLINIC	70.01	0	33.16
33.17	NUTRITION REFERENCE BOOKS	B	-181	NUTRITION/DIABETES EDUCATION	76.01	0	33.17
33.18	PHYSICIAN EQUIPMENT RENTAL	B	-10,140	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.18
33.19	MISCELLANEOUS INCOME	B	-47,157	ADMIN & GENERAL - HOSPITAL	5.06	0	33.19
33.20	MOONLIGHTERS SALARIES	A	-97,931	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.20
33.21	MOONLIGHTERS BENEFITS	A	-25,847	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	ADVERTISING	A	-7,453	ADMIN & GENERAL - SURREY	5.05	0	33.22
33.23	ADVERTISING	A	-1,606	ADMIN & GENERAL - HOSPITAL	5.06	0	33.23
33.24	ADVERTISING	A	-195	HOUSEKEEPING - SURREY	9.01	0	33.24
33.25	ADVERTISING	A	-507	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	ADVERTISING	A	-3,251	VASCULAR ACCESS CENTER	50.01	0	33.26
33.27	ADVERTISING	A	-2,247	PHYSICAL THERAPY	66.00	0	33.27
33.28	ADVERTISING	A	-15	ELECTROCARDIOLOGY	69.00	0	33.28
33.29	ADVERTISING	A	-9,454	URGENT CARE CENTERS	91.01	0	33.29
33.30	ADVERTISING	A	-348	ADULT DOWN SYNDROME CENTER	91.02	0	33.30
33.31	ADVERTISING	A	-1,668	HOME HEALTH AGENCY	101.00	0	33.31
33.32	ADVERTISING	A	-335	HOSPICE	116.00	0	33.32
33.33	ASSET LIVES	A	-5,383	CAP REL COSTS-BLDG & FIXT	1.00	9	33.33
33.34	ASSET LIVES	A	-15	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.34
33.35	ASSET LIVES	A	-40,588	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.35
33.36	LOSS ON REFINANCING	A	28,240	CAP REL COSTS-BLDG & FIXT	1.00	11	33.36
33.37	LOSS ON REFINANCING	A	7,060	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.37
33.38	FRA TAX	A	5,975,522	ADMIN & GENERAL - HOSPITAL	5.06	0	33.38
33.39	RENT EXPENSE PAID FOR MOB SPACE	A	-126,566	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.39
33.40	RENT EXPENSE PAID FOR MOB SPACE	A	-6,684	NONPATIENT TELEPHONES	5.01	0	33.40
33.41	RENT EXPENSE PAID FOR MOB SPACE	A	-191,846	ADMIN & GENERAL - HOSPITAL	5.06	0	33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-117,452	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-31,580	ADULTS & PEDIATRICS	30.00	0	33.43
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-214,725	OPERATING ROOM	50.00	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-31,351	PAIN MGMT - BRAIN & SPINE	50.02	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-217,905	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-481,890	RADIOLOGY-DIAGNOSTIC	54.00	0	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-26,268	CT SCAN	57.00	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-144,356	LABORATORY	60.00	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-141,611	INTRAVENOUS THERAPY	64.00	0	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-33,678	BRAIN & SPINE INFUSION CENTER	64.01	0	33.51

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/25/2014 8:30 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	
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-12,626	PHYSICAL THERAPY	66.00	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-103,310	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-83,314	ELECTROCARDIOLOGY	69.00	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-50,397	ELECTROENCEPHALOGRAPHY	70.00	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-390,069	SLEEP MEDICINE CLINIC	70.01	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-39,166	DRUGS CHARGED TO PATIENTS	73.00	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-16,884	NUTRITION/DIABETES EDUCATION	76.01	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-94,493	CARDIAC REHAB	76.02	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-38,350	ADULT DOWN SYNDROME CENTER	91.02	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-32,784	HOME HEALTH AGENCY	101.00	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-23,616	HOSPICE	116.00	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-58,957	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-11,172	DEVELOPMENT	194.01	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-5,088	FOUNTAIN CAFE	194.03	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-3,828	SLEEP RESEARCH	194.04	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-7,344	PHYSICIAN REFERRAL	194.07	0	33.67
33.68	RENT EXPENSE PAID FOR MOB SPACE	A	-24,000	RETAIL PHARMACY	194.14	0	33.68
33.69	NON-ALLOWABLE	A	-633,508	ADMIN & GENERAL - HOSPITAL	5.06	0	33.69
33.70	NON-ALLOWABLE	A	-9,148	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.70
33.71	NON-ALLOWABLE	A	-58	NONPATIENT TELEPHONES	5.01	0	33.71
33.72	NON-ALLOWABLE	A	-48	ADMITTING	5.04	0	33.72
33.73	NON-ALLOWABLE	A	-30,088	ADMIN & GENERAL - SURREY	5.05	0	33.73
33.74	NON-ALLOWABLE	A	-33,153	ADMIN & GENERAL - HOSPITAL	5.06	0	33.74
33.75	NON-ALLOWABLE	A	-4,920	MAINTENANCE & REPAIRS	6.00	0	33.75
33.76	NON-ALLOWABLE	A	-1,714	PURCHASING	6.01	0	33.76
33.77	NON-ALLOWABLE	A	-2,848	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.77
33.78	NON-ALLOWABLE	A	-197	LAUNDRY & LINEN SERVICE - SURREY	8.01	0	33.78
33.79	NON-ALLOWABLE	A	-800	HOUSEKEEPING	9.00	0	33.79
33.80	NON-ALLOWABLE	A	-30	DIETARY	10.00	0	33.80
33.81	NON-ALLOWABLE	A	-1,109	DIETARY - SURREY	10.01	0	33.81
33.82	NON-ALLOWABLE	A	-1,900	CAFETERIA	11.00	0	33.82
33.83	NON-ALLOWABLE	A	-6,510	NURSING ADMINISTRATION	13.00	0	33.83
33.84	NON-ALLOWABLE	A	-400	NURSING ADMINISTRATION - SURREY	13.01	0	33.84
33.85	NON-ALLOWABLE	A	-35	CENTRAL SERVICES & SUPPLY	14.00	0	33.85
33.86	NON-ALLOWABLE	A	-2,495	MEDICAL RECORDS & LIBRARY	16.00	0	33.86
33.87	NON-ALLOWABLE	A	-359	SOCIAL SERVICE	17.00	0	33.87
33.88	NON-ALLOWABLE	A	-25,092	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.88
33.89	NON-ALLOWABLE	A	-27,491	ADULTS & PEDIATRICS	30.00	0	33.89
33.90	NON-ALLOWABLE	A	-267	INTENSIVE CARE UNIT	31.00	0	33.90
33.91	NON-ALLOWABLE	A	-2,027	CORONARY CARE UNIT	32.00	0	33.91
33.92	NON-ALLOWABLE	A	-4,471	SKILLED NURSING FACILITY	44.00	0	33.92
33.93	NON-ALLOWABLE	A	-3,124	OTHER LONG TERM CARE	46.00	0	33.93
33.94	NON-ALLOWABLE	A	-5,490	OPERATING ROOM	50.00	0	33.94
33.95	NON-ALLOWABLE	A	-1,377	VASCULAR ACCESS CENTER	50.01	0	33.95
33.96	NON-ALLOWABLE	A	-595	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.96
33.97	NON-ALLOWABLE	A	-20	RECOVERY ROOM	51.00	0	33.97
33.98	NON-ALLOWABLE	A	-7,630	RADIOLOGY-DIAGNOSTIC	54.00	0	33.98
33.99	NON-ALLOWABLE	A	-543	TDOC RADIOLOGY	54.01	0	33.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/25/2014 8:30 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	
34.00	NON-ALLOWABLE	A	-158	CDI RADIOLOGY	54.02	0	34.00
34.01	NON-ALLOWABLE	A	-7,892	LABORATORY	60.00	0	34.01
34.02	NON-ALLOWABLE	A	-2,470	INTRAVENOUS THERAPY	64.00	0	34.02
34.03	NON-ALLOWABLE	A	-85	RESPIRATORY THERAPY	65.00	0	34.03
34.04	NON-ALLOWABLE	A	-465	PHYSICAL THERAPY	66.00	0	34.04
34.05	NON-ALLOWABLE	A	-871	PHYSICAL THERAPY - SURREY	66.01	0	34.05
34.06	NON-ALLOWABLE	A	-1,211	THERAPY SVCS - BRAIN & SPINE	66.02	0	34.06
34.07	NON-ALLOWABLE	A	-545	ELECTROCARDIOLOGY	69.00	0	34.07
34.08	NON-ALLOWABLE	A	-31	ELECTROENCEPHALOGRAPHY	70.00	0	34.08
34.09	NON-ALLOWABLE	A	-3,087	SLEEP MEDICINE CLINIC	70.01	0	34.09
34.10	NON-ALLOWABLE	A	-5,364	CARDIAC REHAB	76.02	0	34.10
34.11	NON-ALLOWABLE	A	-2,043	EMERGENCY	91.00	0	34.11
34.12	NON-ALLOWABLE	A	-14,847	URGENT CARE CENTERS	91.01	0	34.12
34.13	NON-ALLOWABLE	A	-7,133	ADULT DOWN SYNDROME CENTER	91.02	0	34.13
34.14	NON-ALLOWABLE	A	-997	HOME HEALTH AGENCY	101.00	0	34.14
34.15	NON-ALLOWABLE	A	-990	HOSPICE	116.00	0	34.15
34.16	LOBBYING	A	-40,873	ADMIN & GENERAL - HOSPITAL	5.06	0	34.16
34.17	PHYSICIAN BILLING	A	-303,011	ADULTS & PEDIATRICS	30.00	0	34.17
34.18	PHYSICIAN BILLING	A	-17,497	CORONARY CARE UNIT	32.00	0	34.18
34.19	PHYSICIAN BILLING	A	-57,046	SLEEP MEDICINE CLINIC	70.01	0	34.19
34.20	PHYSICIAN BILLING	A	-161,677	EMERGENCY	91.00	0	34.20
34.21	PHYSICIAN BILLING	A	-134,187	URGENT CARE CENTERS	91.01	0	34.21
34.22	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-285,800	ADMIN & GENERAL - HOSPITAL	5.06	0	34.22
34.23	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-75,430	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.23
34.24	CRNA OTHER	A	-767	NONPHYSICIAN ANESTHETISTS	19.00	0	34.24
34.25	REVENUE ADD BACK	A	43,778	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.25
34.26	REVENUE ADD BACK	A	709,604	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.26
34.27	REVENUE ADD BACK	A	129,464	COMMUNITY OUTREACH	194.02	0	34.27
34.28	SLEEP RESEARCH	A	113,132	SLEEP RESEARCH	194.04	0	34.28
34.29	REHAB HOSPITAL	A	66,435	REHAB HOSPITAL COVERAGE	194.15	0	34.29
34.30	HOME HEALTH AMORTIZATION	A	10,927	HOME HEALTH AGENCY	101.00	0	34.30
34.31	CHAPLAIN INCOME	B	-4,667	CLINICAL PASTORAL EDUCATION	23.01	0	34.31
34.32	EDUCATION CENTER DEPRECIATION	A	-76,187	CAP REL COSTS-BLDG & FIXT	1.00	9	34.32
34.33	RCE	A	-874,196	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.33
34.34			0		0.00	0	34.34
34.35			0		0.00	0	34.35
34.36			0		0.00	0	34.36
34.37			0		0.00	0	34.37
34.38			0		0.00	0	34.38
34.39			0		0.00	0	34.39
34.40			0		0.00	0	34.40
34.41			0		0.00	0	34.41
34.42			0		0.00	0	34.42
34.43			0		0.00	0	34.43
34.44			0		0.00	0	34.44
34.45			0		0.00	0	34.45
34.46			0		0.00	0	34.46
34.47			0		0.00	0	34.47
34.48			0		0.00	0	34.48
34.49			0		0.00	0	34.49
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,172,998				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: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/25/2014 8:30 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	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILIL	4,814,428	6,374,548	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	1,174,175	1,326,965	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLI	459,539	209,477	3.00
4.00	0.00			0	0	4.00
5.00	0		0	6,448,142	7,910,990	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: 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	ST.LUKE'S CDI	31.00	6.00
7.00	C		0.00	ST. LUKE'S CDI	43.30	7.00
8.00	C		0.00	ST. LUKE'S CDI	30.00	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: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/25/2014 8:30 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,560,120	0		1.00
2.00	-152,790	0		2.00
3.00	250,062	0		3.00
4.00	0	0		4.00
5.00	-1,462,848			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	RADIOLOGY MGMT		6.00
7.00	RADIOLOGY MGMT		7.00
8.00	RADIOLOGY MGMT		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: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/25/2014 8:30 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	5.05	ADMIN & GENERAL - SURREY	22,602	0	22,602	177,200	5	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	403,244	62,530	339,726	177,200	3,589	2.00
3.00	30.00	ADULTS & PEDIATRICS	7,008,288	5,637,599	1,370,689	177,200	13,202	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,677,667	1,493,680	183,987	177,200	3,352	4.00
5.00	32.00	CORONARY CARE UNIT	1,162,840	1,139,082	23,758	177,200	45	5.00
6.00	43.00	NURSERY	50,000	50,000	0	177,200	0	6.00
7.00	50.00	OPERATING ROOM	1,040,361	521,161	519,200	208,000	1,905	7.00
8.00	50.01	VASCULAR ACCESS CENTER	300,004	300,004	0	208,000	0	8.00
9.00	53.00	ANESTHESIOLOGY	551,492	551,492	0	200,300	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	32,350	32,350	0	225,300	0	10.00
11.00	57.00	CT SCAN	950	950	0	225,300	0	11.00
12.00	57.01	TDOC CT SCAN	6,485	6,485	0	225,300	0	12.00
13.00	60.00	LABORATORY	185,451	0	185,451	215,700	1,921	13.00
14.00	64.00	INTRAVENOUS THERAPY	940,815	0	940,815	225,300	7,014	14.00
15.00	64.01	BRAIN & SPINE INFUSION CENTER	315,118	264,547	50,571	177,200	237	15.00
16.00	69.00	ELECTROCARDIOLOGY	35,166	327	34,839	177,200	468	16.00
17.00	59.00	CARDIAC CATHETERIZATION	40,770	0	40,770	177,200	620	17.00
18.00	70.01	SLEEP MEDICINE CLINIC	964,032	964,032	0	177,200	0	18.00
19.00	76.02	CARDIAC REHAB	66,067	66,067	0	177,200	0	19.00
20.00	90.00	CLINIC	4,645	4,645	0	177,200	0	20.00
21.00	91.00	EMERGENCY	5,201,176	4,919,207	281,969	177,200	1,664	21.00
22.00	91.01	URGENT CARE CENTERS	3,152,961	2,812,849	340,112	177,200	2,531	22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	4,419	4,419	0	177,200	0	23.00
200.00			23,166,903	18,831,426	4,334,489		36,553	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	5.05	ADMIN & GENERAL - SURREY	426	21	0	0	192	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	305,755	15,288	0	0	2,424	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,124,709	56,235	0	0	164,616	3.00
4.00	31.00	INTENSIVE CARE UNIT	285,565	14,278	0	0	26,015	4.00
5.00	32.00	CORONARY CARE UNIT	3,834	192	0	0	21,176	5.00
6.00	43.00	NURSERY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	190,500	9,525	0	0	40,243	7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	1,158	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	57.01	TDOC CT SCAN	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	199,211	9,961	0	0	0	13.00
14.00	64.00	INTRAVENOUS THERAPY	759,738	37,987	0	0	10,449	14.00
15.00	64.01	BRAIN & SPINE INFUSION CENTER	20,191	1,010	0	0	413	15.00
16.00	69.00	ELECTROCARDIOLOGY	39,870	1,994	0	0	590	16.00
17.00	59.00	CARDIAC CATHETERIZATION	52,819	2,641	0	0	384	17.00
18.00	70.01	SLEEP MEDICINE CLINIC	0	0	0	0	8,196	18.00
19.00	76.02	CARDIAC REHAB	0	0	0	0	0	19.00
20.00	90.00	CLINIC	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	141,760	7,088	0	0	114,471	21.00
22.00	91.01	URGENT CARE CENTERS	215,622	10,781	0	0	52,937	22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	105	23.00
200.00			3,340,000	167,001	0	0	443,369	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	5.05	ADMIN & GENERAL - SURREY	192	618	21,984	21,984		1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	2,042	307,797	31,929	95,447		2.00
3.00	30.00	ADULTS & PEDIATRICS	32,196	1,156,905	213,784	5,851,383		3.00
4.00	31.00	INTENSIVE CARE UNIT	2,853	288,418	0	1,493,680		4.00
5.00	32.00	CORONARY CARE UNIT	433	4,267	19,491	1,158,573		5.00
6.00	43.00	NURSERY	0	0	0	50,000		6.00
7.00	50.00	OPERATING ROOM	20,084	210,584	308,616	829,777		7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	300,004		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	551,492		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	32,350		10.00
11.00	57.00	CT SCAN	0	0	0	950		11.00
12.00	57.01	TDOC CT SCAN	0	0	0	6,485		12.00
13.00	60.00	LABORATORY	0	199,211	0	0		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/25/2014 8:30 am

	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		
14.00	64.00	INTRAVENOUS THERAPY	10,449	770,187	170,628	170,628		14.00
15.00	64.01	BRAIN & SPINE INFUSION CENTER	66	20,257	30,314	294,861		15.00
16.00	69.00	ELECTROCARDIOLOGY	585	40,455	0	327		16.00
17.00	59.00	CARDIAC CATHETERIZATION	384	53,203	0	0		17.00
18.00	70.01	SLEEP MEDICINE CLINIC	0	0	0	964,032		18.00
19.00	76.02	CARDIAC REHAB	0	0	0	66,067		19.00
20.00	90.00	CLINIC	0	0	0	4,645		20.00
21.00	91.00	EMERGENCY	6,206	147,966	134,003	5,053,210		21.00
22.00	91.01	URGENT CARE CENTERS	5,710	221,332	118,780	2,931,629		22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	0	0	0	4,419		23.00
200.00			81,200	3,421,200	1,049,529	19,881,943		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,165,122	9,165,122				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,276,216		13,276,216			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	562,332		0	562,332		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	41,676,403	76,510	110,829	0	41,863,742	4.00
5.01	00541	NONPATIENT TELEPHONES	663,174	18,896	27,372	0	103,556	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00542	NONPATIENT TELEPHONES	24,451	0	0	0	0	5.03
5.04	00540	ADMITTING	805,002	20,993	30,409	0	207,484	5.04
5.05	00562	ADMIN & GENERAL - SURREY	592,778	0	0	28,081	132,538	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	35,667,976	791,138	1,146,010	0	4,369,048	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,350,468	1,055,077	1,528,341	0	451,181	6.00
6.01	00601	PURCHASING	983,283	30,159	43,687	0	150,371	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	604,150	0	0	18,217	58,238	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,204,582	50,457	73,090	0	18,950	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	117,872	0	0	9,347	5,565	8.01
9.00	00900	HOUSEKEEPING	3,461,781	54,881	79,499	0	724,261	9.00
9.01	00901	HOUSEKEEPING - SURREY	298,234	0	0	0	63,656	9.01
10.00	01000	DIETARY	1,735,872	208,393	301,869	0	481,651	10.00
10.01	01001	DIETARY - SURREY	1,371,947	0	0	20,961	175,498	10.01
11.00	01100	CAFETERIA	480,990	183,121	265,261	0	112,717	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,750	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,383,219	23,118	33,488	0	350,189	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	192,719	0	0	1,830	48,772	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,343,331	224,369	325,011	0	340,032	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,061,344	83,030	120,274	0	676,157	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	250,324	0	0	0	65,110	16.01
17.00	01700	SOCIAL SERVICE	419,067	25,185	36,482	0	86,350	17.00
17.01	01701	SOCIAL SERVICE - SURREY	182,379	0	0	1,313	47,694	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,310,241	0	0	0	604,421	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,455,487	65,002	94,159	0	513,872	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	151,270	18,101	26,220	0	23,572	23.01
23.02	02302	PHARMACY EDUCATION	133,586	5,046	7,309	0	34,950	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,888,273	1,895,346	2,745,517	0	6,849,606	30.00
31.00	03100	INTENSIVE CARE UNIT	2,783,634	121,979	176,694	0	1,051,994	31.00
32.00	03200	CORONARY CARE UNIT	2,994,622	177,598	257,261	0	1,017,203	32.00
43.00	04300	NURSERY	4,518,184	237,626	344,216	0	1,086,907	43.00
44.00	04400	SKILLED NURSING FACILITY	2,227,968	0	0	152,694	555,446	44.00
46.00	04600	OTHER LONG TERM CARE	1,788,991	0	0	268,388	452,726	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,450,702	886,443	1,284,065	0	3,367,919	50.00
50.01	03650	VASCULAR ACCESS CENTER	689,399	0	0	0	89,145	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	221,935	41,103	59,540	0	51,088	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,856,788	117,772	170,600	0	333,071	50.04
51.00	05100	RECOVERY ROOM	1,100,854	67,546	97,845	0	275,417	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,193,132	86,399	125,154	0	272,170	52.00
53.00	05300	ANESTHESIOLOGY	544,469	2,096	3,037	0	82,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,671,499	639,824	926,823	0	1,632,307	54.00
54.01	05401	TDOC RADIOLOGY	417,804	38,298	55,477	0	102,387	54.01
54.02	05402	CDI RADIOLOGY	9,072,656	0	0	0	392,458	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	620,878	53,045	76,839	0	152,110	57.00
57.01	05701	TDOC CT SCAN	178,002	18,621	26,974	0	41,041	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	350,371	59,566	86,284	0	84,384	58.00
58.01	05801	TDOC - MRI	264,727	32,356	46,870	0	62,950	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,441,606	135,989	196,988	0	331,784	59.00
60.00	06000	LABORATORY	10,984,376	270,214	391,421	0	1,115,033	60.00
64.00	06400	INTRAVENOUS THERAPY	17,197,597	70,004	101,405	0	722,171	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	98,083	3,802	5,508	0	100,564	64.01
65.00	06500	RESPIRATORY THERAPY	1,910,216	24,217	35,079	0	468,060	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	8,728	0	0	477	0	65.01
66.00	06600	PHYSICAL THERAPY	3,585,169	162,417	235,271	0	837,852	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,245,983	0	0	20,484	323,488	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	702,211	52,380	75,876	0	15,302	66.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
67.00	06700	OCCUPATIONAL THERAPY	507,119	0	0	0	131,662	67.00
68.00	06800	SPEECH PATHOLOGY	207,160	1,084	1,571	0	53,854	68.00
69.00	06900	ELECTROCARDIOLOGY	1,507,864	56,067	81,216	0	330,204	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	667,842	64,149	92,923	0	149,732	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	195,577	28,539	41,341	0	44,986	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,052,903	118,770	172,045	0	725,836	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,020,016	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,374,813	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,919,319	70,134	101,593	0	799,922	73.00
74.00	07400	RENAL DIALYSIS	480,024	24,274	35,163	0	104,137	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	491,797	0	0	0	128,261	76.01
76.02	03022	CARDIAC REHAB	2,699,073	174,302	252,486	0	694,763	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	303,321	29,971	43,414	0	71,502	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	658	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,643,413	138,982	201,323	0	2,155,887	91.00
91.01	09101	URGENT CARE CENTERS	7,404,428	0	0	0	2,078,091	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	96,768	18,795	27,226	0	22,853	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,082,937	18,694	27,079	0	886,115	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,030,023	6,838	9,906	0	317,653	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	330,619,512	8,878,716	12,861,340	560,542	40,408,010	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,283	22,207	32,168	1,790	5,898	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,340,870	79,893	115,730	0	568,991	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	482,264	23,161	33,550	0	60,409	194.01
194.02	07952	COMMUNITY OUTREACH	784,256	17,696	25,634	0	122,997	194.02
194.03	07953	FOUNTAIN CAFE	38,566	3,108	4,503	0	7,652	194.03
194.04	07954	SLEEP RESEARCH	109,364	2,386	3,456	0	26,359	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	324,397	4,424	6,408	0	83,268	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	61,517	89,112	0	0	194.09
194.10	07960	TV STORAGE	0	1,345	1,948	0	0	194.10
194.11	07961	MARKETING	2,066,237	22,366	32,398	0	169,813	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	91,221	0	0	0	16,098	194.12
194.13	07963	VOLUNTEERS	240,623	19,084	27,644	0	55,295	194.13
194.14	07964	RETAIL PHARMACY	5,232,373	22,482	32,566	0	212,665	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	296,582	0	0	0	67,973	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	91,786	6,737	9,759	0	21,873	194.16
194.17	07967	VALET SERVICES	139,464	0	0	0	36,441	194.17
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)	350,883,798	9,165,122	13,276,216	562,332	41,863,742	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES	812,998					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0				5.02
5.03	00542	NONPATIENT TELEPHONES	24,953	0	49,404			5.03
5.04	00540	ADMITTING	11,672	0	0	1,075,560		5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	0	10,359	0	763,756	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	126,779	0	0	0	42,100,951	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,684	0	0	0	13,398,751	6.00
6.01	00601	PURCHASING	4,830	0	0	0	1,212,330	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	3,187	0	683,792	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	402	0	0	0	1,347,481	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	797	0	133,581	8.01
9.00	00900	HOUSEKEEPING	6,037	0	0	0	4,326,459	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	797	0	362,687	9.01
10.00	01000	DIETARY	10,464	0	0	0	2,738,249	10.00
10.01	01001	DIETARY - SURREY	0	0	4,781	0	1,573,187	10.01
11.00	01100	CAFETERIA	2,415	0	0	0	1,044,504	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	38,750	11.01
13.00	01300	NURSING ADMINISTRATION	7,245	0	0	0	1,797,259	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	1,594	0	244,915	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,257	0	0	0	3,242,000	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,514	0	0	0	4,959,319	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	2,391	0	317,825	16.01
17.00	01700	SOCIAL SERVICE	3,622	0	0	0	570,706	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,594	0	232,980	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,914,662	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,220	0	0	0	2,131,740	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	402	0	0	0	219,565	23.01
23.02	02302	PHARMACY EDUCATION	402	0	0	0	181,293	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,833	0	0	64,448	34,578,023	30.00
31.00	03100	INTENSIVE CARE UNIT	6,842	0	0	9,585	4,150,728	31.00
32.00	03200	CORONARY CARE UNIT	11,269	0	0	10,610	4,468,563	32.00
43.00	04300	NURSERY	29,381	0	0	5,891	6,222,205	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	11,952	0	2,948,060	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	8,765	0	2,518,870	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,969	0	0	89,170	19,138,268	50.00
50.01	03650	VASCULAR ACCESS CENTER	2,012	0	0	7,502	788,058	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,610	0	0	2,838	378,114	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,854	0	0	16,655	2,503,740	50.04
51.00	05100	RECOVERY ROOM	9,257	0	0	8,037	1,558,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,049	0	0	5,632	1,690,536	52.00
53.00	05300	ANESTHESIOLOGY	2,012	0	0	10,424	644,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,077	0	0	73,631	10,989,161	54.00
54.01	05401	TDOC RADIOLOGY	4,427	0	0	10,571	628,964	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	34,786	9,499,900	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	4,427	0	0	53,324	960,623	57.00
57.01	05701	TDOC CT SCAN	805	0	0	11,306	276,749	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,012	0	0	14,735	597,352	58.00
58.01	05801	TDOC - MRI	805	0	0	14,894	422,602	58.01
59.00	05900	CARDIAC CATHETERIZATION	10,464	0	0	35,581	2,152,412	59.00
60.00	06000	LABORATORY	30,186	0	0	146,182	12,937,412	60.00
64.00	06400	INTRAVENOUS THERAPY	7,647	0	0	76,335	18,175,159	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	402	0	0	521	208,880	64.01
65.00	06500	RESPIRATORY THERAPY	8,049	0	0	13,326	2,458,947	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	9,205	65.01
66.00	06600	PHYSICAL THERAPY	16,501	0	0	19,214	4,856,424	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	3,187	2	1,593,144	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,622	0	0	2,350	851,741	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,622	0	0	2,893	645,296	67.00
68.00	06800	SPEECH PATHOLOGY	1,610	0	0	1,076	266,355	68.00
69.00	06900	ELECTROCARDIOLOGY	8,452	0	0	28,992	2,012,795	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,842	0	0	19,455	1,000,943	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,220	0	0	3,005	316,668	70.00
70.01	07001	SLEEP MEDICINE CLINIC	21,734	0	0	7,181	3,098,469	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34,288	14,054,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	51,717	28,426,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,892	0	0	108,328	15,014,188	73.00
74.00	07400	RENAL DIALYSIS	2,415	0	0	2,646	648,659	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	805	0	0	2,398	623,261	76.01
76.02	03022	CARDIAC REHAB	14,892	0	0	4,539	3,840,055	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,817	0	0	2,586	453,611	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	402	0	0	2	1,062	90.00
91.00	09100	EMERGENCY	14,087	0	0	40,542	6,194,234	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	28,341	9,510,860	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,207	0	0	6	166,855	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,440	0	0	0	5,021,265	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,037	0	0	0	2,370,457	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	761,884	0	49,404	1,075,545	328,409,579	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,012	0	0	0	90,358	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,929	0	0	0	11,126,413	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	3,220	0	0	0	602,604	194.01
194.02	07952	COMMUNITY OUTREACH	4,830	0	0	0	955,413	194.02
194.03	07953	FOUNTAIN CAFE	402	0	0	0	54,231	194.03
194.04	07954	SLEEP RESEARCH	3,220	0	0	0	144,785	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	2,012	0	0	0	420,509	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	150,629	194.09
194.10	07960	TV STORAGE	0	0	0	0	3,293	194.10
194.11	07961	MARKETING	4,830	0	0	0	2,295,644	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	402	0	0	0	107,721	194.12
194.13	07963	VOLUNTEERS	5,635	0	0	0	348,281	194.13
194.14	07964	RETAIL PHARMACY	2,415	0	0	0	5,502,501	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	364,555	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,207	0	0	15	131,377	194.16
194.17	07967	VALET SERVICES	0	0	0	0	175,905	194.17
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)	812,998	0	49,404	1,075,560	350,883,798	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
			5.05	5A.05	5.06	6.00	6.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY	763,756					5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	91,963	42,192,914	42,192,914			5.06
6.00	00600	MAINTENANCE & REPAIRS	29,223	13,427,974	1,835,376	15,263,350		6.00
6.01	00601	PURCHASING	2,644	1,214,974	166,066	63,911	1,444,951	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	1,491	685,283	93,667	0	934	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	2,939	1,350,420	184,579	106,928	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	291	133,872	18,298	0	166	8.01
9.00	00900	HOUSEKEEPING	9,436	4,335,895	592,643	116,303	9,280	9.00
9.01	00901	HOUSEKEEPING - SURREY	791	363,478	49,681	0	1,091	9.01
10.00	01000	DIETARY	5,972	2,744,221	375,088	441,620	10,566	10.00
10.01	01001	DIETARY - SURREY	3,431	1,576,618	215,497	0	18,487	10.01
11.00	01100	CAFETERIA	2,278	1,046,782	143,077	388,065	36,385	11.00
11.01	01101	CAFETERIA - SURREY	85	38,835	5,308	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	3,920	1,801,179	246,191	48,991	607	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	534	245,449	33,549	0	78	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	7,071	3,249,071	444,093	475,476	12,372	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,816	4,970,135	679,333	175,956	764	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	693	318,518	43,536	0	17	16.01
17.00	01700	SOCIAL SERVICE	1,245	571,951	78,176	53,372	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	508	233,488	31,914	0	98	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,357	2,921,019	399,254	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,649	2,136,389	292,008	137,750	1,072	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	479	220,044	30,076	38,359	0	23.01
23.02	02302	PHARMACY EDUCATION	395	181,688	24,834	10,693	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	75,415	34,653,438	4,736,653	4,016,555	39,258	30.00
31.00	03100	INTENSIVE CARE UNIT	9,053	4,159,781	568,571	258,495	5,416	31.00
32.00	03200	CORONARY CARE UNIT	9,746	4,478,309	612,109	376,361	5,757	32.00
43.00	04300	NURSERY	13,571	6,235,776	852,325	503,571	10,190	43.00
44.00	04400	SKILLED NURSING FACILITY	6,430	2,954,490	403,829	0	2,362	44.00
46.00	04600	OTHER LONG TERM CARE	5,494	2,524,364	345,038	0	1,292	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,741	19,180,009	2,621,581	1,878,525	19,800	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,719	789,777	107,949	0	432	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	825	378,939	51,795	87,105	369	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	5,461	2,509,201	342,965	249,579	8,755	50.04
51.00	05100	RECOVERY ROOM	3,400	1,562,356	213,548	143,142	2,019	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,687	1,694,223	231,571	183,094	3,373	52.00
53.00	05300	ANESTHESIOLOGY	1,405	645,579	88,240	4,443	7,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,967	11,013,128	1,505,307	1,355,897	6,316	54.00
54.01	05401	TDOC RADIOLOGY	1,372	630,336	86,156	81,161	572	54.01
54.02	05402	CDI RADIOLOGY	20,719	9,520,619	1,301,307	0	200	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,095	962,718	131,587	112,412	706	57.00
57.01	05701	TDOC CT SCAN	604	277,353	37,909	39,462	402	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,303	598,655	81,826	126,230	279	58.00
58.01	05801	TDOC - MRI	922	423,524	57,889	68,568	397	58.01
59.00	05900	CARDIAC CATHETERIZATION	4,694	2,157,106	294,840	288,184	2,262	59.00
60.00	06000	LABORATORY	28,216	12,965,628	1,772,181	572,630	63,838	60.00
64.00	06400	INTRAVENOUS THERAPY	39,640	18,214,799	2,489,653	148,351	6,922	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	456	209,336	28,613	8,058	223	64.01
65.00	06500	RESPIRATORY THERAPY	5,363	2,464,310	336,829	51,319	2,724	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	20	9,225	1,261	0	228	65.01
66.00	06600	PHYSICAL THERAPY	10,592	4,867,016	665,238	344,190	1,573	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	3,475	1,596,619	218,231	0	131	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,858	853,599	116,672	111,003	249	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,407	646,703	88,393	0	36	67.00
68.00	06800	SPEECH PATHOLOGY	581	266,936	36,486	2,298	8	68.00
69.00	06900	ELECTROCARDIOLOGY	4,390	2,017,185	275,715	118,815	1,000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	2,183	1,003,126	137,110	135,942	730	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
			5.05	5A.05	5.06	6.00	6.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	691	317,359	43,378	60,480	528	70.00
70.01	07001	SLEEP MEDICINE CLINIC	6,758	3,105,227	424,432	251,694	1,761	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,652	14,084,956	1,925,174	0	354,971	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,998	28,488,528	3,893,897	0	739,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,746	15,046,934	2,056,660	148,626	0	73.00
74.00	07400	RENAL DIALYSIS	1,415	650,074	88,854	51,442	1,746	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	1,359	624,620	85,375	0	19	76.01
76.02	03022	CARDIAC REHAB	8,375	3,848,430	526,015	369,375	1,306	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	989	454,600	62,136	63,513	2,563	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2	1,064	145	0	17	90.00
91.00	09100	EMERGENCY	13,510	6,207,744	848,493	294,526	13,354	91.00
91.01	09101	URGENT CARE CENTERS	20,743	9,531,603	1,302,808	0	10,595	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	364	167,219	22,856	39,830	200	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	10,951	5,032,216	687,818	39,615	4,310	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,170	2,375,627	324,708	14,492	3,266	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	714,738	328,360,561	39,114,370	14,656,407	1,420,936	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	197	90,555	12,377	47,060	586	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,267	11,150,680	1,524,108	169,307	14,206	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,314	603,918	82,545	49,083	1,313	194.01
194.02	07952	COMMUNITY OUTREACH	2,084	957,497	130,874	37,501	1,384	194.02
194.03	07953	FOUNTAIN CAFE	118	54,349	7,429	6,587	2,123	194.03
194.04	07954	SLEEP RESEARCH	316	145,101	19,833	5,055	8	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	917	421,426	57,602	9,375	66	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	329	150,958	20,633	130,366	0	194.09
194.10	07960	TV STORAGE	7	3,300	451	2,849	0	194.10
194.11	07961	MARKETING	5,007	2,300,651	314,460	47,397	1,552	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	235	107,956	14,756	0	597	194.12
194.13	07963	VOLUNTEERS	760	349,041	47,708	40,443	198	194.13
194.14	07964	RETAIL PHARMACY	12,001	5,514,502	753,739	47,643	1,784	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	795	365,350	49,937	0	151	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	287	131,664	17,996	14,277	47	194.16
194.17	07967	VALET SERVICES	384	176,289	24,096	0	0	194.17
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)	763,756	350,883,798	42,192,914	15,263,350	1,444,951	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
			6.02	8.00	8.01	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	779,884					6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,641,927				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	14,126	0	166,462			8.01
9.00	00900	HOUSEKEEPING	0	0	0	5,054,121		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	414,250	9.01
10.00	01000	DIETARY	0	0	0	149,037	0	10.00
10.01	01001	DIETARY - SURREY	31,679	0	0	0	17,137	10.01
11.00	01100	CAFETERIA	0	0	0	130,963	0	11.00
11.01	01101	CAFETERIA - SURREY	58,563	0	0	0	31,681	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	16,533	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	2,765	0	0	0	1,496	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,965	0	160,462	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	59,381	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	18,012	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	1,984	0	0	0	1,073	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	46,487	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	12,945	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	3,609	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	740,955	0	1,355,495	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	40,261	0	87,236	0	31.00
32.00	03200	CORONARY CARE UNIT	0	67,388	0	127,013	0	32.00
43.00	04300	NURSERY	0	91,101	0	169,943	0	43.00
44.00	04400	SKILLED NURSING FACILITY	230,767	0	62,679	0	124,838	44.00
46.00	04600	OTHER LONG TERM CARE	405,617	0	103,783	0	219,425	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	246,564	0	633,958	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	29,396	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	57,161	0	84,227	0	50.04
51.00	05100	RECOVERY ROOM	0	16,802	0	48,307	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,282	0	61,790	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,499	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,305	0	457,584	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	27,390	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	37,936	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	13,318	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,850	0	42,600	0	58.00
58.01	05801	TDOC - MRI	0	0	0	23,140	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	23,215	0	97,255	0	59.00
60.00	06000	LABORATORY	0	0	0	193,249	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	9,411	0	50,065	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	2,719	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,319	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	721	0	0	0	390	65.01
66.00	06600	PHYSICAL THERAPY	0	4,891	0	116,156	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	30,957	0	0	0	16,747	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	890	0	37,461	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	775	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,035	0	40,097	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	45,877	0	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
			6.02	8.00	8.01	9.00	9.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,541	0	20,411	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	84,941	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	50,158	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,512	0	17,360	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	124,656	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	21,434	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	144,647	0	99,396	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	13,442	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	13,369	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	4,891	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	777,179	1,635,776	166,462	4,849,292	412,787	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,705	0	0	15,882	1,463	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,151	0	57,137	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	16,564	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	12,656	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	2,223	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	1,706	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	3,164	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	43,995	0	194.09
194.10	07960	TV STORAGE	0	0	0	962	0	194.10
194.11	07961	MARKETING	0	0	0	15,996	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	13,648	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	16,078	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	4,818	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	779,884	1,641,927	166,462	5,054,121	414,250	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	
			10.00	10.01	11.00	11.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY	3,720,532					10.00
10.01	01001	DIETARY - SURREY	0	1,859,418				10.01
11.00	01100	CAFETERIA	1,697,812	0	3,443,084			11.00
11.01	01101	CAFETERIA - SURREY	0	58,185	0	192,572		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	42,011	0	2,155,512	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	2,838	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	82,603	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	11,821	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	13,223	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	4,842	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	95,015	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,478	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	4,348	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	4,483	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,520,989	0	910,389	0	1,393,384	30.00
31.00	03100	INTENSIVE CARE UNIT	95,419	0	91,073	0	178,355	31.00
32.00	03200	CORONARY CARE UNIT	99,698	0	102,448	0	198,823	32.00
43.00	04300	NURSERY	0	0	140,855	0	251,271	43.00
44.00	04400	SKILLED NURSING FACILITY	0	561,361	0	70,795	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	929,476	0	64,649	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	385,083	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	11,286	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	44,602	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	36,717	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	39,105	0	66,963	52.00
53.00	05300	ANESTHESIOLOGY	0	0	16,692	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	245,714	0	4,527	54.00
54.01	05401	TDOC RADIOLOGY	0	0	13,538	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	19,800	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	5,091	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	11,015	0	0	58.00
58.01	05801	TDOC - MRI	0	0	8,064	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	38,362	0	0	59.00
60.00	06000	LABORATORY	0	0	173,788	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	69,605	0	25,978	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	3,064	0	5,855	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	74,336	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	98,033	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	29,113	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	4,528	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	20,611	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,195	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	42,799	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	22,571	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6,510	0	4,428	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	
			10.00	10.01	11.00	11.01	13.00	
70.01	07001	SLEEP MEDICINE CLINIC	530	0	76,341	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	81,477	1,843	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	10,002	0	21,796	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	19,305	0	541	76.01
76.02	03022	CARDIAC REHAB	0	0	47,237	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	11,128	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	148,785	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	4,167	0	0	91.02
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)	3,414,448	1,549,022	3,284,477	185,901	2,151,921	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,319	0	2,005	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	87,874	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	5,564	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	1,780	0	0	194.02
194.03	07953	FOUNTAIN CAFE	113,692	0	2,523	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	2,681	0	0	194.04
194.05	07955	MEALS ON WHEELS	96,980	0	0	0	0	194.05
194.06	07956	GUEST MEALS	63,093	10,837	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	10,204	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	2,320	0	2,804	194.12
194.13	07963	VOLUNTEERS	0	0	9,754	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	24,328	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	299,559	0	5,062	787	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	9,574	1,609	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,720,532	1,859,418	3,443,084	192,572	2,155,512	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
			13.01	14.00	16.00	16.01	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	286,175					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,430,042				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2	5,885,571			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	373,892		16.01
17.00	01700	SOCIAL SERVICE	0	16	0	0	734,750	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	218,911	352,672	0	184,961	30.00
31.00	03100	INTENSIVE CARE UNIT	0	33,764	52,453	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	34,756	58,060	0	0	32.00
43.00	04300	NURSERY	0	48,693	32,237	0	24,136	43.00
44.00	04400	SKILLED NURSING FACILITY	107,756	10,783	0	67,657	0	44.00
46.00	04600	OTHER LONG TERM CARE	178,419	7,609	0	109,290	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	217,440	487,953	3	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	67,187	41,051	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	5,337	15,528	0	19,770	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	89,921	91,139	0	0	50.04
51.00	05100	RECOVERY ROOM	0	6,567	43,983	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,646	30,819	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	45,642	57,040	11	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	117,507	402,923	1,167	310,370	54.00
54.01	05401	TDOC RADIOLOGY	0	1,888	57,845	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	1,059	190,355	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	4,539	291,797	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,875	61,870	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,210	80,635	0	0	58.00
58.01	05801	TDOC - MRI	0	1,572	81,505	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	219,863	194,708	0	0	59.00
60.00	06000	LABORATORY	0	429,459	799,847	12,447	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	80,453	417,720	400	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	1,423	2,849	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	5,318	72,923	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	450	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,551	105,142	18	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	383	9	114,581	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	500	12,861	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	164	15,830	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1	5,886	56	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,240	158,647	292	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
			13.01	14.00	16.00	16.01	17.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	3,031	106,460	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,247	16,444	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	5,756	39,294	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,561,727	187,630	5,849	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	283,007	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,094	592,791	61,665	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,635	14,478	0	195,513	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	13,120	6	0	76.01
76.02	03022	CARDIAC REHAB	0	2,312	24,836	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	3,010	14,153	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	13	0	0	90.00
91.00	09100	EMERGENCY	0	61,875	221,855	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	20,082	155,086	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	37	33	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	25,632	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	20,121	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	286,175	4,422,846	5,885,487	373,892	734,750	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,239	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	320	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	31	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	2	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	156	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	415	1	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	26	83	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	286,175	4,430,042	5,885,571	373,892	734,750	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			17.01	19.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY	273,399					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,415,288			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,616,192		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,881,068	1,440,946	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	351,104	268,954	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	6,384	4,890	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	102,945	0	197,895	151,592	0	44.00
46.00	04600	OTHER LONG TERM CARE	170,454	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	63,837	48,901	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	17,023	13,040	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	21,279	16,300	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	119,163	91,281	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	85,116	65,201	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	108,523	83,131	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	10,640	8,150	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	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
69.00	06900	ELECTROCARDIOLOGY	0	0	87,244	66,831	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			17.01	19.00	21.00	22.00	23.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	74,477	57,051	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	55,326	42,381	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	155,337	118,992	0	90.00
91.00	09100	EMERGENCY	0	0	117,035	89,651	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	34,046	26,080	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
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)	273,399	0	3,385,497	2,593,372	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	29,791	22,820	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	273,399	0	3,415,288	2,616,192	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	305,772					23.01
23.02	02302	PHARMACY EDUCATION	0	225,307				23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	165,144	0	53,610,818	-3,322,014	50,288,804	30.00
31.00	03100	INTENSIVE CARE UNIT	10,551	0	6,201,433	-620,058	5,581,375	31.00
32.00	03200	CORONARY CARE UNIT	11,024	0	6,183,020	-11,274	6,171,746	32.00
43.00	04300	NURSERY	0	0	8,360,098	0	8,360,098	43.00
44.00	04400	SKILLED NURSING FACILITY	44,828	0	5,094,577	-349,487	4,745,090	44.00
46.00	04600	OTHER LONG TERM CARE	74,225	0	5,133,641	0	5,133,641	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	25,670,916	0	25,670,916	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	1,006,396	0	1,006,396	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	712,263	-112,738	599,525	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	3,507,613	-30,063	3,477,550	50.04
51.00	05100	RECOVERY ROOM	0	0	2,073,441	0	2,073,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,358,866	0	2,358,866	52.00
53.00	05300	ANESTHESIOLOGY	0	0	903,746	-37,579	866,167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,741,189	-210,444	15,530,745	54.00
54.01	05401	TDOC RADIOLOGY	0	0	898,886	0	898,886	54.01
54.02	05402	CDI RADIOLOGY	0	0	11,013,540	0	11,013,540	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,561,495	0	1,561,495	57.00
57.01	05701	TDOC CT SCAN	0	0	437,280	0	437,280	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	975,300	0	975,300	58.00
58.01	05801	TDOC - MRI	0	0	664,659	0	664,659	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,466,112	-150,317	3,315,795	59.00
60.00	06000	LABORATORY	0	0	16,983,067	0	16,983,067	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	21,513,357	0	21,513,357	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	262,140	0	262,140	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,216,732	-191,654	3,025,078	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	31,065	-18,790	12,275	65.01
66.00	06600	PHYSICAL THERAPY	0	0	6,208,808	0	6,208,808	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,006,771	0	2,006,771	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	1,137,763	0	1,137,763	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	771,737	0	771,737	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	318,641	0	318,641	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	2,828,900	-154,075	2,674,825	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,454,847	0	1,454,847	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	476,326	0	476,326	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	4,121,504	-131,528	3,989,976	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,120,307	0	19,120,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	33,404,975	0	33,404,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	225,307	18,281,555	0	18,281,555	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,062,412	0	1,062,412	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	742,986	0	742,986	76.01
76.02	03022	CARDIAC REHAB	0	0	4,944,167	0	4,944,167	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	730,244	-97,707	632,537	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	275,568	-274,329	1,239	90.00
91.00	09100	EMERGENCY	0	0	8,247,361	-206,686	8,040,675	91.00
91.01	09101	URGENT CARE CENTERS	0	0	11,080,300	-60,126	11,020,174	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	247,784	0	247,784	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	5,802,960	0	5,802,960	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,743,105	0	2,743,105	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	305,772	225,307	323,590,671	-5,978,869	317,611,802	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	204,959	0	204,959	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,015,702	0	13,015,702	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	758,987	0	758,987	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	1,142,012	0	1,142,012	194.02
194.03	07953	FOUNTAIN CAFE	0	0	188,957	0	188,957	194.03
194.04	07954	SLEEP RESEARCH	0	0	174,384	0	174,384	194.04
194.05	07955	MEALS ON WHEELS	0	0	96,980	0	96,980	194.05
194.06	07956	GUEST MEALS	0	0	73,930	0	73,930	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	501,837	0	501,837	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	52,611	-52,611	0	194.08
194.09	07959	VACANT SPACE	0	0	345,952	0	345,952	194.09
194.10	07960	TV STORAGE	0	0	7,562	0	7,562	194.10
194.11	07961	MARKETING	0	0	2,680,056	0	2,680,056	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	128,433	0	128,433	194.12
194.13	07963	VOLUNTEERS	0	0	460,794	0	460,794	194.13
194.14	07964	RETAIL PHARMACY	0	0	6,358,230	0	6,358,230	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	721,262	0	721,262	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	168,911	0	168,911	194.16
194.17	07967	VALET SERVICES	0	0	211,568	0	211,568	194.17
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)	305,772	225,307	350,883,798	-6,031,480	344,852,318	202.00

COST ALLOCATION STATISTICS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31	SQUARE FEET	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	# OF PHONES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	NONPATIENT TELEPHONES	6	# OF PHONES	5.03
5.04	ADMITTING	3	GROSS CHARGES	5.04
5.05	ADMIN & GENERAL - SURREY	-29	ACCUM. COST	5.05
5.06	ADMIN & GENERAL - HOSPITAL	-30	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
6.01	PURCHASING	9	PURCHASES	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	2	SQUARE FEET	6.02
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	16	TOTAL DAYS	8.01
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
9.01	HOUSEKEEPING - SURREY	2	SQUARE FEET	9.01
10.00	DIETARY	10	MEALS SERVED	10.00
10.01	DIETARY - SURREY	22	MEALS SERVED	10.01
11.00	CAFETERIA	11	FTE'S	11.00
11.01	CAFETERIA - SURREY	24	FTE'S	11.01
13.00	NURSING ADMINISTRATION	25	NURSING FTE'S	13.00
13.01	NURSING ADMINISTRATION - SURREY	16	TOTAL DAYS	13.01
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	3	GROSS CHARGES	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	7	GROSS CHARGES	16.01
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
17.01	SOCIAL SERVICE - SURREY	16	TOTAL DAYS	17.01
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	76,510	110,829	0	187,339	4.00
5.01	00541	NONPATIENT TELEPHONES	0	18,896	27,372	0	46,268	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00542	NONPATIENT TELEPHONES	0	0	0	0	0	5.03
5.04	00540	ADMITTING	0	20,993	30,409	0	51,402	5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	0	0	28,081	28,081	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	0	791,138	1,146,010	0	1,937,148	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,055,077	1,528,341	0	2,583,418	6.00
6.01	00601	PURCHASING	0	30,159	43,687	0	73,846	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	18,217	18,217	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,457	73,090	0	123,547	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	9,347	9,347	8.01
9.00	00900	HOUSEKEEPING	0	54,881	79,499	0	134,380	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	208,393	301,869	0	510,262	10.00
10.01	01001	DIETARY - SURREY	0	0	0	20,961	20,961	10.01
11.00	01100	CAFETERIA	0	183,121	265,261	0	448,382	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,750	38,750	11.01
13.00	01300	NURSING ADMINISTRATION	0	23,118	33,488	0	56,606	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	1,830	1,830	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	224,369	325,011	0	549,380	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83,030	120,274	0	203,304	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	25,185	36,482	0	61,667	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,313	1,313	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	65,002	94,159	0	159,161	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	18,101	26,220	0	44,321	23.01
23.02	02302	PHARMACY EDUCATION	0	5,046	7,309	0	12,355	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,895,346	2,745,517	0	4,640,863	30.00
31.00	03100	INTENSIVE CARE UNIT	0	121,979	176,694	0	298,673	31.00
32.00	03200	CORONARY CARE UNIT	0	177,598	257,261	0	434,859	32.00
43.00	04300	NURSERY	0	237,626	344,216	0	581,842	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	152,694	152,694	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	268,388	268,388	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	886,443	1,284,065	0	2,170,508	50.00
50.01	03650	VASCULAR ACCESS CENTER	273,915	0	0	0	273,915	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	41,103	59,540	0	100,643	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	73,708	117,772	170,600	0	362,080	50.04
51.00	05100	RECOVERY ROOM	0	67,546	97,845	0	165,391	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	86,399	125,154	0	211,553	52.00
53.00	05300	ANESTHESIOLOGY	0	2,096	3,037	0	5,133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	639,824	926,823	0	1,566,647	54.00
54.01	05401	TDOC RADIOLOGY	0	38,298	55,477	0	93,775	54.01
54.02	05402	CDI RADIOLOGY	1,606,397	0	0	0	1,606,397	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	53,045	76,839	0	129,884	57.00
57.01	05701	TDOC CT SCAN	0	18,621	26,974	0	45,595	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,566	86,284	0	145,850	58.00
58.01	05801	TDOC - MRI	0	32,356	46,870	0	79,226	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	135,989	196,988	0	332,977	59.00
60.00	06000	LABORATORY	92,845	270,214	391,421	0	754,480	60.00
64.00	06400	INTRAVENOUS THERAPY	0	70,004	101,405	0	171,409	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	3,802	5,508	0	9,310	64.01
65.00	06500	RESPIRATORY THERAPY	0	24,217	35,079	0	59,296	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	477	477	65.01
66.00	06600	PHYSICAL THERAPY	196,784	162,417	235,271	0	594,472	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	20,484	20,484	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	52,380	75,876	0	128,256	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
68.00	06800	SPEECH PATHOLOGY	0	1,084	1,571	0	2,655	68.00
69.00	06900	ELECTROCARDIOLOGY	56,582	56,067	81,216	0	193,865	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	64,149	92,923	0	157,072	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,539	41,341	0	69,880	70.00
70.01	07001	SLEEP MEDICINE CLINIC	40,475	118,770	172,045	0	331,290	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	70,134	101,593	0	171,727	73.00
74.00	07400	RENAL DIALYSIS	163	24,274	35,163	0	59,600	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	174,302	252,486	0	426,788	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	29,971	43,414	0	73,385	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	138,982	201,323	0	340,305	91.00
91.01	09101	URGENT CARE CENTERS	1,433,105	0	0	0	1,433,105	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	18,795	27,226	0	46,021	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	18,694	27,079	0	45,773	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,838	9,906	0	16,744	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,773,974	8,878,716	12,861,340	560,542	26,074,572	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,207	32,168	1,790	56,165	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	79,893	115,730	0	195,623	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	23,161	33,550	0	56,711	194.01
194.02	07952	COMMUNITY OUTREACH	0	17,696	25,634	0	43,330	194.02
194.03	07953	FOUNTAIN CAFE	0	3,108	4,503	0	7,611	194.03
194.04	07954	SLEEP RESEARCH	0	2,386	3,456	0	5,842	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	4,424	6,408	0	10,832	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	61,517	89,112	0	150,629	194.09
194.10	07960	TV STORAGE	0	1,345	1,948	0	3,293	194.10
194.11	07961	MARKETING	0	22,366	32,398	0	54,764	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	19,084	27,644	0	46,728	194.13
194.14	07964	RETAIL PHARMACY	0	22,482	32,566	0	55,048	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	6,737	9,759	0	16,496	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,773,974	9,165,122	13,276,216	562,332	26,777,644	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	187,339					4.00
5.01	00541	NONPATIENT TELEPHONES	463	46,731				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00542	NONPATIENT TELEPHONES	0	1,434	0	1,434		5.03
5.04	00540	ADMITTING	929	671	0	0	53,002	5.04
5.05	00562	ADMIN & GENERAL - SURREY	593	0	0	301	0	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	19,555	7,287	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,019	787	0	0	0	6.00
6.01	00601	PURCHASING	673	278	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	261	0	0	93	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	85	23	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	25	0	0	23	0	8.01
9.00	00900	HOUSEKEEPING	3,242	347	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	285	0	0	23	0	9.01
10.00	01000	DIETARY	2,156	601	0	0	0	10.00
10.01	01001	DIETARY - SURREY	785	0	0	139	0	10.01
11.00	01100	CAFETERIA	505	139	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,567	416	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	218	0	0	46	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,522	532	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,026	1,064	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	291	0	0	69	0	16.01
17.00	01700	SOCIAL SERVICE	386	208	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	213	0	0	46	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,705	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,300	185	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	106	23	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	156	23	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,624	7,750	0	0	3,178	30.00
31.00	03100	INTENSIVE CARE UNIT	4,709	393	0	0	473	31.00
32.00	03200	CORONARY CARE UNIT	4,553	648	0	0	523	32.00
43.00	04300	NURSERY	4,865	1,689	0	0	291	43.00
44.00	04400	SKILLED NURSING FACILITY	2,486	0	0	347	0	44.00
46.00	04600	OTHER LONG TERM CARE	2,026	0	0	254	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,074	3,447	0	0	4,398	50.00
50.01	03650	VASCULAR ACCESS CENTER	399	116	0	0	370	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	229	93	0	0	140	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,491	509	0	0	821	50.04
51.00	05100	RECOVERY ROOM	1,233	532	0	0	396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,218	463	0	0	278	52.00
53.00	05300	ANESTHESIOLOGY	368	116	0	0	514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,306	2,591	0	0	3,631	54.00
54.01	05401	TDOC RADIOLOGY	458	254	0	0	521	54.01
54.02	05402	CDI RADIOLOGY	1,757	0	0	0	1,716	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	681	254	0	0	2,630	57.00
57.01	05701	TDOC CT SCAN	184	46	0	0	558	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	378	116	0	0	727	58.00
58.01	05801	TDOC - MRI	282	46	0	0	735	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,485	601	0	0	1,755	59.00
60.00	06000	LABORATORY	4,991	1,735	0	0	7,165	60.00
64.00	06400	INTRAVENOUS THERAPY	3,232	440	0	0	3,765	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	450	23	0	0	26	64.01
65.00	06500	RESPIRATORY THERAPY	2,095	463	0	0	657	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,750	949	0	0	948	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,448	0	0	93	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	68	208	0	0	116	66.02
67.00	06700	OCCUPATIONAL THERAPY	589	208	0	0	143	67.00
68.00	06800	SPEECH PATHOLOGY	241	93	0	0	53	68.00
69.00	06900	ELECTROCARDIOLOGY	1,478	486	0	0	1,430	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	670	393	0	0	959	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	201	185	0	0	148	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,249	1,249	0	0	354	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,691	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,580	856	0	0	5,343	73.00
74.00	07400	RENAL DIALYSIS	466	139	0	0	130	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	574	46	0	0	118	76.01
76.02	03022	CARDIAC REHAB	3,110	856	0	0	224	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	320	162	0	0	128	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	23	0	0	0	90.00
91.00	09100	EMERGENCY	9,649	810	0	0	1,999	91.00
91.01	09101	URGENT CARE CENTERS	9,301	0	0	0	1,398	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	102	69	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,966	370	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,422	347	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	180,824	43,792	0	1,434	53,001	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26	116	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,547	1,203	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	270	185	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	551	278	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	34	23	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	118	185	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	373	116	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	760	278	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	72	23	0	0	0	194.12
194.13	07963	VOLUNTEERS	247	324	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	952	139	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	304	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	98	69	0	0	1	194.16
194.17	07967	VALET SERVICES	163	0	0	0	0	194.17
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)	187,339	46,731	0	1,434	53,002	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY	28,975					5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	3,410	1,967,400				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,112	85,576	2,672,912			6.00
6.01	00601	PURCHASING	101	7,743	11,192	93,833		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	57	4,367	0	61	23,056	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	112	8,606	18,725	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	11	853	0	11	418	8.01
9.00	00900	HOUSEKEEPING	359	27,633	20,367	603	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	30	2,316	0	71	0	9.01
10.00	01000	DIETARY	227	17,489	77,336	686	0	10.00
10.01	01001	DIETARY - SURREY	131	10,048	0	1,201	937	10.01
11.00	01100	CAFETERIA	87	6,671	67,958	2,363	0	11.00
11.01	01101	CAFETERIA - SURREY	3	247	0	0	1,731	11.01
13.00	01300	NURSING ADMINISTRATION	149	11,479	8,579	39	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	20	1,564	0	5	82	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	269	20,706	83,265	803	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	412	31,675	30,813	50	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	26	2,030	0	1	0	16.01
17.00	01700	SOCIAL SERVICE	47	3,645	9,346	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	19	1,488	0	6	59	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	242	18,616	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	177	13,615	24,123	70	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	18	1,402	6,717	0	0	23.01
23.02	02302	PHARMACY EDUCATION	15	1,158	1,873	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,870	220,964	703,380	2,549	0	30.00
31.00	03100	INTENSIVE CARE UNIT	345	26,510	45,268	352	0	31.00
32.00	03200	CORONARY CARE UNIT	371	28,540	65,908	374	0	32.00
43.00	04300	NURSERY	516	39,741	88,185	662	0	43.00
44.00	04400	SKILLED NURSING FACILITY	245	18,829	0	153	6,822	44.00
46.00	04600	OTHER LONG TERM CARE	209	16,088	0	84	11,991	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,588	122,234	328,967	1,286	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	65	5,033	0	28	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	31	2,415	15,254	24	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	208	15,991	43,706	569	0	50.04
51.00	05100	RECOVERY ROOM	129	9,957	25,067	131	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	140	10,797	32,063	219	0	52.00
53.00	05300	ANESTHESIOLOGY	53	4,114	778	456	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	912	70,187	237,444	410	0	54.00
54.01	05401	TDOC RADIOLOGY	52	4,017	14,213	37	0	54.01
54.02	05402	CDI RADIOLOGY	788	60,675	0	13	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	80	6,135	19,686	46	0	57.00
57.01	05701	TDOC CT SCAN	23	1,768	6,911	26	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50	3,815	22,105	18	0	58.00
58.01	05801	TDOC - MRI	35	2,699	12,008	26	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	179	13,747	50,467	147	0	59.00
60.00	06000	LABORATORY	1,074	82,630	100,279	4,146	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,509	116,083	25,979	450	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	17	1,334	1,411	14	0	64.01
65.00	06500	RESPIRATORY THERAPY	204	15,705	8,987	177	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1	59	0	15	21	65.01
66.00	06600	PHYSICAL THERAPY	403	31,017	60,275	102	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	132	10,175	0	9	915	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	71	5,440	19,439	16	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	54	4,121	0	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	22	1,701	402	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	167	12,856	20,807	65	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	83	6,393	23,806	47	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	26	2,023	10,591	34	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	257	19,790	44,076	114	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,167	89,763	0	23,052	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,359	181,557	0	48,022	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,246	95,894	26,027	0	0	73.00
74.00	07400	RENAL DIALYSIS	54	4,143	9,008	113	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	52	3,981	0	1	0	76.01
76.02	03022	CARDIAC REHAB	319	24,526	64,685	85	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	38	2,897	11,122	166	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	7	0	1	0	90.00
91.00	09100	EMERGENCY	514	39,562	51,577	867	0	91.00
91.01	09101	URGENT CARE CENTERS	789	60,745	0	688	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	14	1,066	6,975	13	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	417	32,070	6,937	280	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	197	15,140	2,538	212	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,109	1,823,861	2,566,625	92,272	22,976	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	577	8,241	38	80	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	923	71,063	29,649	923	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	50	3,849	8,595	85	0	194.01
194.02	07952	COMMUNITY OUTREACH	79	6,102	6,567	90	0	194.02
194.03	07953	FOUNTAIN CAFE	5	346	1,154	138	0	194.03
194.04	07954	SLEEP RESEARCH	12	925	885	1	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	35	2,686	1,642	4	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	13	962	22,830	0	0	194.09
194.10	07960	TV STORAGE	0	21	499	0	0	194.10
194.11	07961	MARKETING	191	14,662	8,300	101	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	9	688	0	39	0	194.12
194.13	07963	VOLUNTEERS	29	2,224	7,082	13	0	194.13
194.14	07964	RETAIL PHARMACY	457	35,144	8,343	116	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	30	2,328	0	10	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	11	839	2,500	3	0	194.16
194.17	07967	VALET SERVICES	15	1,123	0	0	0	194.17
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)	28,975	1,967,400	2,672,912	93,833	23,056	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	151,098					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	10,688				8.01
9.00	00900	HOUSEKEEPING	0	0	186,931			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,725		9.01
10.00	01000	DIETARY	0	0	5,512	0	614,269	10.00
10.01	01001	DIETARY - SURREY	0	0	0	113	0	10.01
11.00	01100	CAFETERIA	0	0	4,844	0	280,312	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	208	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	611	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	10	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	549	0	5,935	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,196	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	666	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	7	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,719	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	479	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	133	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,187	0	50,133	0	251,119	30.00
31.00	03100	INTENSIVE CARE UNIT	3,705	0	3,227	0	15,754	31.00
32.00	03200	CORONARY CARE UNIT	6,201	0	4,698	0	16,460	32.00
43.00	04300	NURSERY	8,383	0	6,286	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,024	0	821	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	6,664	0	1,443	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,690	0	23,448	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1,087	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	5,260	0	3,115	0	0	50.04
51.00	05100	RECOVERY ROOM	1,546	0	1,787	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,603	0	2,285	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	55	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,151	0	16,924	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,013	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,403	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	493	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,287	0	1,576	0	0	58.00
58.01	05801	TDOC - MRI	0	0	856	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,136	0	3,597	0	0	59.00
60.00	06000	LABORATORY	0	0	7,147	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	866	0	1,852	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	101	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	641	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	3	0	65.01
66.00	06600	PHYSICAL THERAPY	450	0	4,296	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	110	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	82	0	1,386	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	29	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,476	0	1,483	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,697	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	326	0	755	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,142	0	88	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,855	0	0	73.00
74.00	07400	RENAL DIALYSIS	323	0	642	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	4,610	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	793	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	13,311	0	3,676	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	497	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	494	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	181	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	150,532	10,688	179,355	2,715	563,733	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	587	10	5,336	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	566	0	2,113	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	613	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	468	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	82	0	18,771	194.03
194.04	07954	SLEEP RESEARCH	0	0	63	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	16,012	194.05
194.06	07956	GUEST MEALS	0	0	0	0	10,417	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	117	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	1,627	0	0	194.09
194.10	07960	TV STORAGE	0	0	36	0	0	194.10
194.11	07961	MARKETING	0	0	592	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	505	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	595	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	178	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	151,098	10,688	186,931	2,725	614,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	34,315					10.01
11.00	01100	CAFETERIA	0	811,261				11.00
11.01	01101	CAFETERIA - SURREY	1,074	0	42,013			11.01
13.00	01300	NURSING ADMINISTRATION	0	9,899	0	89,345		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	619	0	4,394	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,463	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	2,579	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	3,116	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,056	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,387	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	584	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	1,024	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	1,056	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	214,508	0	57,754	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,459	0	7,393	0	31.00
32.00	03200	CORONARY CARE UNIT	0	24,139	0	8,241	0	32.00
43.00	04300	NURSERY	0	33,188	0	10,415	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,360	0	15,446	0	1,655	44.00
46.00	04600	OTHER LONG TERM CARE	17,153	0	14,104	0	2,739	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	90,733	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,659	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	10,509	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	8,651	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,214	0	2,776	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,933	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,895	0	188	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,190	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	4,665	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,200	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,595	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,900	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	9,039	0	0	0	59.00
60.00	06000	LABORATORY	0	40,948	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	16,400	0	1,077	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	722	0	243	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	17,515	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	23,099	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	6,352	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,067	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	4,856	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,460	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,084	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	5,318	0	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,534	0	184	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	17,987	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	19,198	402	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,357	0	903	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	4,549	0	22	0	76.01
76.02	03022	CARDIAC REHAB	0	11,130	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,622	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	35,057	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	982	0	0	0	91.02
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)	28,587	773,891	40,558	89,196	4,394	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	472	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20,705	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	1,311	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	419	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	594	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	632	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	200	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,404	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	547	0	116	0	194.12
194.13	07963	VOLUNTEERS	0	2,298	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	5,732	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	5,528	0	1,104	33	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	2,256	351	0	0	194.17
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)	34,315	811,261	42,013	89,345	4,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	682,424					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	272,540				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	4,996			16.01
17.00	01700	SOCIAL SERVICE	2	0	0	79,083		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	4,207	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,722	16,298	0	19,908	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,201	2,424	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	5,354	2,683	0	0	0	32.00
43.00	04300	NURSERY	7,501	1,490	0	2,598	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,661	0	903	0	1,584	44.00
46.00	04600	OTHER LONG TERM CARE	1,172	0	1,458	0	2,623	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,496	22,550	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	10,350	1,897	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	822	718	0	2,128	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	13,852	4,212	0	0	0	50.04
51.00	05100	RECOVERY ROOM	1,012	2,033	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,026	1,424	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,031	2,636	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,101	18,620	16	33,405	0	54.00
54.01	05401	TDOC RADIOLOGY	291	2,673	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	163	8,797	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	699	13,485	0	0	0	57.00
57.01	05701	TDOC CT SCAN	289	2,859	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,419	3,726	0	0	0	58.00
58.01	05801	TDOC - MRI	242	3,767	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	33,869	8,998	0	0	0	59.00
60.00	06000	LABORATORY	66,156	37,510	166	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	12,393	19,304	5	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	219	132	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	819	3,370	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	6	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,009	4,859	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	59	0	1,536	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	77	594	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	25	732	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	272	1	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	653	7,332	4	0	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	467	4,920	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	500	760	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	887	1,816	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	394,622	8,671	78	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,079	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,479	27,395	823	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,176	669	0	21,044	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	606	0	0	0	76.01
76.02	03022	CARDIAC REHAB	356	1,148	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	464	654	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1	0	0	0	90.00
91.00	09100	EMERGENCY	9,532	10,253	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	3,094	7,167	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	6	2	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,948	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,099	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	681,316	272,536	4,996	79,083	4,207	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	961	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	49	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	5	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	24	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	64	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	4	4	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	682,424	272,540	4,996	79,083	4,207	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		43,950				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			201,935			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					54,090	23.01
23.02	02302	PHARMACY EDUCATION						23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	03650	VASCULAR ACCESS CENTER						50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE						50.02
50.03	05002	PAIN MGMT CENTER						50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS						50.04
51.00	05100	RECOVERY ROOM						51.00
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	TDOC RADIOLOGY						54.01
54.02	05402	CDI RADIOLOGY						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
57.01	05701	TDOC CT SCAN						57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
58.01	05801	TDOC - MRI						58.01
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
64.00	06400	INTRAVENOUS THERAPY						64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER						64.01
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	06501	RESPIRATORY THERAPY - SURREY						65.01
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	PHYSICAL THERAPY - SURREY						66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY						69.01
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	07001	SLEEP MEDICINE CLINIC						70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
76.00	03020	NUTRITION/DIABETES EDUCATION						76.00
76.01	03021	NUTRITION/DIABETES EDUCATION						76.01
76.02	03022	CARDIAC REHAB						76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY						76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
91.01	09101	URGENT CARE CENTERS						91.01
91.02	04950	ADULT DOWN SYNDROME CENTER						91.02
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
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	07951	DEVELOPMENT						194.01
194.02	07952	COMMUNITY OUTREACH						194.02
194.03	07953	FOUNTAIN CAFE						194.03
194.04	07954	SLEEP RESEARCH						194.04
194.05	07955	MEALS ON WHEELS						194.05
194.06	07956	GUEST MEALS						194.06
194.07	07957	PHYSICIAN REFERRAL						194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS						194.08
194.09	07959	VACANT SPACE						194.09
194.10	07960	TV STORAGE						194.10
194.11	07961	MARKETING						194.11
194.12	07962	CHILDBIRTH INSTRUCTION						194.12
194.13	07963	VOLUNTEERS						194.13
194.14	07964	RETAIL PHARMACY						194.14
194.15	07965	REHAB HOSPITAL COVERAGE						194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM						194.16
194.17	07967	VALET SERVICES						194.17
200.00		Cross Foot Adjustments	0	43,950	201,935	0	54,090	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	43,950	201,935	0	54,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION						23.01
23.02	02302	PHARMACY EDUCATION	16,769					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,323,807	0	6,323,807		30.00
31.00	03100	INTENSIVE CARE UNIT		435,886	0	435,886		31.00
32.00	03200	CORONARY CARE UNIT		603,552	0	603,552		32.00
43.00	04300	NURSERY		787,652	0	787,652		43.00
44.00	04400	SKILLED NURSING FACILITY		218,030	0	218,030		44.00
46.00	04600	OTHER LONG TERM CARE		346,396	0	346,396		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,840,419	0	2,840,419		50.00
50.01	03650	VASCULAR ACCESS CENTER		292,173	0	292,173		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		126,243	0	126,243		50.02
50.03	05002	PAIN MGMT CENTER		0	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		462,323	0	462,323		50.04
51.00	05100	RECOVERY ROOM		217,865	0	217,865		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		278,059	0	278,059		52.00
53.00	05300	ANESTHESIOLOGY		25,187	0	25,187		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,044,428	0	2,044,428		54.00
54.01	05401	TDOC RADIOLOGY		120,494	0	120,494		54.01
54.02	05402	CDI RADIOLOGY		1,680,306	0	1,680,306		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0		55.00
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		179,648	0	179,648		57.00
57.01	05701	TDOC CT SCAN		59,952	0	59,952		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		184,662	0	184,662		58.00
58.01	05801	TDOC - MRI		101,822	0	101,822		58.01
59.00	05900	CARDIAC CATHETERIZATION		458,997	0	458,997		59.00
60.00	06000	LABORATORY		1,108,427	0	1,108,427		60.00
64.00	06400	INTRAVENOUS THERAPY		374,764	0	374,764		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		14,002	0	14,002		64.01
65.00	06500	RESPIRATORY THERAPY		109,929	0	109,929		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		582	0	582		65.01
66.00	06600	PHYSICAL THERAPY		725,629	0	725,629		66.00
66.01	06601	PHYSICAL THERAPY - SURREY		41,313	0	41,313		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		156,820	0	156,820		66.02
67.00	06700	OCCUPATIONAL THERAPY		10,730	0	10,730		67.00
68.00	06800	SPEECH PATHOLOGY		6,930	0	6,930		68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY		252,186	0	252,186		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		201,825	0	201,825		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		87,147	0	87,147		70.00
70.01	07001	SLEEP MEDICINE CLINIC		424,299	0	424,299		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		519,044	0	519,044		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		247,568	0	247,568		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		356,825	0	356,825		73.00
74.00	07400	RENAL DIALYSIS		100,767	0	100,767		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION		9,949	0	9,949		76.01
76.02	03022	CARDIAC REHAB		537,837	0	537,837		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		92,751	0	92,751		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		32	0	32		90.00
91.00	09100	EMERGENCY		517,112	0	517,112		91.00
91.01	09101	URGENT CARE CENTERS		1,516,287	0	1,516,287		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		55,747	0	55,747		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		94,255	0	94,255		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		39,880	0	39,880		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,390,538	0	25,390,538		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		71,656	0	71,656		190.00
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		326,276	0	326,276		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.00
194.01	07951	DEVELOPMENT		71,669	0	71,669		194.01
194.02	07952	COMMUNITY OUTREACH		57,933	0	57,933		194.02
194.03	07953	FOUNTAIN CAFE		28,763	0	28,763		194.03
194.04	07954	SLEEP RESEARCH		8,663	0	8,663		194.04
194.05	07955	MEALS ON WHEELS		16,012	0	16,012		194.05
194.06	07956	GUEST MEALS		10,617	0	10,617		194.06
194.07	07957	PHYSICIAN REFERRAL		18,209	0	18,209		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.08
194.09	07959	VACANT SPACE		176,061	0	176,061		194.09
194.10	07960	TV STORAGE		3,849	0	3,849		194.10
194.11	07961	MARKETING		79,648	0	79,648		194.11
194.12	07962	CHILDBIRTH INSTRUCTION		1,494	0	1,494		194.12
194.13	07963	VOLUNTEERS		59,450	0	59,450		194.13
194.14	07964	RETAIL PHARMACY		106,550	0	106,550		194.14
194.15	07965	REHAB HOSPITAL COVERAGE		9,401	0	9,401		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		20,203	0	20,203		194.16
194.17	07967	VALET SERVICES		3,908	0	3,908		194.17
200.00		Cross Foot Adjustments	16,769	316,744	0	316,744		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	16,769	26,777,644	0	26,777,644		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	633,928					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		633,928				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,292	5,292	0	160,013,058		4.00
5.01	00541	NONPATIENT TELEPHONES	1,307	1,307	0	395,815	2,020	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00542	NONPATIENT TELEPHONES	0	0	0	0	62	5.03
5.04	00540	ADMITTING	1,452	1,452	0	793,054	29	5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	0	2,824	506,590	0	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	54,721	54,721	0	16,699,530	315	5.06
6.00	00600	MAINTENANCE & REPAIRS	72,977	72,977	0	1,724,521	34	6.00
6.01	00601	PURCHASING	2,086	2,086	0	574,753	12	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	222,599	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	72,433	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	21,270	0	8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,768,296	15	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	243,308	0	9.01
10.00	01000	DIETARY	14,414	14,414	0	1,840,984	26	10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	670,793	0	10.01
11.00	01100	CAFETERIA	12,666	12,666	0	430,830	6	11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,338,505	18	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	186,417	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,299,682	23	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	2,584,430	46	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	248,866	0	16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	330,051	9	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	182,296	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,310,241	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,496	4,496	0	1,964,140	8	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,252	1,252	0	90,098	1	23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	133,586	1	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	131,096	131,096	0	26,180,798	335	30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	4,020,967	17	31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	3,887,989	28	32.00
43.00	04300	NURSERY	16,436	16,436	0	4,154,416	73	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,123,047	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	1,730,425	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,313	61,313	0	12,872,980	149	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	340,732	5	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	2,843	2,843	0	195,271	4	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,273,074	22	50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,052,707	23	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,976	5,976	0	1,040,296	20	52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	313,945	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,255	44,255	0	6,239,062	112	54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	391,349	11	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	1,500,066	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,669	3,669	0	581,399	11	57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	156,869	2	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	322,536	5	58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	240,610	2	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,268,158	26	59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,261,920	75	60.00
64.00	06400	INTRAVENOUS THERAPY	4,842	4,842	0	2,760,307	19	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	263	263	0	384,381	1	64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,789,034	20	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	0	65.01
66.00	06600	PHYSICAL THERAPY	11,234	11,234	0	3,202,467	41	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,236,447	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	58,489	9	66.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	503,243	9	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	205,843	4	68.00
69.00	06900	ELECTROCARDIOLOGY	3,878	3,878	0	1,262,117	21	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	572,310	17	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,974	1,974	0	171,948	8	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,774,315	54	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	4,851	4,851	0	3,057,489	37	73.00
74.00	07400	RENAL DIALYSIS	1,679	1,679	0	398,036	6	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	490,245	2	76.01
76.02	03022	CARDIAC REHAB	12,056	12,056	0	2,655,548	37	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,073	2,073	0	273,298	7	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	1	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	8,240,307	35	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	7,942,952	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	87,348	3	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,293	1,293	0	3,386,940	16	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,214,144	15	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	614,118	614,118	56,372	154,448,912	1,893	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	1,536	180	22,543	5	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,526	5,526	0	2,174,819	52	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,602	1,602	0	230,896	8	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	470,123	12	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	29,247	1	194.03
194.04	07954	SLEEP RESEARCH	165	165	0	100,749	8	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	306	306	0	318,269	5	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	4,255	4,255	0	0	0	194.09
194.10	07960	TV STORAGE	93	93	0	0	0	194.10
194.11	07961	MARKETING	1,547	1,547	0	649,064	12	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	61,529	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	211,352	14	194.13
194.14	07964	RETAIL PHARMACY	1,555	1,555	0	812,856	6	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	259,810	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	83,602	3	194.16
194.17	07967	VALET SERVICES	0	0	0	139,287	0	194.17
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)	9,165,122	13,276,216	562,332	41,863,742	812,998	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.457670	20.942782	9.943627	0.261627	402.474257	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				187,339	46,731	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001171	23.134158	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
			5.02	5.03	5.04	5A.05	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0					5.02
5.03	00542	NONPATIENT TELEPHONES	0	62				5.03
5.04	00540	ADMITTING	0	0	1,128,553,566			5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	13	0	-763,756	350,120,042	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	0	0	0	0	42,100,951	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	13,398,751	6.00
6.01	00601	PURCHASING	0	0	0	0	1,212,330	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	4	0	0	683,792	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,347,481	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	1	0	0	133,581	8.01
9.00	00900	HOUSEKEEPING	0	0	0	0	4,326,459	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	1	0	0	362,687	9.01
10.00	01000	DIETARY	0	0	0	0	2,738,249	10.00
10.01	01001	DIETARY - SURREY	0	6	0	0	1,573,187	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,044,504	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	38,750	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,797,259	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	2	0	0	244,915	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,242,000	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,959,319	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	3	0	0	317,825	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	570,706	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	2	0	0	232,980	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,914,662	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,131,740	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	219,565	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	181,293	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	67,626,529	0	34,578,023	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	10,058,085	0	4,150,728	31.00
32.00	03200	CORONARY CARE UNIT	0	0	11,133,207	0	4,468,563	32.00
43.00	04300	NURSERY	0	0	6,181,506	0	6,222,205	43.00
44.00	04400	SKILLED NURSING FACILITY	0	15	0	0	2,948,060	44.00
46.00	04600	OTHER LONG TERM CARE	0	11	0	0	2,518,870	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	93,567,248	0	19,138,268	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	7,871,765	0	788,058	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	2,977,554	0	378,114	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	17,476,410	0	2,503,740	50.04
51.00	05100	RECOVERY ROOM	0	0	8,433,873	0	1,558,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,909,767	0	1,690,536	52.00
53.00	05300	ANESTHESIOLOGY	0	0	10,937,600	0	644,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	77,262,336	0	10,989,161	54.00
54.01	05401	TDOC RADIOLOGY	0	0	11,091,982	0	628,964	54.01
54.02	05402	CDI RADIOLOGY	0	0	36,501,461	0	9,499,900	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	55,953,374	0	960,623	57.00
57.01	05701	TDOC CT SCAN	0	0	11,863,838	0	276,749	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	15,462,180	0	597,352	58.00
58.01	05801	TDOC - MRI	0	0	15,628,949	0	422,602	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	37,336,225	0	2,152,412	59.00
60.00	06000	LABORATORY	0	0	153,342,608	0	12,937,412	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	80,099,649	0	18,175,159	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	546,242	0	208,880	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	13,983,224	0	2,458,947	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	9,205	65.01
66.00	06600	PHYSICAL THERAPY	0	0	20,161,518	0	4,856,424	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	4	1,674	0	1,593,144	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	2,466,176	0	851,741	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,035,518	0	645,296	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,128,583	0	266,355	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	30,421,355	0	2,012,795	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
			5.02	5.03	5.04	5A.05	5.05	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	20,414,162	0	1,000,943	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,153,250	0	316,668	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	7,534,863	0	3,098,469	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	35,978,952	0	14,054,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	54,267,891	0	28,426,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	113,670,436	0	15,014,188	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,776,142	0	648,659	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	2,515,823	0	623,261	76.01
76.02	03022	CARDIAC REHAB	0	0	4,762,488	0	3,840,055	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,713,962	0	453,611	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	2,492	0	1,062	90.00
91.00	09100	EMERGENCY	0	0	42,541,783	0	6,194,234	91.00
91.01	09101	URGENT CARE CENTERS	0	0	29,738,520	0	9,510,860	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	6,264	0	166,855	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,021,265	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	2,370,457	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	62	1,128,537,464	-763,756	327,645,823	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	90,358	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,126,413	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	602,604	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	955,413	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	54,231	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	144,785	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	420,509	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	150,629	194.09
194.10	07960	TV STORAGE	0	0	0	0	3,293	194.10
194.11	07961	MARKETING	0	0	0	0	2,295,644	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	107,721	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	348,281	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	5,502,501	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	233	0	364,555	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	15,869	0	131,377	194.16
194.17	07967	VALET SERVICES	0	0	0	0	175,905	194.17
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	49,404	1,075,560		763,756	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	796.838710	0.000953		0.002181	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,434	53,002		28,975	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	23.129032	0.000047		0.000083	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
			5A.06	5.06	6.00	6.01	6.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	-42,192,914	308,690,884				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	13,427,974	498,179			6.00
6.01	00601	PURCHASING	0	1,214,974	2,086	55,359,658		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	685,283	0	35,785	51,896	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,350,420	3,490	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	133,872	0	6,344	940	8.01
9.00	00900	HOUSEKEEPING	0	4,335,895	3,796	355,527	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	363,478	0	41,813	0	9.01
10.00	01000	DIETARY	0	2,744,221	14,414	404,808	0	10.00
10.01	01001	DIETARY - SURREY	0	1,576,618	0	708,290	2,108	10.01
11.00	01100	CAFETERIA	0	1,046,782	12,666	1,394,019	0	11.00
11.01	01101	CAFETERIA - SURREY	0	38,835	0	0	3,897	11.01
13.00	01300	NURSING ADMINISTRATION	0	1,801,179	1,599	23,265	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	245,449	0	2,977	184	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,249,071	15,519	474,021	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,970,135	5,743	29,263	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	318,518	0	637	0	16.01
17.00	01700	SOCIAL SERVICE	0	571,951	1,742	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	233,488	0	3,765	132	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,921,019	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,136,389	4,496	41,057	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	220,044	1,252	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	181,688	349	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	34,653,438	131,096	1,504,083	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,159,781	8,437	207,493	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,478,309	12,284	220,558	0	32.00
43.00	04300	NURSERY	0	6,235,776	16,436	390,400	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,954,490	0	90,484	15,356	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,524,364	0	49,510	26,991	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	19,180,009	61,313	758,585	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	789,777	0	16,547	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	378,939	2,843	14,148	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,509,201	8,146	335,413	0	50.04
51.00	05100	RECOVERY ROOM	0	1,562,356	4,672	77,352	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,694,223	5,976	129,235	0	52.00
53.00	05300	ANESTHESIOLOGY	0	645,579	145	268,995	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,013,128	44,255	242,000	0	54.00
54.01	05401	TDOC RADIOLOGY	0	630,336	2,649	21,905	0	54.01
54.02	05402	CDI RADIOLOGY	0	9,520,619	0	7,654	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	962,718	3,669	27,047	0	57.00
57.01	05701	TDOC CT SCAN	0	277,353	1,288	15,412	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	598,655	4,120	10,692	0	58.00
58.01	05801	TDOC - MRI	0	423,524	2,238	15,194	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	2,157,106	9,406	86,658	0	59.00
60.00	06000	LABORATORY	0	12,965,628	18,690	2,445,797	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	18,214,799	4,842	265,218	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	209,336	263	8,553	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,464,310	1,675	104,381	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	9,225	0	8,728	48	65.01
66.00	06600	PHYSICAL THERAPY	0	4,867,016	11,234	60,254	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,596,619	0	5,031	2,060	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	853,599	3,623	9,529	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	646,703	0	1,392	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	266,936	75	309	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,017,185	3,878	38,326	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
			5A.06	5.06	6.00	6.01	6.02	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1,003,126	4,437	27,980	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	317,359	1,974	20,229	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	3,105,227	8,215	67,477	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,084,956	0	13,599,889	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,488,528	0	28,333,604	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,046,934	4,851	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	650,074	1,679	66,902	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	624,620	0	733	0	76.01
76.02	03022	CARDIAC REHAB	0	3,848,430	12,056	50,047	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	454,600	2,073	98,183	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,064	0	653	0	90.00
91.00	09100	EMERGENCY	0	6,207,744	9,613	511,612	0	91.00
91.01	09101	URGENT CARE CENTERS	0	9,531,603	0	405,916	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	167,219	1,300	7,664	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,032,216	1,293	165,136	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,375,627	473	125,134	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-42,192,914	286,167,647	478,369	54,439,613	51,716	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90,555	1,536	22,466	180	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,150,680	5,526	544,288	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	603,918	1,602	50,290	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	957,497	1,224	53,012	0	194.02
194.03	07953	FOUNTAIN CAFE	0	54,349	215	81,340	0	194.03
194.04	07954	SLEEP RESEARCH	0	145,101	165	299	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	421,426	306	2,533	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	150,958	4,255	0	0	194.09
194.10	07960	TV STORAGE	0	3,300	93	0	0	194.10
194.11	07961	MARKETING	0	2,300,651	1,547	59,446	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	107,956	0	22,880	0	194.12
194.13	07963	VOLUNTEERS	0	349,041	1,320	7,575	0	194.13
194.14	07964	RETAIL PHARMACY	0	5,514,502	1,555	68,342	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	365,350	0	5,778	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	131,664	466	1,796	0	194.16
194.17	07967	VALET SERVICES	0	176,289	0	0	0	194.17
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)		42,192,914	15,263,350	1,444,951	779,884	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.136683	30.638285	0.026101	15.027825	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		1,967,400	2,672,912	93,833	23,056	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.006373	5.365365	0.001695	0.444273	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
			8.00	8.01	9.00	9.01	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	2,200,494					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	39,741				8.01
9.00	00900	HOUSEKEEPING	0	0	488,807			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	50,956		9.01
10.00	01000	DIETARY	0	0	14,414	0	498,232	10.00
10.01	01001	DIETARY - SURREY	0	0	0	2,108	0	10.01
11.00	01100	CAFETERIA	0	0	12,666	0	227,361	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	3,897	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,599	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	184	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	7,994	0	15,519	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,743	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	1,742	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	132	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,496	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	1,252	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	349	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	993,020	0	131,096	0	203,682	30.00
31.00	03100	INTENSIVE CARE UNIT	53,957	0	8,437	0	12,778	31.00
32.00	03200	CORONARY CARE UNIT	90,313	0	12,284	0	13,351	32.00
43.00	04300	NURSERY	122,092	0	16,436	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	14,964	0	15,356	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	24,777	0	26,991	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	330,443	0	61,313	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	2,843	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	76,607	0	8,146	0	0	50.04
51.00	05100	RECOVERY ROOM	22,518	0	4,672	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,903	0	5,976	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	145	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,829	0	44,255	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	2,649	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	3,669	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	1,288	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,304	0	4,120	0	0	58.00
58.01	05801	TDOC - MRI	0	0	2,238	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	31,113	0	9,406	0	0	59.00
60.00	06000	LABORATORY	0	0	18,690	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	12,612	0	4,842	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	263	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,675	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	48	0	65.01
66.00	06600	PHYSICAL THERAPY	6,555	0	11,234	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,060	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,193	0	3,623	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	75	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,490	0	3,878	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
			8.00	8.01	9.00	9.01	10.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	4,437	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,746	0	1,974	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	8,215	0	71	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	4,851	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,707	0	1,679	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	12,056	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,073	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	193,854	0	9,613	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	1,300	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	1,293	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	473	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,192,250	39,741	468,997	50,776	457,243	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,536	180	4,328	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,244	0	5,526	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	1,602	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	1,224	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	215	0	15,225	194.03
194.04	07954	SLEEP RESEARCH	0	0	165	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	12,987	194.05
194.06	07956	GUEST MEALS	0	0	0	0	8,449	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	306	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	4,255	0	0	194.09
194.10	07960	TV STORAGE	0	0	93	0	0	194.10
194.11	07961	MARKETING	0	0	1,547	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	1,320	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	1,555	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	466	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,641,927	166,462	5,054,121	414,250	3,720,532	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.746163	4.188672	10.339707	8.129563	7.467469	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	151,098	10,688	186,931	2,725	614,269	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.068665	0.268941	0.382423	0.053478	1.232898	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	
			10.01	11.00	11.01	13.00	13.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	147,737					10.01
11.00	01100	CAFETERIA	0	152,849				11.00
11.01	01101	CAFETERIA - SURREY	4,623	0	13,163			11.01
13.00	01300	NURSING ADMINISTRATION	0	1,865	0	43,810		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	194	0	39,741	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,667	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	808	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	587	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	331	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,218	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	110	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	193	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	199	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	40,415	0	28,320	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,043	0	3,625	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,548	0	4,041	0	32.00
43.00	04300	NURSERY	0	6,253	0	5,107	0	43.00
44.00	04400	SKILLED NURSING FACILITY	44,602	0	4,839	0	14,964	44.00
46.00	04600	OTHER LONG TERM CARE	73,850	0	4,419	0	24,777	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	17,095	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	501	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	1,980	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	1,630	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,736	0	1,361	0	52.00
53.00	05300	ANESTHESIOLOGY	0	741	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,908	0	92	0	54.00
54.01	05401	TDOC RADIOLOGY	0	601	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	879	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	226	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	489	0	0	0	58.00
58.01	05801	TDOC - MRI	0	358	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,703	0	0	0	59.00
60.00	06000	LABORATORY	0	7,715	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,090	0	528	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	136	0	119	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	3,300	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	4,352	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	1,990	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	201	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	915	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	275	0	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	
			10.01	11.00	11.01	13.00	13.01	
69.00	06900	ELECTROCARDIOLOGY	0	1,900	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1,002	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	289	0	90	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	3,389	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	3,617	126	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	444	0	443	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	857	0	11	0	76.01
76.02	03022	CARDIAC REHAB	0	2,097	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	494	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	6,605	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	185	0	0	0	91.02
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)	123,075	145,808	12,707	43,737	39,741	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	89	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,901	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	247	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	79	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	112	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	119	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	861	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	453	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	103	0	57	0	194.12
194.13	07963	VOLUNTEERS	0	433	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	1,080	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	23,801	0	346	16	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	425	110	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,859,418	3,443,084	192,572	2,155,512	286,175	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.586001	22.526049	14.629796	49.201370	7.201001	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,315	811,261	42,013	89,345	4,394	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.232271	5.307598	3.191750	2.039375	0.110566	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
			14.00	16.00	16.01	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	24,245,087					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11	1,128,553,566				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	18,342,808			16.01
17.00	01700	SOCIAL SERVICE	85	0	0	6,058		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	39,741	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	45	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,198,076	67,626,529	0	1,525	0	30.00
31.00	03100	INTENSIVE CARE UNIT	184,788	10,058,085	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	190,216	11,133,207	0	0	0	32.00
43.00	04300	NURSERY	266,490	6,181,506	0	199	0	43.00
44.00	04400	SKILLED NURSING FACILITY	59,015	0	3,319,110	0	14,964	44.00
46.00	04600	OTHER LONG TERM CARE	41,641	0	5,361,575	0	24,777	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,190,022	93,567,248	149	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	367,709	7,871,765	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	29,210	2,977,554	0	163	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	492,129	17,476,410	0	0	0	50.04
51.00	05100	RECOVERY ROOM	35,941	8,433,873	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	107,523	5,909,767	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	249,794	10,937,600	557	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	643,104	77,262,336	57,268	2,559	0	54.00
54.01	05401	TDOC RADIOLOGY	10,332	11,091,982	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	5,796	36,501,461	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	24,841	55,953,374	0	0	0	57.00
57.01	05701	TDOC CT SCAN	10,259	11,863,838	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50,403	15,462,180	0	0	0	58.00
58.01	05801	TDOC - MRI	8,602	15,628,949	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,203,287	37,336,225	0	0	0	59.00
60.00	06000	LABORATORY	2,350,380	153,342,608	610,624	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	440,310	80,099,649	19,643	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	7,786	546,242	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	29,106	13,983,224	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	22,096	0	0	65.01
66.00	06600	PHYSICAL THERAPY	35,851	20,161,518	887	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,097	1,674	5,621,392	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	2,736	2,466,176	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	896	3,035,518	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
			14.00	16.00	16.01	17.00	17.01	
68.00	06800	SPEECH PATHOLOGY	8	1,128,583	2,756	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,204	30,421,355	14,333	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	16,589	20,414,162	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	17,770	3,153,250	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	31,503	7,534,863	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,020,016	35,978,952	286,948	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,267,891	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,078	113,670,436	3,025,182	0	0	73.00
74.00	07400	RENAL DIALYSIS	41,784	2,776,142	0	1,612	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	2,515,823	288	0	0	76.01
76.02	03022	CARDIAC REHAB	12,655	4,762,488	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	16,471	2,713,962	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,492	0	0	0	90.00
91.00	09100	EMERGENCY	338,634	42,541,783	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	109,908	29,738,520	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	202	6,264	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	140,280	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	110,118	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,205,701	1,128,537,464	18,342,808	6,058	39,741	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,146	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	1,750	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	172	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	13	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	854	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	2,271	233	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	144	15,869	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	4,430,042	5,885,571	373,892	734,750	273,399	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.182719	0.005215	0.020384	121.285903	6.879520	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	682,424	272,540	4,996	79,083	4,207	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.028147	0.000241	0.000272	13.054308	0.105860	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
			19.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00542	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	100					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		1,605				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			1,605			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION				0	102,070	23.01
23.02	02302	PHARMACY EDUCATION				0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		884	884	0	55,127	30.00
31.00	03100	INTENSIVE CARE UNIT		165	165	0	3,522	31.00
32.00	03200	CORONARY CARE UNIT		3	3	0	3,680	32.00
43.00	04300	NURSERY		0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY		93	93	0	14,964	44.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	24,777	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	30	30	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	8	8	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	100	10	10	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56	56	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	40	40	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	51	51	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	5	5	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
			19.00	21.00	22.00	23.00	23.01	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41	41	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	35	35	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	26	26	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	73	73	0	0	90.00
91.00	09100	EMERGENCY	0	55	55	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	16	16	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
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)	100	1,591	1,591	0	102,070	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	14	14	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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	3,415,288	2,616,192	0	305,772	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,127.905296	1,630.026168	0.000000	2.995709	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	43,950	201,935	0	54,090	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	27.383178	125.816199	0.000000	0.529930	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.02		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00541	NONPATIENT TELEPHONES			5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	00542	NONPATIENT TELEPHONES			5.03
5.04	00540	ADMITTING			5.04
5.05	00562	ADMIN & GENERAL - SURREY			5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	PURCHASING			6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY			6.02
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING - SURREY			9.01
10.00	01000	DIETARY			10.00
10.01	01001	DIETARY - SURREY			10.01
11.00	01100	CAFETERIA			11.00
11.01	01101	CAFETERIA - SURREY			11.01
13.00	01300	NURSING ADMINISTRATION			13.00
13.01	01301	NURSING ADMINISTRATION - SURREY			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	01700	SOCIAL SERVICE			17.00
17.01	01701	SOCIAL SERVICE - SURREY			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	CLINICAL PASTORAL EDUCATION			23.01
23.02	02302	PHARMACY EDUCATION	100		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
43.00	04300	NURSERY	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
46.00	04600	OTHER LONG TERM CARE	0		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0		50.02
50.03	05002	PAIN MGMT CENTER	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0		50.04
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
54.01	05401	TDOC RADIOLOGY	0		54.01
54.02	05402	CDI RADIOLOGY	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
57.01	05701	TDOC CT SCAN	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
58.01	05801	TDOC - MRI	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0		64.01
65.00	06500	RESPIRATORY THERAPY	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0		65.01
66.00	06600	PHYSICAL THERAPY	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.02		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0		76.01
76.02	03022	CARDIAC REHAB	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	0		91.00
91.01	09101	URGENT CARE CENTERS	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0		91.02
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)	100		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	07951	DEVELOPMENT	0		194.01
194.02	07952	COMMUNITY OUTREACH	0		194.02
194.03	07953	FOUNTAIN CAFE	0		194.03
194.04	07954	SLEEP RESEARCH	0		194.04
194.05	07955	MEALS ON WHEELS	0		194.05
194.06	07956	GUEST MEALS	0		194.06
194.07	07957	PHYSICIAN REFERRAL	0		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0		194.08
194.09	07959	VACANT SPACE	0		194.09
194.10	07960	TV STORAGE	0		194.10
194.11	07961	MARKETING	0		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0		194.12
194.13	07963	VOLUNTEERS	0		194.13
194.14	07964	RETAIL PHARMACY	0		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0		194.16
194.17	07967	VALET SERVICES	0		194.17
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)	225,307		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,253.070000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	16,769		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	167.690000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/25/2014 8:30 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	50,288,804		50,288,804	213,784	50,502,588	30.00
31.00	03100	INTENSIVE CARE UNIT	5,581,375		5,581,375	0	5,581,375	31.00
32.00	03200	CORONARY CARE UNIT	6,171,746		6,171,746	19,491	6,191,237	32.00
43.00	04300	NURSERY	8,360,098		8,360,098	0	8,360,098	43.00
44.00	04400	SKILLED NURSING FACILITY	4,745,090		4,745,090	0	4,745,090	44.00
46.00	04600	OTHER LONG TERM CARE	5,133,641		5,133,641	0	5,133,641	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,670,916		25,670,916	308,616	25,979,532	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,006,396		1,006,396	0	1,006,396	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	599,525		599,525	0	599,525	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,477,550		3,477,550	0	3,477,550	50.04
51.00	05100	RECOVERY ROOM	2,073,441		2,073,441	0	2,073,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,358,866		2,358,866	0	2,358,866	52.00
53.00	05300	ANESTHESIOLOGY	866,167		866,167	0	866,167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,530,745		15,530,745	0	15,530,745	54.00
54.01	05401	TDOC RADIOLOGY	898,886		898,886	0	898,886	54.01
54.02	05402	CDI RADIOLOGY	11,013,540		11,013,540	0	11,013,540	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,561,495		1,561,495	0	1,561,495	57.00
57.01	05701	TDOC CT SCAN	437,280		437,280	0	437,280	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	975,300		975,300	0	975,300	58.00
58.01	05801	TDOC - MRI	664,659		664,659	0	664,659	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,315,795		3,315,795	0	3,315,795	59.00
60.00	06000	LABORATORY	16,983,067		16,983,067	0	16,983,067	60.00
64.00	06400	INTRAVENOUS THERAPY	21,513,357		21,513,357	170,628	21,683,985	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	262,140		262,140	30,314	292,454	64.01
65.00	06500	RESPIRATORY THERAPY	3,025,078	0	3,025,078	0	3,025,078	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	12,275	0	12,275	0	12,275	65.01
66.00	06600	PHYSICAL THERAPY	6,208,808	0	6,208,808	0	6,208,808	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,006,771	0	2,006,771	0	2,006,771	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,137,763	0	1,137,763	0	1,137,763	66.02
67.00	06700	OCCUPATIONAL THERAPY	771,737	0	771,737	0	771,737	67.00
68.00	06800	SPEECH PATHOLOGY	318,641	0	318,641	0	318,641	68.00
69.00	06900	ELECTROCARDIOLOGY	2,674,825		2,674,825	0	2,674,825	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,454,847		1,454,847	0	1,454,847	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	476,326		476,326	0	476,326	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,989,976		3,989,976	0	3,989,976	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,120,307		19,120,307	0	19,120,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,404,975		33,404,975	0	33,404,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,281,555		18,281,555	0	18,281,555	73.00
74.00	07400	RENAL DIALYSIS	1,062,412		1,062,412	0	1,062,412	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	742,986		742,986	0	742,986	76.01
76.02	03022	CARDIAC REHAB	4,944,167		4,944,167	0	4,944,167	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	632,537		632,537	0	632,537	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,239		1,239	0	1,239	90.00
91.00	09100	EMERGENCY	8,040,675		8,040,675	134,003	8,174,678	91.00
91.01	09101	URGENT CARE CENTERS	11,020,174		11,020,174	118,780	11,138,954	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	247,784		247,784	0	247,784	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,608,500		3,608,500		3,608,500	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,802,960		5,802,960		5,802,960	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,743,105		2,743,105		2,743,105	116.00
200.00		Subtotal (see instructions)	321,220,302	0	321,220,302	995,616	322,215,918	200.00
201.00		Less Observation Beds	3,608,500		3,608,500		3,608,500	201.00
202.00		Total (see instructions)	317,611,802	0	317,611,802	995,616	318,607,418	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/25/2014 8:30 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	55,261,270		55,261,270			30.00
31.00	03100	INTENSIVE CARE UNIT	9,967,044		9,967,044			31.00
32.00	03200	CORONARY CARE UNIT	11,119,548		11,119,548			32.00
43.00	04300	NURSERY	6,181,766		6,181,766			43.00
44.00	04400	SKILLED NURSING FACILITY	3,319,110		3,319,110			44.00
46.00	04600	OTHER LONG TERM CARE	5,361,575		5,361,575			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,227,233	60,340,164	93,567,397	0.274357	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	15,649	7,856,116	7,871,765	0.127849	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	35,427	2,942,127	2,977,554	0.201348	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,413,073	15,063,337	17,476,410	0.198985	0.000000	50.04
51.00	05100	RECOVERY ROOM	2,878,195	5,555,678	8,433,873	0.245847	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,909,767	2,105,324	8,015,091	0.294303	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,850,510	6,087,647	10,938,157	0.079188	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,197,590	63,122,014	77,319,604	0.200864	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	76,494	11,015,488	11,091,982	0.081039	0.000000	54.01
54.02	05402	CDI RADIOLOGY	214,719	36,286,742	36,501,461	0.301729	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	17,766,125	38,187,249	55,953,374	0.027907	0.000000	57.00
57.01	05701	TDOC CT SCAN	67,711	11,796,128	11,863,839	0.036858	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,433,726	11,028,454	15,462,180	0.063076	0.000000	58.00
58.01	05801	TDOC - MRI	44,348	15,584,601	15,628,949	0.042527	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	17,603,873	19,732,352	37,336,225	0.088809	0.000000	59.00
60.00	06000	LABORATORY	61,380,212	92,573,020	153,953,232	0.110313	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,238,442	77,880,850	80,119,292	0.268517	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	546,242	546,242	0.479897	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	13,153,640	829,585	13,983,225	0.216336	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	22,096	0	22,096	0.555530	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,325,456	13,836,949	20,162,405	0.307940	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,474,652	148,414	5,623,066	0.356882	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,466,176	2,466,176	0.461347	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,739,150	296,368	3,035,518	0.254236	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	774,997	356,342	1,131,339	0.281649	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,157,210	14,278,478	30,435,688	0.087884	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	185,333	20,228,829	20,414,162	0.071267	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	609,018	2,544,232	3,153,250	0.151059	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	33,079	7,501,784	7,534,863	0.529535	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,736,061	21,529,839	36,265,900	0.527225	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,961,928	26,305,963	54,267,891	0.615557	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,969,931	39,725,686	116,695,617	0.156660	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,347,036	429,107	2,776,143	0.382694	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	2,084,732	431,379	2,516,111	0.295291	0.000000	76.01
76.02	03022	CARDIAC REHAB	899,401	3,863,087	4,762,488	1.038148	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	24,213	2,689,749	2,713,962	0.233068	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,492	2,492	0.497191	0.000000	90.00
91.00	09100	EMERGENCY	15,123,277	24,491,243	39,614,520	0.202973	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	18,845	27,925,916	27,944,761	0.394356	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,264	6,264	39.556833	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,416	10,349,958	10,364,374	0.348164	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	7,104,339	7,104,339			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,419,722	3,419,722			116.00
200.00		Subtotal (see instructions)	444,217,878	708,465,434	1,152,683,312			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	444,217,878	708,465,434	1,152,683,312			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/25/2014 8:30 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
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.277656		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985		50.04
51.00	05100	RECOVERY ROOM	0.245847		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303		52.00
53.00	05300	ANESTHESIOLOGY	0.079188		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864		54.00
54.01	05401	TDOC RADIOLOGY	0.081039		54.01
54.02	05402	CDI RADIOLOGY	0.301729		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.027907		57.00
57.01	05701	TDOC CT SCAN	0.036858		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076		58.00
58.01	05801	TDOC - MRI	0.042527		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809		59.00
60.00	06000	LABORATORY	0.110313		60.00
64.00	06400	INTRAVENOUS THERAPY	0.270646		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.535393		64.01
65.00	06500	RESPIRATORY THERAPY	0.216336		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530		65.01
66.00	06600	PHYSICAL THERAPY	0.307940		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236		67.00
68.00	06800	SPEECH PATHOLOGY	0.281649		68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660		73.00
74.00	07400	RENAL DIALYSIS	0.382694		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291		76.01
76.02	03022	CARDIAC REHAB	1.038148		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.497191		90.00
91.00	09100	EMERGENCY	0.206356		91.00
91.01	09101	URGENT CARE CENTERS	0.398606		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164		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: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/25/2014 8:30 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	50,288,804		50,288,804	213,784	50,502,588	30.00
31.00	03100	INTENSIVE CARE UNIT	5,581,375		5,581,375	0	5,581,375	31.00
32.00	03200	CORONARY CARE UNIT	6,171,746		6,171,746	19,491	6,191,237	32.00
43.00	04300	NURSERY	8,360,098		8,360,098	0	8,360,098	43.00
44.00	04400	SKILLED NURSING FACILITY	4,745,090		4,745,090	0	4,745,090	44.00
46.00	04600	OTHER LONG TERM CARE	5,133,641		5,133,641	0	5,133,641	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,670,916		25,670,916	308,616	25,979,532	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,006,396		1,006,396	0	1,006,396	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	599,525		599,525	0	599,525	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,477,550		3,477,550	0	3,477,550	50.04
51.00	05100	RECOVERY ROOM	2,073,441		2,073,441	0	2,073,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,358,866		2,358,866	0	2,358,866	52.00
53.00	05300	ANESTHESIOLOGY	866,167		866,167	0	866,167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,530,745		15,530,745	0	15,530,745	54.00
54.01	05401	TDOC RADIOLOGY	898,886		898,886	0	898,886	54.01
54.02	05402	CDI RADIOLOGY	11,013,540		11,013,540	0	11,013,540	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,561,495		1,561,495	0	1,561,495	57.00
57.01	05701	TDOC CT SCAN	437,280		437,280	0	437,280	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	975,300		975,300	0	975,300	58.00
58.01	05801	TDOC - MRI	664,659		664,659	0	664,659	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,315,795		3,315,795	0	3,315,795	59.00
60.00	06000	LABORATORY	16,983,067		16,983,067	0	16,983,067	60.00
64.00	06400	INTRAVENOUS THERAPY	21,513,357		21,513,357	170,628	21,683,985	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	262,140		262,140	30,314	292,454	64.01
65.00	06500	RESPIRATORY THERAPY	3,025,078	0	3,025,078	0	3,025,078	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	12,275	0	12,275	0	12,275	65.01
66.00	06600	PHYSICAL THERAPY	6,208,808	0	6,208,808	0	6,208,808	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,006,771	0	2,006,771	0	2,006,771	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,137,763	0	1,137,763	0	1,137,763	66.02
67.00	06700	OCCUPATIONAL THERAPY	771,737	0	771,737	0	771,737	67.00
68.00	06800	SPEECH PATHOLOGY	318,641	0	318,641	0	318,641	68.00
69.00	06900	ELECTROCARDIOLOGY	2,674,825		2,674,825	0	2,674,825	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,454,847		1,454,847	0	1,454,847	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	476,326		476,326	0	476,326	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,989,976		3,989,976	0	3,989,976	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,120,307		19,120,307	0	19,120,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,404,975		33,404,975	0	33,404,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,281,555		18,281,555	0	18,281,555	73.00
74.00	07400	RENAL DIALYSIS	1,062,412		1,062,412	0	1,062,412	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	742,986		742,986	0	742,986	76.01
76.02	03022	CARDIAC REHAB	4,944,167		4,944,167	0	4,944,167	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	632,537		632,537	0	632,537	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,239		1,239	0	1,239	90.00
91.00	09100	EMERGENCY	8,040,675		8,040,675	134,003	8,174,678	91.00
91.01	09101	URGENT CARE CENTERS	11,020,174		11,020,174	118,780	11,138,954	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	247,784		247,784	0	247,784	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,608,500		3,608,500		3,608,500	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	5,802,960		5,802,960		5,802,960	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,743,105		2,743,105		2,743,105	116.00
200.00		Subtotal (see instructions)	321,220,302	0	321,220,302	995,616	322,215,918	200.00
201.00		Less Observation Beds	3,608,500		3,608,500		3,608,500	201.00
202.00		Total (see instructions)	317,611,802	0	317,611,802	995,616	318,607,418	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/25/2014 8:30 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	55,261,270		55,261,270			30.00
31.00	03100	INTENSIVE CARE UNIT	9,967,044		9,967,044			31.00
32.00	03200	CORONARY CARE UNIT	11,119,548		11,119,548			32.00
43.00	04300	NURSERY	6,181,766		6,181,766			43.00
44.00	04400	SKILLED NURSING FACILITY	3,319,110		3,319,110			44.00
46.00	04600	OTHER LONG TERM CARE	5,361,575		5,361,575			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,227,233	60,340,164	93,567,397	0.274357	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	15,649	7,856,116	7,871,765	0.127849	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	35,427	2,942,127	2,977,554	0.201348	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,413,073	15,063,337	17,476,410	0.198985	0.000000	50.04
51.00	05100	RECOVERY ROOM	2,878,195	5,555,678	8,433,873	0.245847	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,909,767	2,105,324	8,015,091	0.294303	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,850,510	6,087,647	10,938,157	0.079188	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,197,590	63,122,014	77,319,604	0.200864	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	76,494	11,015,488	11,091,982	0.081039	0.000000	54.01
54.02	05402	CDI RADIOLOGY	214,719	36,286,742	36,501,461	0.301729	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	17,766,125	38,187,249	55,953,374	0.027907	0.000000	57.00
57.01	05701	TDOC CT SCAN	67,711	11,796,128	11,863,839	0.036858	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,433,726	11,028,454	15,462,180	0.063076	0.000000	58.00
58.01	05801	TDOC - MRI	44,348	15,584,601	15,628,949	0.042527	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	17,603,873	19,732,352	37,336,225	0.088809	0.000000	59.00
60.00	06000	LABORATORY	61,380,212	92,573,020	153,953,232	0.110313	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,238,442	77,880,850	80,119,292	0.268517	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	546,242	546,242	0.479897	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	13,153,640	829,585	13,983,225	0.216336	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	22,096	0	22,096	0.555530	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,325,456	13,836,949	20,162,405	0.307940	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,474,652	148,414	5,623,066	0.356882	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,466,176	2,466,176	0.461347	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,739,150	296,368	3,035,518	0.254236	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	774,997	356,342	1,131,339	0.281649	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,157,210	14,278,478	30,435,688	0.087884	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	185,333	20,228,829	20,414,162	0.071267	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	609,018	2,544,232	3,153,250	0.151059	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	33,079	7,501,784	7,534,863	0.529535	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,736,061	21,529,839	36,265,900	0.527225	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,961,928	26,305,963	54,267,891	0.615557	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,969,931	39,725,686	116,695,617	0.156660	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,347,036	429,107	2,776,143	0.382694	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	2,084,732	431,379	2,516,111	0.295291	0.000000	76.01
76.02	03022	CARDIAC REHAB	899,401	3,863,087	4,762,488	1.038148	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	24,213	2,689,749	2,713,962	0.233068	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,492	2,492	0.497191	0.000000	90.00
91.00	09100	EMERGENCY	15,123,277	24,491,243	39,614,520	0.202973	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	18,845	27,925,916	27,944,761	0.394356	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,264	6,264	39.556833	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,416	10,349,958	10,364,374	0.348164	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	7,104,339	7,104,339			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,419,722	3,419,722			116.00
200.00		Subtotal (see instructions)	444,217,878	708,465,434	1,152,683,312			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	444,217,878	708,465,434	1,152,683,312			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/25/2014 8:30 am

		Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000			50.04
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	TDOC RADIOLOGY	0.000000			54.01
54.02	05402	CDI RADIOLOGY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
57.01	05701	TDOC CT SCAN	0.000000			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
58.01	05801	TDOC - MRI	0.000000			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000			64.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.000000			76.01
76.02	03022	CARDIAC REHAB	0.000000			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000			76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	URGENT CARE CENTERS	0.000000			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000			91.02
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: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part I Date/Time Prepared: 11/25/2014 8:30 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	6,323,807	0	6,323,807	59,369	106.52	30.00
31.00	INTENSIVE CARE UNIT	435,886		435,886	3,522	123.76	31.00
32.00	CORONARY CARE UNIT	603,552		603,552	3,680	164.01	32.00
43.00	NURSERY	787,652		787,652	5,569	141.44	43.00
44.00	SKILLED NURSING FACILITY	218,030		218,030	14,964	14.57	44.00
200.00	Total (lines 30-199)	8,368,927		8,368,927	87,104		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	28,833	3,071,291	30.00
31.00	INTENSIVE CARE UNIT	1,933	239,228	31.00
32.00	CORONARY CARE UNIT	2,179	357,378	32.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	9,349	136,215	44.00
200.00	Total (lines 30-199)	42,294	3,804,112	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/25/2014 8:30 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	2,840,419	93,567,397	0.030357	19,130,983	580,759	50.00
50.01	03650	VASCULAR ACCESS CENTER	292,173	7,871,765	0.037117	8,449	314	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	126,243	2,977,554	0.042398	18,166	770	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	462,323	17,476,410	0.026454	1,493,992	39,522	50.04
51.00	05100	RECOVERY ROOM	217,865	8,433,873	0.025832	1,691,993	43,708	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	278,059	8,015,091	0.034692	1,003	35	52.00
53.00	05300	ANESTHESIOLOGY	25,187	10,938,157	0.002303	4,351,630	10,022	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,044,428	77,319,604	0.026441	7,788,567	205,938	54.00
54.01	05401	TDOC RADIOLOGY	120,494	11,091,982	0.010863	32,888	357	54.01
54.02	05402	CDI RADIOLOGY	1,680,306	36,501,461	0.046034	47,729	2,197	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	179,648	55,953,374	0.003211	9,843,270	31,607	57.00
57.01	05701	TDOC CT SCAN	59,952	11,863,839	0.005053	40,248	203	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	184,662	15,462,180	0.011943	2,110,827	25,210	58.00
58.01	05801	TDOC - MRI	101,822	15,628,949	0.006515	24,316	158	58.01
59.00	05900	CARDIAC CATHETERIZATION	458,997	37,336,225	0.012294	5,587,821	68,697	59.00
60.00	06000	LABORATORY	1,108,427	153,953,232	0.007200	33,816,344	243,478	60.00
64.00	06400	INTRAVENOUS THERAPY	374,764	80,119,292	0.004678	1,083,138	5,067	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	14,002	546,242	0.025633	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	109,929	13,983,225	0.007861	9,797,546	77,019	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	582	22,096	0.026340	20,313	535	65.01
66.00	06600	PHYSICAL THERAPY	725,629	20,162,405	0.035989	2,671,079	96,129	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	41,313	5,623,066	0.007347	2,180,646	16,021	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	156,820	2,466,176	0.063588	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	10,730	3,035,518	0.003535	1,030,881	3,644	67.00
68.00	06800	SPEECH PATHOLOGY	6,930	1,131,339	0.006125	287,089	1,758	68.00
69.00	06900	ELECTROCARDIOLOGY	252,186	30,435,688	0.008286	9,281,197	76,904	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	201,825	20,414,162	0.009887	91,821	908	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	87,147	3,153,250	0.027637	599,101	16,557	70.00
70.01	07001	SLEEP MEDICINE CLINIC	424,299	7,534,863	0.056311	96	5	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	519,044	36,265,900	0.014312	2,675,376	38,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	247,568	54,267,891	0.004562	13,024,178	59,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,825	116,695,617	0.003058	39,533,596	120,894	73.00
74.00	07400	RENAL DIALYSIS	100,767	2,776,143	0.036297	1,786,333	64,839	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	9,949	2,516,111	0.003954	1,284,169	5,078	76.01
76.02	03022	CARDIAC REHAB	537,837	4,762,488	0.112932	499,727	56,435	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	92,751	2,713,962	0.034175	19,433	664	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	32	2,492	0.012841	0	0	90.00
91.00	09100	EMERGENCY	517,112	39,614,520	0.013054	7,951,991	103,805	91.00
91.01	09101	URGENT CARE CENTERS	1,516,287	27,944,761	0.054260	6,529	354	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	55,747	6,264	8.899585	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	451,846	10,364,374	0.043596	0	0	92.00
200.00		Total (lines 50-199)	16,992,926	1,050,948,938		179,812,465	1,997,297	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part III Date/Time Prepared: 11/25/2014 8:30 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	0	165,144	0	0	165,144	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,551	0		10,551	31.00
32.00	03200	CORONARY CARE UNIT	0	11,024	0		11,024	32.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44,828	0		44,828	44.00
200.00		Total (lines 30-199)	0	231,547	0		231,547	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,369	2.78	28,833	80,156	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,522	3.00	1,933	5,799	0	31.00
32.00	03200	CORONARY CARE UNIT	3,680	3.00	2,179	6,537	0	32.00
43.00	04300	NURSERY	5,569	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,964	3.00	9,349	28,047	0	44.00
200.00		Total (lines 30-199)	87,104		42,294	120,539	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	225,307	0	225,307	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	11,800	0	11,800	92.00
200.00		Total (lines 50-199)	0	0	237,107	0	237,107	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/25/2014 8:30 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	0	93,567,397	0.000000	0.000000	19,130,983	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	7,871,765	0.000000	0.000000	8,449	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,977,554	0.000000	0.000000	18,166	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	17,476,410	0.000000	0.000000	1,493,992	50.04
51.00	05100	RECOVERY ROOM	0	8,433,873	0.000000	0.000000	1,691,993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,015,091	0.000000	0.000000	1,003	52.00
53.00	05300	ANESTHESIOLOGY	0	10,938,157	0.000000	0.000000	4,351,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,319,604	0.000000	0.000000	7,788,567	54.00
54.01	05401	TDOC RADIOLOGY	0	11,091,982	0.000000	0.000000	32,888	54.01
54.02	05402	CDI RADIOLOGY	0	36,501,461	0.000000	0.000000	47,729	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	55,953,374	0.000000	0.000000	9,843,270	57.00
57.01	05701	TDOC CT SCAN	0	11,863,839	0.000000	0.000000	40,248	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,462,180	0.000000	0.000000	2,110,827	58.00
58.01	05801	TDOC - MRI	0	15,628,949	0.000000	0.000000	24,316	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	37,336,225	0.000000	0.000000	5,587,821	59.00
60.00	06000	LABORATORY	0	153,953,232	0.000000	0.000000	33,816,344	60.00
64.00	06400	INTRAVENOUS THERAPY	0	80,119,292	0.000000	0.000000	1,083,138	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	546,242	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,983,225	0.000000	0.000000	9,797,546	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	22,096	0.000000	0.000000	20,313	65.01
66.00	06600	PHYSICAL THERAPY	0	20,162,405	0.000000	0.000000	2,671,079	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,623,066	0.000000	0.000000	2,180,646	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,466,176	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,035,518	0.000000	0.000000	1,030,881	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,131,339	0.000000	0.000000	287,089	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,435,688	0.000000	0.000000	9,281,197	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	20,414,162	0.000000	0.000000	91,821	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,153,250	0.000000	0.000000	599,101	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	7,534,863	0.000000	0.000000	96	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,265,900	0.000000	0.000000	2,675,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,267,891	0.000000	0.000000	13,024,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,307	116,695,617	0.001931	0.001931	39,533,596	73.00
74.00	07400	RENAL DIALYSIS	0	2,776,143	0.000000	0.000000	1,786,333	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	2,516,111	0.000000	0.000000	1,284,169	76.01
76.02	03022	CARDIAC REHAB	0	4,762,488	0.000000	0.000000	499,727	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,713,962	0.000000	0.000000	19,433	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,492	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	39,614,520	0.000000	0.000000	7,951,991	91.00
91.01	09101	URGENT CARE CENTERS	0	27,944,761	0.000000	0.000000	6,529	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,264	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,800	10,364,374	0.001139	0.001139	0	92.00
200.00		Total (lines 50-199)	237,107	1,050,948,938			179,812,465	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,613,904	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	2,630,999	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	929,136	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	5,154,816	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	1,560,809	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,357,356	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,682,191	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	4,263,777	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	8,389,491	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	13,857,269	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	4,283,848	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,139,139	0	0	0	58.00
58.01	05801	TDOC - MRI	0	4,332,448	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	10,702,524	0	0	0	59.00
60.00	06000	LABORATORY	0	8,133,816	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	31,510,591	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	602,258	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	373,980	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	52	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	36,424	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	197	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	6,910	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,895,483	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	8,187,485	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,638,785	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	455,471	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	292,750	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,685,761	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,339	14,517,788	28,034	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	37,272	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	212,170	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	1,927,006	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,401,139	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	6,440,836	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	1,584,611	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	2,721	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,395,875	1,590	0	0	92.00
200.00		Total (lines 50-199)	76,339	199,237,091	29,624	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03022	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/25/2014 8:30 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	0.274357	18,613,904	2	42	5,106,855	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849	2,630,999	0	552	336,371	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348	929,136	0	0	187,080	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985	5,154,816	0	0	1,025,731	50.04
51.00	05100	RECOVERY ROOM	0.245847	1,560,809	0	32	383,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079188	3,357,356	0	0	265,862	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864	20,682,191	1	6,778	4,154,308	54.00
54.01	05401	TDOC RADIOLOGY	0.081039	4,263,777	0	3,187	345,532	54.01
54.02	05402	CDI RADIOLOGY	0.301729	8,389,491	0	1,159	2,531,353	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027907	13,857,269	1	4,916	386,715	57.00
57.01	05701	TDOC CT SCAN	0.036858	4,283,848	0	1,588	157,894	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076	3,139,139	0	555	198,004	58.00
58.01	05801	TDOC - MRI	0.042527	4,332,448	0	717	184,246	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809	10,702,524	0	1,291	950,480	59.00
60.00	06000	LABORATORY	0.110313	8,133,816	9,680	18	897,266	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268517	31,510,591	110	152,674	8,461,129	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.479897	602,258	0	0	289,022	64.01
65.00	06500	RESPIRATORY THERAPY	0.216336	373,980	0	0	80,905	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530	52	0	0	29	65.01
66.00	06600	PHYSICAL THERAPY	0.307940	36,424	0	0	11,216	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882	197	0	0	70	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347	6,910	0	0	3,188	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236	3	0	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	0.281649	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884	5,895,483	0	600	518,119	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267	8,187,485	0	325	583,497	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059	2,638,785	0	0	398,612	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535	455,471	0	0	241,188	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225	292,750	0	375	154,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557	11,685,761	0	0	7,193,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660	14,517,788	52	70,400	2,274,357	73.00
74.00	07400	RENAL DIALYSIS	0.382694	37,272	0	0	14,264	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291	212,170	0	0	62,652	76.01
76.02	03022	CARDIAC REHAB	1.038148	1,927,006	0	0	2,000,517	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068	1,401,139	0	390	326,561	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.497191	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.202973	6,440,836	0	0	1,307,316	91.00
91.01	09101	URGENT CARE CENTERS	0.394356	1,584,611	0	41	624,901	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833	2,721	0	0	107,634	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164	1,395,875	0	0	485,993	92.00
200.00		Subtotal (see instructions)		199,237,091	9,846	245,640	42,250,185	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		199,237,091	9,846	245,640	42,250,185	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/25/2014 8:30 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	1	12		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	71		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	8		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,361		54.00
54.01	05401	TDOC RADIOLOGY	0	258		54.01
54.02	05402	CDI RADIOLOGY	0	350		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	137		57.00
57.01	05701	TDOC CT SCAN	0	59		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35		58.00
58.01	05801	TDOC - MRI	0	30		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	115		59.00
60.00	06000	LABORATORY	1,068	2		60.00
64.00	06400	INTRAVENOUS THERAPY	30	40,996		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	53		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	23		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	198		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8	11,029		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03022	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	91		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	16		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	1,107	54,844		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	1,107	54,844		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
11/25/2014 8:30 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	225,307	0	225,307	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	225,307	0	225,307	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	93,567,397	0.000000	0.000000	32,759	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	7,871,765	0.000000	0.000000	38	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	2,977,554	0.000000	0.000000	13	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	17,476,410	0.000000	0.000000	1,247	50.04
51.00	05100	RECOVERY ROOM	0	8,433,873	0.000000	0.000000	7,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,015,091	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,938,157	0.000000	0.000000	29,935	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,319,604	0.000000	0.000000	43,925	54.00
54.01	05401	TDOC RADIOLOGY	0	11,091,982	0.000000	0.000000	95	54.01
54.02	05402	CDI RADIOLOGY	0	36,501,461	0.000000	0.000000	15	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	55,953,374	0.000000	0.000000	6,648	57.00
57.01	05701	TDOC CT SCAN	0	11,863,839	0.000000	0.000000	6	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,462,180	0.000000	0.000000	0	58.00
58.01	05801	TDOC - MRI	0	15,628,949	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	37,336,225	0.000000	0.000000	2,997	59.00
60.00	06000	LABORATORY	0	153,953,232	0.000000	0.000000	384,506	60.00
64.00	06400	INTRAVENOUS THERAPY	0	80,119,292	0.000000	0.000000	3,913	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	546,242	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,983,225	0.000000	0.000000	17,272	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	22,096	0.000000	0.000000	275	65.01
66.00	06600	PHYSICAL THERAPY	0	20,162,405	0.000000	0.000000	1,188,235	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,623,066	0.000000	0.000000	1,269,278	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,466,176	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	3,035,518	0.000000	0.000000	730,362	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,131,339	0.000000	0.000000	235,442	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,435,688	0.000000	0.000000	12,620	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	20,414,162	0.000000	0.000000	140	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,153,250	0.000000	0.000000	20	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	7,534,863	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,265,900	0.000000	0.000000	35,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,267,891	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,307	116,695,617	0.001931	0.001931	1,832,991	73.00
74.00	07400	RENAL DIALYSIS	0	2,776,143	0.000000	0.000000	190	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	2,516,111	0.000000	0.000000	1,235	76.01
76.02	03022	CARDIAC REHAB	0	4,762,488	0.000000	0.000000	1	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,713,962	0.000000	0.000000	7	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,492	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	39,614,520	0.000000	0.000000	245	91.00
91.01	09101	URGENT CARE CENTERS	0	27,944,761	0.000000	0.000000	48	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	6,264	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,364,374	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	225,307	1,050,948,938			5,837,262	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	3,540	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	3,540	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	TDOC - MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part V
Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Skilled Nursing Facility | 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	0.274357	0	0	1	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849	0	0	20	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.245847	0	0	1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079188	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864	0	0	240	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081039	0	0	113	0	54.01
54.02	05402	CDI RADIOLOGY	0.301729	0	0	41	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027907	0	0	174	0	57.00
57.01	05701	TDOC CT SCAN	0.036858	0	0	56	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076	0	0	20	0	58.00
58.01	05801	TDOC - MRI	0.042527	0	0	25	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809	0	0	46	0	59.00
60.00	06000	LABORATORY	0.110313	0	0	1	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268517	0	0	5,397	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.479897	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.216336	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.307940	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.281649	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884	0	0	21	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267	0	0	11	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225	0	0	13	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660	0	0	2,488	0	73.00
74.00	07400	RENAL DIALYSIS	0.382694	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	1.038148	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068	0	0	14	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.497191	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.202973	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.394356	0	0	1	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	8,683	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	8,683	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part V
Date/Time Prepared:
11/25/2014 8:30 am

Title XVIII | Skilled Nursing Facility | 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
50.01	03650	VASCULAR ACCESS CENTER	0	3	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48	54.00
54.01	05401	TDOC RADIOLOGY	0	9	54.01
54.02	05402	CDI RADIOLOGY	0	12	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	5	57.00
57.01	05701	TDOC CT SCAN	0	2	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1	58.00
58.01	05801	TDOC - MRI	0	1	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	4	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,449	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	390	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	3	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	1,937	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,937	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/25/2014 8:30 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	0.274357	0	889,606	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849	0	385,107	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985	0	60,222	0	0	50.04
51.00	05100	RECOVERY ROOM	0.245847	0	85,875	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303	0	243,115	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079188	0	111,040	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864	0	1,126,799	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081039	0	156,835	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.301729	0	280,601	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027907	0	605,142	0	0	57.00
57.01	05701	TDOC CT SCAN	0.036858	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076	0	155,014	0	0	58.00
58.01	05801	TDOC - MRI	0.042527	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809	0	136,231	0	0	59.00
60.00	06000	LABORATORY	0.110313	0	896,563	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268517	0	1,571,637	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.479897	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.216336	0	19,007	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.307940	0	20,474	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347	0	1,471	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236	0	2,173	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.281649	0	557	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884	0	126,356	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267	0	71,216	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059	0	24,267	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535	0	75,975	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225	0	455,582	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557	0	340,285	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660	0	355,864	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.382694	0	25,549	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291	0	5,135	0	0	76.01
76.02	03022	CARDIAC REHAB	1.038148	0	3,909	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068	0	7,684	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.497191	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.202973	0	903,937	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.394356	0	901,719	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833	0	775	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164	0	210,935	0	0	92.00
200.00		Subtotal (see instructions)		0	10,256,657	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	10,256,657	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/25/2014 8:30 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	244,070	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	49,236	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	11,983	0		50.04
51.00	05100	RECOVERY ROOM	21,112	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,549	0		52.00
53.00	05300	ANESTHESIOLOGY	8,793	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	226,333	0		54.00
54.01	05401	TDOC RADIOLOGY	12,710	0		54.01
54.02	05402	CDI RADIOLOGY	84,665	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	16,888	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,778	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	12,099	0		59.00
60.00	06000	LABORATORY	98,903	0		60.00
64.00	06400	INTRAVENOUS THERAPY	422,011	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	4,112	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	6,305	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	679	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	552	0		67.00
68.00	06800	SPEECH PATHOLOGY	157	0		68.00
69.00	06900	ELECTROCARDIOLOGY	11,105	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	5,075	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,666	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	40,231	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	240,194	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	209,465	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,750	0		73.00
74.00	07400	RENAL DIALYSIS	9,777	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	1,516	0		76.01
76.02	03022	CARDIAC REHAB	4,058	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,791	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	183,475	0		91.00
91.01	09101	URGENT CARE CENTERS	355,598	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	30,657	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	73,440	0		92.00
200.00		Subtotal (see instructions)	2,527,733	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	2,527,733	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 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)	59,369	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	59,369	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.	28,102	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	27,025	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)	28,833	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)	50,502,588	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)	50,502,588	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	66,261,173	28.00
29.00	Private room charges (excluding swing-bed charges)	33,636,310	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	32,624,863	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.762175	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,196.94	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,207.21	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)	50,502,588	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)	850.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	24,527,080	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)	24,527,080	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,581,375	3,522	1,584.72	1,933	3,063,264	43.00
44.00	CORONARY CARE UNIT	6,191,237	3,680	1,682.40	2,179	3,665,950	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	36,724,346	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	67,980,640	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)	3,760,389	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,073,636	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,834,025	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	62,146,615	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)	4,242	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	850.66	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,608,500	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 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	6,323,807	50,502,588	0.125217	3,608,500	451,846	90.00
91.00	Nursing School cost	0	50,502,588	0.000000	3,608,500	0	91.00
92.00	Allied health cost	165,144	50,502,588	0.003270	3,608,500	11,800	92.00
93.00	All other Medical Education	0	50,502,588	0.000000	3,608,500	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,964	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,964	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.	529	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	14,435	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	9,349	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)	4,745,090	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)	4,745,090	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	3,173,614	28.00
29.00	Private room charges (excluding swing-bed charges)	145,715	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	3,027,899	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.495169	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	275.45	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	209.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	65.69	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	98.22	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	51,958	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,693,132	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Skilled Nursing Facility	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,693,132	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	313.63	71.00
72.00	Program routine service cost (line 9 x line 71)	2,932,127	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	2,932,127	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	2,932,127	83.00
84.00	Program inpatient ancillary services (see instructions)	1,448,434	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	4,380,561	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: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Skilled Nursing Facility	PPS

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 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)	59,369	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	59,369	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.	28,102	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	27,025	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)	557	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,569	15.00
16.00	Nursery days (title V or XIX only)	159	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)	50,288,804	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)	50,288,804	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	66,261,173	28.00
29.00	Private room charges (excluding swing-bed charges)	33,636,310	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	32,624,863	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.758948	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,196.94	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,207.21	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)	50,288,804	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)	847.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	471,807	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)	471,807	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/25/2014 8:30 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)	8,360,098	5,569	1,501.18	159	238,688	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,581,375	3,522	1,584.72	73	115,685	43.00
44.00	CORONARY CARE UNIT	6,171,746	3,680	1,677.10	45	75,470	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,301,440	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,203,090	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)	4,242	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	847.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,593,186	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 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	6,323,807	50,288,804	0.125750	3,593,186	451,843	90.00
91.00	Nursing School cost	0	50,288,804	0.000000	3,593,186	0	91.00
92.00	Allied health cost	0	50,288,804	0.000000	3,593,186	0	92.00
93.00	All other Medical Education	0	50,288,804	0.000000	3,593,186	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 am
	Title XIX	Skilled Nursing Facility	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)	14,964	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,964	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.	529	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	14,435	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,569	15.00
16.00	Nursery days (title V or XIX only)	159	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)	4,745,090	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)	4,745,090	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	3,173,614	28.00
29.00	Private room charges (excluding swing-bed charges)	145,715	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	3,027,899	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.495169	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	275.45	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	209.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	65.69	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	98.22	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	51,958	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,693,132	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 am
	Title XIX	Skilled Nursing Facility	Cost

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,693,132	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	313.63	71.00
72.00	Program routine service cost (line 9 x line 71)	0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	218,030	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	14.57	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	0	83.00
84.00	Program inpatient ancillary services (see instructions)	1,109	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	1,109	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: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 8:30 am
	Title XIX	Skilled Nursing Facility	Cost

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/25/2014 8:30 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		30,422,756		30.00
31.00	03100	INTENSIVE CARE UNIT		5,527,074		31.00
32.00	03200	CORONARY CARE UNIT		6,343,086		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.277656	19,130,983	5,311,832	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849	8,449	1,080	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348	18,166	3,658	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985	1,493,992	297,282	50.04
51.00	05100	RECOVERY ROOM	0.245847	1,691,993	415,971	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303	1,003	295	52.00
53.00	05300	ANESTHESIOLOGY	0.079188	4,351,630	344,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864	7,788,567	1,564,443	54.00
54.01	05401	TDOC RADIOLOGY	0.081039	32,888	2,665	54.01
54.02	05402	CDI RADIOLOGY	0.301729	47,729	14,401	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027907	9,843,270	274,696	57.00
57.01	05701	TDOC CT SCAN	0.036858	40,248	1,483	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076	2,110,827	133,143	58.00
58.01	05801	TDOC - MRI	0.042527	24,316	1,034	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809	5,587,821	496,249	59.00
60.00	06000	LABORATORY	0.110313	33,816,344	3,730,382	60.00
64.00	06400	INTRAVENOUS THERAPY	0.270646	1,083,138	293,147	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.535393	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.216336	9,797,546	2,119,562	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530	20,313	11,284	65.01
66.00	06600	PHYSICAL THERAPY	0.307940	2,671,079	822,532	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882	2,180,646	778,233	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236	1,030,881	262,087	67.00
68.00	06800	SPEECH PATHOLOGY	0.281649	287,089	80,858	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884	9,281,197	815,669	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267	91,821	6,544	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059	599,101	90,500	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535	96	51	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225	2,675,376	1,410,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557	13,024,178	8,017,124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660	39,533,596	6,193,333	73.00
74.00	07400	RENAL DIALYSIS	0.382694	1,786,333	683,619	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291	1,284,169	379,204	76.01
76.02	03022	CARDIAC REHAB	1.038148	499,727	518,791	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068	19,433	4,529	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.497191	0	0	90.00
91.00	09100	EMERGENCY	0.206356	7,951,991	1,640,941	91.00
91.01	09101	URGENT CARE CENTERS	0.398606	6,529	2,602	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		179,812,465	36,724,346	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		179,812,465		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2013 To 06/30/2014

Worksheet D-3
Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.274357	32,759	8,988	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849	38	5	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348	13	3	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985	1,247	248	50.04
51.00	05100	RECOVERY ROOM	0.245847	7,331	1,802	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079188	29,935	2,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864	43,925	8,823	54.00
54.01	05401	TDOC RADIOLOGY	0.081039	95	8	54.01
54.02	05402	CDI RADIOLOGY	0.301729	15	5	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027907	6,648	186	57.00
57.01	05701	TDOC CT SCAN	0.036858	6	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076	0	0	58.00
58.01	05801	TDOC - MRI	0.042527	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809	2,997	266	59.00
60.00	06000	LABORATORY	0.110313	384,506	42,416	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268517	3,913	1,051	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.479897	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.216336	17,272	3,737	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530	275	153	65.01
66.00	06600	PHYSICAL THERAPY	0.307940	1,188,235	365,905	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882	1,269,278	452,982	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236	730,362	185,684	67.00
68.00	06800	SPEECH PATHOLOGY	0.281649	235,442	66,312	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884	12,620	1,109	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267	140	10	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059	20	3	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225	35,473	18,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660	1,832,991	287,156	73.00
74.00	07400	RENAL DIALYSIS	0.382694	190	73	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291	1,235	365	76.01
76.02	03022	CARDIAC REHAB	1.038148	1	1	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068	7	2	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.497191	0	0	90.00
91.00	09100	EMERGENCY	0.202973	245	50	91.00
91.01	09101	URGENT CARE CENTERS	0.394356	48	19	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,837,262	1,448,434	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		5,837,262		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/25/2014 8:30 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		1,032,767		30.00
31.00	03100	INTENSIVE CARE UNIT		209,045		31.00
32.00	03200	CORONARY CARE UNIT		130,423		32.00
43.00	04300	NURSERY		872,499		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.274357	255,575	70,119	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985	51,852	10,318	50.04
51.00	05100	RECOVERY ROOM	0.245847	22,753	5,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303	674,790	198,593	52.00
53.00	05300	ANESTHESIOLOGY	0.079188	82,680	6,547	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864	273,690	54,974	54.00
54.01	05401	TDOC RADIOLOGY	0.081039	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.301729	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027907	369,018	10,298	57.00
57.01	05701	TDOC CT SCAN	0.036858	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076	81,693	5,153	58.00
58.01	05801	TDOC - MRI	0.042527	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809	134,555	11,950	59.00
60.00	06000	LABORATORY	0.110313	1,326,796	146,363	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268517	28,556	7,668	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.479897	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.216336	264,700	57,264	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.307940	43,160	13,291	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236	17,404	4,425	67.00
68.00	06800	SPEECH PATHOLOGY	0.281649	5,608	1,579	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884	214,887	18,885	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059	5,636	851	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535	1,145	606	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225	505,560	266,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557	164,422	101,211	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660	1,389,943	217,748	73.00
74.00	07400	RENAL DIALYSIS	0.382694	20,701	7,922	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291	42,857	12,655	76.01
76.02	03022	CARDIAC REHAB	1.038148	13,980	14,513	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068	11	3	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.497191	0	0	90.00
91.00	09100	EMERGENCY	0.202973	255,168	51,792	91.00
91.01	09101	URGENT CARE CENTERS	0.394356	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164	13,138	4,574	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,260,278	1,301,440	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		6,260,278		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2013 To 06/30/2014

Worksheet D-3
Date/Time Prepared: 11/25/2014 8:30 am

Title XIX | Skilled Nursing Facility | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.274357	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.127849	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.201348	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.198985	0	0	50.04
51.00	05100	RECOVERY ROOM	0.245847	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.294303	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.079188	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200864	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.081039	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.301729	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027907	0	0	57.00
57.01	05701	TDOC CT SCAN	0.036858	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063076	0	0	58.00
58.01	05801	TDOC - MRI	0.042527	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.088809	0	0	59.00
60.00	06000	LABORATORY	0.110313	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268517	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.479897	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.216336	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.555530	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.307940	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.356882	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.461347	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.254236	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.281649	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087884	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.071267	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151059	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.529535	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527225	2,100	1,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.615557	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156660	13	2	73.00
74.00	07400	RENAL DIALYSIS	0.382694	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.295291	0	0	76.01
76.02	03022	CARDIAC REHAB	1.038148	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.233068	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.497191	0	0	90.00
91.00	09100	EMERGENCY	0.202973	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.394356	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	39.556833	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.348164	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,113	1,109	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		2,113		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		14,937,879			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		40,319,808			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		1,052,808			1.03
2.00	Outlier payments for discharges. (see instructions)		2,447,671			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		14,875,725			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		332.06			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)		40.04			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)		2.33			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		37.71			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		38.92			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)		37.71			12.00
13.00	Total allowable FTE count for the prior year.		37.71			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.		37.71			14.00
15.00	Sum of lines 12 through 14 divided by 3.		37.71			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		37.71			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.113564			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.099670			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.099670			21.00
22.00	IME payment adjustment (see instructions)		3,769,951			22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.21			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
29.00	Total IME payment (sum of lines 22 and 28)		3,769,951			29.00
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.50			30.00
31.00	Percentage of Medicaid patient days (see instructions)		3.12			31.00
32.00	Sum of lines 30 and 31		4.62			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 11/25/2014 8:30 am

		Title XVIII	Hospital	PPS	
		before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
33.00	Allowable disproportionate share percentage (see instructions)	0.00			33.00
34.00	Disproportionate share adjustment (see instructions)	0			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				0	35.00
35.01	Factor 3 (see instructions)				0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0			36.00
	Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	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	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)		61,475,309			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 SCH and MDH only (see instructions)		61,475,309			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,137,929			50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		1,712,991			52.00
53.00	Nursing and Allied Health Managed Care payment		143,032			53.00
54.00	Special add-on payments for new technologies		1,705			54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part 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, Part III, column 9, lines 30 through 35).		92,492			57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		76,339			58.00
59.00	Total (sum of amounts on lines 49 through 58)		68,639,797			59.00
60.00	Primary payer payments		80,349			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		68,559,448			61.00
62.00	Deductibles billed to program beneficiaries		5,567,488			62.00
63.00	Coinsurance billed to program beneficiaries		256,832			63.00
64.00	Allowable bad debts (see instructions)		492,401			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		320,061			65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		308,745			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,055,189			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		239,089			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-97,096			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		63,197,182			71.00
71.01	Sequestration adjustment (see instructions)		1,263,944			71.01
72.00	Interim payments		61,900,372			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		32,866			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		115,488			75.00
	TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet DSH | Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.50	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	3.12	0.00			3.12	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	4.62	0.00			3.12	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	332.06	0.00			332.06	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.50	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	736	0			736	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	98	0			98	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,317	0			1,317	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,151	0			2,151	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	67,898	0			67,898	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,013	0			1,013	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	68,911	0			68,911	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	3.12	0.00			3.12	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet DSH Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	9.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00

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

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet DSH Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	10.22		29.00
30.00	Line 28 or 29 as applicable	10.22		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/25/2014 8:30 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, 2013	1.01	14,937,879	0	14,937,879	0	14,937,879	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	40,319,808	0	0	40,319,808	40,319,808	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	1,052,808	0	0	1,052,808	1,052,808	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	2,447,671	0	306,976	2,140,695	2,447,671	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	14,875,725	0	3,833,420	11,042,305	14,875,725	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.099670	0.099670	0.099670	0.099670		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,769,951	0	994,109	2,775,842	3,769,951	6.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	Amount from Worksheet E Part A, line 27 (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
9.00	Total IME payment (sum of lines 6 and 8)	29.00	3,769,951	0	994,109	2,775,842	3,769,951	9.00
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	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	61,475,309	0	16,238,964	45,236,345	61,475,309	13.00
14.00	Hospital specific payments (to be 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 SCH and MDH only (see instructions)	49.00	61,475,309	0	16,238,964	45,236,345	61,475,309	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	5,137,929	0	1,324,961	3,812,968	5,137,929	16.00
17.00	Special add-on payments for new technologies	54.00	1,705	0	0	1,705	1,705	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	17,563,925	49,051,018	66,614,943	19.00

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

		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	4,383,056	0	1,181,348	3,201,708	4,383,056	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	83,601	0	0	83,601	83,601	20.01
21.00	Capital DRG outlier payments	2.00	342,079	0	56,547	285,532	342,079	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	0.0643	0.0643	0.0643	0.0643		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	287,206	0	75,961	211,245	287,206	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0094	0.0094	0.0094	0.0094		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	41,987	0	11,105	30,882	41,987	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	5,137,929	0	1,324,961	3,812,968	5,137,929	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 W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	55,951	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	42,220,561	2.00
3.00	PPS payments	44,094,863	3.00
4.00	Outlier payment (see instructions)	17,447	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 Worksheet D, Part IV, column 13, line 200	29,624	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	55,951	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	255,486	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	255,486	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)	255,486	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	199,535	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)	55,951	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)	44,141,934	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)	9,059,914	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	35,137,971	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	965,039	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	36,103,010	30.00
31.00	Primary payer payments	22,962	31.00
32.00	Subtotal (line 30 minus line 31)	36,080,048	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	216	33.00
34.00	Allowable bad debts (see instructions)	521,852	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	339,204	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	219,782	36.00
37.00	Subtotal (see instructions)	36,419,468	37.00
38.00	MSP-LCC reconciliation amount from PS&R	102	38.00
39.00	OTHER ADJUSTMENTS	242	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	36,419,608	40.00
40.01	Sequestration adjustment (see instructions)	728,392	40.01
41.00	Interim payments	35,626,871	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	64,345	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,937	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		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 Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	1,937	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	8,683	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	8,683	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)	8,683	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	6,746	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	1,937	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)	0	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)		26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	1,937	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	1,937	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,937	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,937	37.00
38.00	MSP-LCC reconciliation amount from PS&R		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,937	40.00
40.01	Sequestration adjustment (see instructions)	39	40.01
41.00	Interim payments	1,702	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	196	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part I Date/Time Prepared: 11/25/2014 8:30 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		61,900,372		35,583,571	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	02/07/2014	43,300	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		43,300	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)		61,900,372		35,626,871	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		32,866		64,345	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		61,933,238		35,691,216	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part I Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,665,206		1,702	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,665,206		1,702	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		196	6.01
6.02	SETTLEMENT TO PROGRAM		8,437		0	6.02
7.00	Total Medicare program liability (see instructions)		3,656,769		1,898	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	14,188	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	32,945	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	8,233	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	62,329	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	1,152,683,312	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	11,201,128	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	2,305,397	8.00
9.00	Sequestration adjustment amount (see instructions)	46,108	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	2,259,289	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	2,470,741	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)	-211,452	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	4,197,848	1.00
2.00	Routine service other pass through costs	28,047	2.00
3.00	Ancillary service other pass through costs	3,540	3.00
4.00	Subtotal (sum of lines 1 through 3)	4,229,435	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	511,736	7.00
8.00	Allowable bad debts (see instructions)	19,754	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	3,727	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	13,698	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	3,731,397	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	3,731,397	15.00
15.01	Sequestration adjustment (see instructions)	74,628	15.01
16.00	Interim payments	3,665,206	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17	-8,437	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2014 8:30 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	2,203,090		1.00
2.00	Medical and other services		2,527,733	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,203,090	2,527,733	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)	2,203,090	2,527,733	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	6,260,278	10,256,657	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)	6,260,278	10,256,657	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)	6,260,278	10,256,657	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	4,057,188	7,728,924	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)	2,203,090	2,527,733	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)	2,203,090	2,527,733	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)	2,203,090	2,527,733	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)	2,203,090	2,527,733	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	2,203,090	2,527,733	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	120,865		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,323,955	2,527,733	40.00
41.00	Interim payments	2,703,467	2,180,311	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-379,512	347,422	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2014 8:30 am
	Title XIX	Skilled Nursing Facility	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	1,109		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,109	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,109	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	2,113	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)	2,113	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)	2,113	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,004	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)	1,109	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)	1,109	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)	1,109	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)	1,109	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,109	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)	1,109	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	1,109	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
	OVERRIDES			
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.92	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	37.93	0.00	37.93	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	36.57	0.00	36.57	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	36.57	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	36.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.59	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.59	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	36.59	0.00		17.00
18.00	Per resident amount	114,005.08	0.00		18.00
19.00	Approved amount for resident costs	4,171,446	0	4,171,446	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.40	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			103,975.03	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,171,446	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	32,945	8,233		26.00
27.00	Total Inpatient Days (see instructions)	62,329	62,329		27.00
28.00	Ratio of inpatient days to total inpatient days	0.528566	0.132089		28.00
29.00	Program direct GME amount	2,204,885	551,002		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		77,857		30.00
31.00	Net Program direct GME amount			2,678,030	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	2,776,143	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	75,142,202	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	80,349	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	75,061,853	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	42,310,245	42.00
43.00	Primary payer payments (see instructions)	22,962	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	42,287,283	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	117,349,136	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.639646	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.360354	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,678,030	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,712,991	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	965,039	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 8:30 am
	Title XIX	Hospital	Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.92	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	37.93	0.00	37.93	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	36.57	0.00	36.57	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	36.57	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	36.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.59	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.59	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	36.59	0.00		17.00
18.00	Per resident amount	114,005.08	0.00		18.00
19.00	Approved amount for resident costs	4,171,446	0	4,171,446	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.40	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			103,975.03	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,171,446	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	675	1,317		26.00
27.00	Total Inpatient Days (see instructions)	62,329	62,329		27.00
28.00	Ratio of inpatient days to total inpatient days	0.010830	0.021130		28.00
29.00	Program direct GME amount	45,177	88,143		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		12,455		30.00
31.00	Net Program direct GME amount			120,865	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 8:30 am
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	120,865	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 260179

Period: From 07/01/2013 To 06/30/2014

Worksheet G

Date/Time Prepared: 11/25/2014 8:30 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	69,032,333	0	0	0	1.00
2.00	Temporary investments	37,718,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	110,548,557	0	0	0	4.00
5.00	Other receivable	-60,703,604	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,161,437	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	8,396,331	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	171,153,054	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	15,769,085	0	0	0	12.00
13.00	Land improvements	11,572,957	0	0	0	13.00
14.00	Accumulated depreciation	-5,893,136	0	0	0	14.00
15.00	Buildings	289,634,949	0	0	0	15.00
16.00	Accumulated depreciation	-169,967,195	0	0	0	16.00
17.00	Leasehold improvements	9,574,293	0	0	0	17.00
18.00	Accumulated depreciation	-4,913,378	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	-555,547	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	209,423,640	0	0	0	23.00
24.00	Accumulated depreciation	-156,284,225	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	-402,590	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	198,981,638	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	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	165,586,690	5,636,540	11,735,658	29,240	34.00
35.00	Total other assets (sum of lines 31-34)	165,586,690	5,636,540	11,735,658	29,240	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	535,721,382	5,636,540	11,735,658	29,240	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	10,141,066	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,307,583	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,375,000	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	9,883,683	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,707,332	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	87,055,474	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	27,648,272	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	114,703,746	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	164,411,078	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	371,310,304				52.00
53.00	Specific purpose fund		5,636,540			53.00
54.00	Donor created - endowment fund balance - restricted			11,735,658		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				29,240	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	371,310,304	5,636,540	11,735,658	29,240	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	535,721,382	5,636,540	11,735,658	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-1 | Date/Time Prepared: 11/25/2014 8:30 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		337,282,157		5,733,780		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		22,894,506				2.00
3.00	Total (sum of line 1 and line 2)		360,176,663		5,733,780		3.00
4.00	ADDITIONS	11,133,641		3,229,884		6,648,318	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)		11,133,641		3,229,884		10.00
11.00	Subtotal (line 3 plus line 10)		371,310,304		8,963,664		11.00
12.00	DEDUCTIONS	0		3,327,124		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		3,327,124		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		371,310,304		5,636,540		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	5,087,340		29,240	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)	5,087,340		29,240	3.00
4.00	ADDITIONS		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)	6,648,318		0	10.00
11.00	Subtotal (line 3 plus line 10)	11,735,658		29,240	11.00
12.00	DEDUCTIONS		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)	11,735,658		29,240	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/25/2014 8:30 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	61,443,036		61,443,036	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,319,110		3,319,110	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	5,361,575		5,361,575	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	70,123,721		70,123,721	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	9,967,044		9,967,044	11.00
12.00	CORONARY CARE UNIT	11,119,548		11,119,548	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,086,592		21,086,592	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,210,313		91,210,313	17.00
18.00	Ancillary services	353,007,562	697,941,372	1,050,948,934	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		7,104,339	7,104,339	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	3,419,722	3,419,722	26.00
27.00	MEDICAL GROUP	0	100,359,001	100,359,001	27.00
27.01	NON-REIMB/PRO FEES	0	27,056,243	27,056,243	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	444,217,875	835,880,677	1,280,098,552	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		376,056,796		29.00
30.00	MEDICAL GROUP EXPENSE	60,289,454			30.00
31.00	FRA EXPENSE	21,325,878			31.00
32.00	MISCELLANEOUS	646			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)		81,615,978		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		457,672,774		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet G-3 Date/Time Prepared: 11/25/2014 8:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,280,098,552	1.00
2.00	Less contractual allowances and discounts on patients' accounts	830,781,552	2.00
3.00	Net patient revenues (line 1 minus line 2)	449,317,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	457,672,774	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,355,774	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	3,650,964	6.00
7.00	Income from investments	2,666,770	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	197	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	1,789,651	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	34	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	181	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	323,054	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	9,108,188	22.00
23.00	Governmental appropriations	0	23.00
24.00	PHYSICIAN MEALS	0	24.00
24.01	JOINT VENTURE REVENUE	2,121,591	24.01
24.02	OTHER OPERATING	801,931	24.02
24.03	RETAIL PHARMACY	5,606,625	24.03
24.04	MEDICAL GROUP OTHER INCOME	6,587,489	24.04
24.05	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.05
24.06	GAIN ON SALE OF ASSETS, NET	-19,293	24.06
24.07	MEANINGFUL USE INCOME	2,112,898	24.07
25.00	Total other income (sum of lines 6-24)	35,250,276	25.00
26.00	Total (line 5 plus line 25)	26,894,502	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,999,996	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,894,506	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I — PPS

		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	689,714	159,567	7,888	0	453,180	1,310,349	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,459,177	337,585	75,636	0	0	1,872,398	6.00
7.00	Physical Therapy	919,735	212,783	53,424	0	0	1,185,942	7.00
8.00	Occupational Therapy	250,422	57,936	18,882	0	0	327,240	8.00
9.00	Speech Pathology	22,200	5,136	2,251	0	0	29,587	9.00
10.00	Medical Social Services	76,797	17,767	1,745	0	0	96,309	10.00
11.00	Home Health Aide	39,226	9,075	9,176	0	0	57,477	11.00
12.00	Supplies (see instructions)	0	0	0	0	96,987	96,987	12.00
13.00	Drugs	0	0	0	0	1,350	1,350	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)	3,457,271	799,849	169,002	0	551,517	4,977,639	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	-229,898	1,080,451	-24,522	1,055,929			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-337,585	1,534,813	0	1,534,813			6.00
7.00	Physical Therapy	-212,783	973,159	0	973,159			7.00
8.00	Occupational Therapy	-57,936	269,304	0	269,304			8.00
9.00	Speech Pathology	-5,136	24,451	0	24,451			9.00
10.00	Medical Social Services	-17,767	78,542	0	78,542			10.00
11.00	Home Health Aide	-9,075	48,402	0	48,402			11.00
12.00	Supplies (see instructions)	0	96,987	0	96,987			12.00
13.00	Drugs	0	1,350	0	1,350			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)	-870,180	4,107,459	-24,522	4,082,937			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: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H-1 Part I
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I | PPS

		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	1,055,929	0	0	0	0	1,055,929	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,534,813	0	0	0	0	1,534,813	6.00
7.00	Physical Therapy	973,159	0	0	0	0	973,159	7.00
8.00	Occupational Therapy	269,304	0	0	0	0	269,304	8.00
9.00	Speech Pathology	24,451	0	0	0	0	24,451	9.00
10.00	Medical Social Services	78,542	0	0	0	0	78,542	10.00
11.00	Home Health Aide	48,402	0	0	0	0	48,402	11.00
12.00	Supplies (see instructions)	96,987	0	0	0	0	96,987	12.00
13.00	Drugs	1,350	0	0	0		1,350	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)	4,082,937	0	0	0	0	4,082,937	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	1,055,929		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	535,398	2,070,211	6.00
7.00	Physical Therapy	339,473	1,312,632	7.00
8.00	Occupational Therapy	93,943	363,247	8.00
9.00	Speech Pathology	8,529	32,980	9.00
10.00	Medical Social Services	27,398	105,940	10.00
11.00	Home Health Aide	16,884	65,286	11.00
12.00	Supplies (see instructions)	33,833	130,820	12.00
13.00	Drugs	471	1,821	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)		4,082,937	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-1
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Home Health Agency I

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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	1,293				0		1.00
2.00	Capital Related - Movable Equipment		1,293			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,293		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	804	804	804	0	-1,055,929	3,027,008	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	284	284	284	0	0	1,534,813	6.00
7.00	Physical Therapy	126	126	126	0	0	973,159	7.00
8.00	Occupational Therapy	41	41	41	0	0	269,304	8.00
9.00	Speech Pathology	3	3	3	0	0	24,451	9.00
10.00	Medical Social Services	20	20	20	0	0	78,542	10.00
11.00	Home Health Aide	15	15	15	0	0	48,402	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	96,987	12.00
13.00	Drugs	0	0	0		0	1,350	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)	1,293	1,293	1,293	0	-1,055,929	3,027,008	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,055,929	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.348836	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part I
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		0	1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	0	11,624	16,837	0	162,047	1,208	1.00
2.00	Skilled Nursing Care	2,070,211	4,106	5,948	0	381,760	3,218	2.00
3.00	Physical Therapy	1,312,632	1,822	2,639	0	240,628	1,208	3.00
4.00	Occupational Therapy	363,247	593	859	0	65,517	403	4.00
5.00	Speech Pathology	32,980	43	63	0	5,808	0	5.00
6.00	Medical Social Services	105,940	289	419	0	20,092	403	6.00
7.00	Home Health Aide	65,286	217	314	0	10,263	0	7.00
8.00	Supplies (see instructions)	130,820	0	0	0	0	0	8.00
9.00	Drugs	1,821	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)	4,082,937	18,694	27,079	0	886,115	6,440	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	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	
		5.02	5.03	5.04	5A.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	191,716	418	192,134	1.00
2.00	Skilled Nursing Care	0	0	0	2,465,243	5,377	2,470,620	2.00
3.00	Physical Therapy	0	0	0	1,558,929	3,400	1,562,329	3.00
4.00	Occupational Therapy	0	0	0	430,619	939	431,558	4.00
5.00	Speech Pathology	0	0	0	38,894	85	38,979	5.00
6.00	Medical Social Services	0	0	0	127,143	277	127,420	6.00
7.00	Home Health Aide	0	0	0	76,080	166	76,246	7.00
8.00	Supplies (see instructions)	0	0	0	130,820	285	131,105	8.00
9.00	Drugs	0	0	0	1,821	4	1,825	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	5,021,265	10,951	5,032,216	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		0.000000	21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-2
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Home Health Agency I | PPS

	Cost Center Description	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	
		5.06	6.00	6.01	6.02	8.00	8.01	
1.00	Administrative and General	26,261	24,633	1,779	0	0	0	1.00
2.00	Skilled Nursing Care	337,691	8,701	0	0	0	0	2.00
3.00	Physical Therapy	213,544	3,860	0	0	0	0	3.00
4.00	Occupational Therapy	58,987	1,256	0	0	0	0	4.00
5.00	Speech Pathology	5,328	92	0	0	0	0	5.00
6.00	Medical Social Services	17,416	613	0	0	0	0	6.00
7.00	Home Health Aide	10,422	460	0	0	0	0	7.00
8.00	Supplies (see instructions)	17,920	0	2,531	0	0	0	8.00
9.00	Drugs	249	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)	687,818	39,615	4,310	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	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.00	9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	8,313	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	2,936	0	0	0	0	0	2.00
3.00	Physical Therapy	1,303	0	0	0	0	0	3.00
4.00	Occupational Therapy	424	0	0	0	0	0	4.00
5.00	Speech Pathology	31	0	0	0	0	0	5.00
6.00	Medical Social Services	207	0	0	0	0	0	6.00
7.00	Home Health Aide	155	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)	13,369	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

(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: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part I
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	7,910	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	17,722	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	25,632	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	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
		17.01	19.00	21.00	22.00	23.00	23.01	
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

(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: 260179
HHA CCN: 267561

Period:
From 07/01/2013
To 06/30/2014

Worksheet H-2
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Home Health Agency I | PPS

	Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	261,030	0	261,030			1.00
2.00	Skilled Nursing Care	0	2,819,948	0	2,819,948	132,821	2,952,769	2.00
3.00	Physical Therapy	0	1,781,036	0	1,781,036	83,889	1,864,925	3.00
4.00	Occupational Therapy	0	492,225	0	492,225	23,184	515,409	4.00
5.00	Speech Pathology	0	44,430	0	44,430	2,093	46,523	5.00
6.00	Medical Social Services	0	145,656	0	145,656	6,861	152,517	6.00
7.00	Home Health Aide	0	87,283	0	87,283	4,111	91,394	7.00
8.00	Supplies (see instructions)	0	169,278	0	169,278	7,973	177,251	8.00
9.00	Drugs	0	2,074	0	2,074	98	2,172	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	5,802,960	0	5,802,960	261,030	5,802,960	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.					0.047101		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: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part II
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I

PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	OTHER ADMINISTRATIVE AND GENERAL	
		1.00	2.00	2.01	4.00	5.01	5.02	
1.00	Administrative and General	804	804	0	619,383	3	0	1.00
2.00	Skilled Nursing Care	284	284	0	1,459,177	8	0	2.00
3.00	Physical Therapy	126	126	0	919,735	3	0	3.00
4.00	Occupational Therapy	41	41	0	250,422	1	0	4.00
5.00	Speech Pathology	3	3	0	22,200	0	0	5.00
6.00	Medical Social Services	20	20	0	76,797	1	0	6.00
7.00	Home Health Aide	15	15	0	39,226	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)	1,293	1,293	0	3,386,940	16	0	20.00
21.00	Total cost to be allocated	18,694	27,079	0	886,115	6,440	0	21.00
22.00	Unit cost multiplier	14.457850	20.942769	0.000000	0.261627	402.500000	0.000000	22.00

	Cost Center Description	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	
		5.03	5.04	5A.05	5.05	5A.06	5.06	
1.00	Administrative and General	0	0	0	191,716	0	192,134	1.00
2.00	Skilled Nursing Care	0	0	0	2,465,243	0	2,470,620	2.00
3.00	Physical Therapy	0	0	0	1,558,929	0	1,562,329	3.00
4.00	Occupational Therapy	0	0	0	430,619	0	431,558	4.00
5.00	Speech Pathology	0	0	0	38,894	0	38,979	5.00
6.00	Medical Social Services	0	0	0	127,143	0	127,420	6.00
7.00	Home Health Aide	0	0	0	76,080	0	76,246	7.00
8.00	Supplies (see instructions)	0	0	0	130,820	0	131,105	8.00
9.00	Drugs	0	0	0	1,821	0	1,825	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		5,021,265		5,032,216	20.00
21.00	Total cost to be allocated	0	0		10,951		687,818	21.00
22.00	Unit cost multiplier	0.000000	0.000000		0.002181		0.136683	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part II
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	
		6.00	6.01	6.02	8.00	8.01	9.00	
1.00	Administrative and General	804	68,149	0	0	0	804	1.00
2.00	Skilled Nursing Care	284	0	0	0	0	284	2.00
3.00	Physical Therapy	126	0	0	0	0	126	3.00
4.00	Occupational Therapy	41	0	0	0	0	41	4.00
5.00	Speech Pathology	3	0	0	0	0	3	5.00
6.00	Medical Social Services	20	0	0	0	0	20	6.00
7.00	Home Health Aide	15	0	0	0	0	15	7.00
8.00	Supplies (see instructions)	0	96,987	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)	1,293	165,136	0	0	0	1,293	20.00
21.00	Total cost to be allocated	39,615	4,310	0	0	0	13,369	21.00
22.00	Unit cost multiplier	30.638051	0.026100	0.000000	0.000000	0.000000	10.339520	22.00

	Cost Center Description	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
		9.01	10.00	10.01	11.00	11.01	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part II
Date/Time Prepared: 11/25/2014 8:30 am

Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
		13.01	14.00	16.00	16.01	17.00	17.01	
1.00	Administrative and General	0	43,293	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	96,987	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	140,280	0	0	0	0	20.00
21.00	Total cost to be allocated	0	25,632	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.182720	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)	
		19.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2013 To 06/30/2014

Worksheet H-3 Part I
Date/Time Prepared: 11/25/2014 8:30 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,952,769		2,952,769	19,083	154.73	1.00
2.00	Physical Therapy	3.00	1,864,925	0	1,864,925	14,874	125.38	2.00
3.00	Occupational Therapy	4.00	515,409	0	515,409	4,066	126.76	3.00
4.00	Speech Pathology	5.00	46,523	0	46,523	326	142.71	4.00
5.00	Medical Social Services	6.00	152,517		152,517	262	582.13	5.00
6.00	Home Health Aide	7.00	91,394		91,394	1,391	65.70	6.00
7.00	Total (sum of lines 1-6)		5,623,537	0	5,623,537	40,002		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		41180	3,009	8,850			8.00
9.00	Physical Therapy		41180	1,885	6,811			9.00
10.00	Occupational Therapy		41180	655	1,890			10.00
11.00	Speech Pathology		41180	63	112			11.00
12.00	Medical Social Services		41180	38	106			12.00
13.00	Home Health Aide		41180	295	782			13.00
14.00	Total (sum of lines 8-13)			5,945	18,551			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	177,251	0	177,251	156,791	1.130492	15.00
16.00	Cost of Drugs	9.00	2,172	0	2,172	1,300	1.670769	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	Part B Not Subject to Deductibles & Coinsurance	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	3,009	8,850		465,583	1,369,361		1.00
2.00	Physical Therapy	1,885	6,811		236,341	853,963		2.00
3.00	Occupational Therapy	655	1,890		83,028	239,576		3.00
4.00	Speech Pathology	63	112		8,991	15,984		4.00
5.00	Medical Social Services	38	106		22,121	61,706		5.00
6.00	Home Health Aide	295	782		19,382	51,377		6.00
7.00	Total (sum of lines 1-6)	5,945	18,551		835,446	2,591,967		7.00

	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
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & 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							15.00
16.00	Cost of Drugs		600	700		1,002	1,170	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	1,834,944						1.00
2.00	Physical Therapy	1,090,304						2.00
3.00	Occupational Therapy	322,604						3.00
4.00	Speech Pathology	24,975						4.00
5.00	Medical Social Services	83,827						5.00
6.00	Home Health Aide	70,759						6.00
7.00	Total (sum of lines 1-6)	3,427,413						7.00
	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part II Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.307940	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.356882	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.461347	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.254236	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.281649	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.527225	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.156660	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2013 To 06/30/2014	Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Home Health Agency I	PPS

		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	1,002	1,170	1.00
2.00	Total charges	981,097	3,080,026	700	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)	981,097	3,080,026	700	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	981,097	3,079,024	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	470	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	2,172	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	918,423	2,965,993	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	9,841	43,824	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	7,942	55,126	13.00
14.00	Total PPS Reimbursement - PEP Episodes	11,923	46,492	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	2,034	9,345	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	251	64	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)	950,414	3,123,016	22.00
23.00	Excess reasonable cost (from line 8)	0	470	23.00
24.00	Subtotal (line 22 minus line 23)	950,414	3,122,546	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	950,414	3,122,546	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)	950,414	3,122,546	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	950,414	3,122,546	31.00
31.01	Sequestration adjustment (see instructions)	19,008	62,372	31.01
32.00	Interim payments (see instructions)	931,404	3,056,187	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	2	3,987	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2013 To 06/30/2014	Worksheet H-5 Date/Time Prepared: 11/25/2014 8:30 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		931,404		3,056,187	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)		931,404		3,056,187	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		2		3,987	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		931,406		3,060,174	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260179
Component CCN: 262321

Period:
From 07/01/2013
To 06/30/2014

Worksheet I-1
Date/Time Prepared:
11/25/2014 8:30 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	398,036	HOURS OF SERVICE	9,235.74	4.44	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	0	HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	0	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	398,036				9.00
10.00	EMPLOYEE BENEFITS	0	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	1,450	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	59,486	REQUISITIONS			14.00
15.00	DRUGS	19,620	REQUISITIONS			15.00
16.00	OTHER	1,432	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	480,024				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	24,274	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	35,163	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	104,137	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	95,330	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	70,548	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	7,635	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	245,301	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,062,412				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	NUTRITION/DIABETES EDUCATION	0	CHARGES	7,181		30.00
30.01	NUTRITION/DIABETES EDUCATION	0	CHARGES	0		30.01
30.02	CARDIAC REHAB	0	CHARGES	0		30.02
30.03	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.03
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,062,412				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260179
Component CCN: 262321

Period: From 07/01/2013 To 06/30/2014

Worksheet I-2
Date/Time Prepared: 11/25/2014 8:30 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	94,822	36,613	398,036	0	104,137	19,620	1.00
	MAINTENANCE							
2.00	Hemodialysis	23,042	8,787	96,708	0	25,303	4,768	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	71,780	27,826	301,328	0	78,834	14,852	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						17,110	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	94,822	36,613	398,036	0	104,137	19,620	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	67,121	0	720,349	342,063	1,062,412		1.00
	MAINTENANCE							
2.00	Hemodialysis	16,309	0	174,917	83,061	257,978		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	50,812	0	545,432	259,002	804,434		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	67,121	0	720,349	342,063	1,062,412		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,062,412		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Component CCN: 262321

Period: From 07/01/2013 To 06/30/2014

Worksheet I-3
Date/Time Prepared: 11/25/2014 8:30 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		94,822	36,613	398,036	0	104,137	1.00
	MAINTENANCE							
2.00	Hemodialysis		408	24.00	2,244.00	0.00	96,713	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	294	1,271	76.00	6,992.00	0.00	301,323	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		1,679	100.00	9,236.00	0.00	398,036	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		56.475283	366.130000	43.096146	0.000000	0.261627	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	19,620	67,121	0	720,349	342,063		1.00
	MAINTENANCE							
2.00	Hemodialysis	610	16,256	1,745				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,900	50,646	5,436				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	2,510	66,902	7,181		720,349		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	7.816733	1.003273	0.000000		0.474857		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260179
Component CCN: 262321

Period: From 07/01/2013 To 06/30/2014

Worksheet I-4
Date/Time Prepared: 11/25/2014 8:30 am

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
1.00	Maintenance - Hemodialysis	294	257,978	877.48	54	53	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	294	257,978		54	53	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	294					12.00

		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.01	6.02	7.01	7.02	
1.00	Maintenance - Hemodialysis	93,890	15,494	15,493	286.93	292.32	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.01	6.02	7.01	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	93,890	15,494	15,493			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 260179 | Period: From 07/01/2013 To 06/30/2014 | Worksheet I-5 | Date/Time Prepared: 11/25/2014 8:30 am

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	93,890		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)	15,494	15,494	2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)	15,493	15,493	2.02
2.03	Total payment due (see instructions)	30,987	30,987	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	6,197	6,197	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	6,197	6,197	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	245	245	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	245	245	5.05
6.00	Allowable bad debts (see instructions)	216		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	177		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	-245	5,952	8.00
9.00	Program payment (see instructions)	0	24,790	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	216		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	257,978		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	257,978		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period: From 07/01/2013 To 06/30/2014

Worksheet K
Date/Time Prepared: 11/25/2014 8:30 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	358,894	0	2,352	0	931,573	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	647,836	0	36,056	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,776	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	48	0	0	0	0	14.00
15.00	Medical Social Services	89,336	0	7,903	0	0	15.00
16.00	Spiritual Counseling	48,433	0	3,695	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	83,170	0	16,475	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	Total (sum of lines 1 thru 38)	1,229,493	0	66,481	0	931,573	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K
Date/Time Prepared:
11/25/2014 8:30 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	1,292,819	-172,583	1,120,236	-24,941	1,095,295	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	683,892	0	683,892	0	683,892	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,776	0	1,776	0	1,776	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	48	0	48	0	48	14.00
15.00	Medical Social Services	97,239	0	97,239	0	97,239	15.00
16.00	Spiritual Counseling	52,128	0	52,128	0	52,128	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	99,645	0	99,645	0	99,645	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	Total (sum of lines 1 thru 38)	2,227,547	-172,583	2,054,964	-24,941	2,030,023	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-1

Date/Time Prepared:
11/25/2014 8:30 am

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	59,760	0	0	162,149	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	647,836	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	89,336	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)	59,760	0	89,336	162,149	647,836	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-1

Date/Time Prepared:
11/25/2014 8:30 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	136,985	358,894		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	0	0		9.00
10.00	Nursing Care		0	0	647,836		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	1,776	0	0	1,776		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	48	0	0	48		14.00
15.00	Medical Social Services		0	0	89,336		15.00
16.00	Spiritual Counseling		0	48,433	48,433		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		83,170	0	83,170		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)	1,824	83,170	185,418	1,229,493		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-4
Part I
Date/Time Prepared:
11/25/2014 8:30 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	1,095,295	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	683,892	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,776	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	48	0	0	0	0	14.00
15.00	Medical Social Services	97,239	0	0	0	0	15.00
16.00	Spiritual Counseling	52,128	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	99,645	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	Total (sum of lines 1 thru 38)	2,030,023	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-4
Part I
Date/Time Prepared:
11/25/2014 8:30 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	1,095,295	1,095,295			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	683,892	801,371	1,485,263		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	1,776	2,081	3,857		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	48	56	104		14.00
15.00	Medical Social Services	0	97,239	113,943	211,182		15.00
16.00	Spiritual Counseling	0	52,128	61,082	113,210		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	99,645	116,762	216,407		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	0	0	0		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	0	0	0		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	0	0	0		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	2,030,023		2,030,023		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period: From 07/01/2013 To 06/30/2014

Worksheet K-4 Part II
Date/Time Prepared: 11/25/2014 8:30 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.	473					1.00
2.00	Capital Related Costs-Movable Equip.	473	473				2.00
3.00	Plant Operation and Maintenance	0	473	473			3.00
4.00	Transportation - Staff	0	0	473	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: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-4
Part II
Date/Time Prepared:
11/25/2014 8:30 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	-1,095,295	934,728		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	683,892		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	1,776		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	48		14.00
15.00	Medical Social Services	0	97,239		15.00
16.00	Spiritual Counseling	0	52,128		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	99,645		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	0		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	0		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	0		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)		1,095,295		39.00
40.00	Unit Cost Multiplier		1.171779		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
		0	1.00	2.00	2.01	4.00	
1.00	Administrative and General		6,838	9,906	0	89,881	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	1,485,263	0	0	0	169,490	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	3,857	0	0	0	465	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	104	0	0	0	13	9.00
10.00	Medical Social Services	211,182	0	0	0	23,373	10.00
11.00	Spiritual Counseling	113,210	0	0	0	12,671	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	216,407	0	0	0	21,760	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)	2,030,023	6,838	9,906	0	317,653	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	1,610	0	0	0	108,235	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	2,818	0	0	0	1,657,571	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	4,322	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	117	9.00
10.00	Medical Social Services	402	0	0	0	234,957	10.00
11.00	Spiritual Counseling	402	0	0	0	126,283	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	805	0	0	0	238,972	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)	6,037	0	0	0	2,370,457	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
		5.05	5A.05	5.06	6.00	6.01	
1.00	Administrative and General	236	108,471	14,826	14,492	3,266	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	3,617	1,661,188	227,056	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9	4,331	592	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	117	16	0	0	9.00
10.00	Medical Social Services	512	235,469	32,185	0	0	10.00
11.00	Spiritual Counseling	275	126,558	17,298	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	521	239,493	32,735	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)	5,170	2,375,627	324,708	14,492	3,266	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
		6.02	8.00	8.01	9.00	9.01	
1.00	Administrative and General	0	0	0	4,891	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	4,891	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	
		10.00	10.01	11.00	11.01	13.00	
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	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
		13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	20,121	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	20,121	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: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		17.01	19.00	21.00	22.00	23.00	
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	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	
		23.01	23.02	24.00	25.00	26.00	
1.00	Administrative and General	0	0	166,067			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	1,888,244	0	1,888,244	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	4,923	0	4,923	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	133	0	133	9.00
10.00	Medical Social Services	0	0	267,654	0	267,654	10.00
11.00	Spiritual Counseling	0	0	143,856	0	143,856	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	272,228	0	272,228	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	2,743,105	0	2,743,105	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part I
Date/Time Prepared:
11/25/2014 8:30 am

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	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	121,680	2,009,924		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	317	5,240		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	9	142		9.00
10.00	Medical Social Services	17,248	284,902		10.00
11.00	Spiritual Counseling	9,270	153,126		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	17,543	289,771		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	0	0		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	0	0		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	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		2,743,105		34.00
35.00	Unit Cost Multiplier (see instructions)	0.064441			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	473	473	0	343,545	4	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	647,836	7	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	1,776	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	48	0	9.00
10.00	Medical Social Services	0	0	0	89,336	1	10.00
11.00	Spiritual Counseling	0	0	0	48,433	1	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	83,170	2	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)	473	473	0	1,214,144	15	34.00
35.00	Total cost to be allocated	6,838	9,906	0	317,653	6,037	35.00
36.00	Unit Cost Multiplier (see instructions)	14.456660	20.942918	0.000000	0.261627	402.466667	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
1.00	Administrative and General	0	0	0	0	108,235	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	1,657,571	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	4,322	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	117	9.00
10.00	Medical Social Services	0	0	0	0	234,957	10.00
11.00	Spiritual Counseling	0	0	0	0	126,283	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	238,972	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		2,370,457	34.00
35.00	Total cost to be allocated	0	0	0		5,170	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000		0.002181	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
		5A.06	5.06	6.00	6.01	6.02	
1.00	Administrative and General	0	108,471	473	125,134	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	1,661,188	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	4,331	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	117	0	0	0	9.00
10.00	Medical Social Services	0	235,469	0	0	0	10.00
11.00	Spiritual Counseling	0	126,558	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	239,493	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)		2,375,627	473	125,134	0	34.00
35.00	Total cost to be allocated		324,708	14,492	3,266	0	35.00
36.00	Unit Cost Multiplier (see instructions)		0.136683	30.638478	0.026100	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
		8.00	8.01	9.00	9.01	10.00	
1.00	Administrative and General	0	0	473	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	473	0	0	34.00
35.00	Total cost to be allocated	0	0	4,891	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	10.340381	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	
		10.01	11.00	11.01	13.00	13.01	
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: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
		14.00	16.00	16.01	17.00	17.01	
1.00	Administrative and General	110,118	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)	110,118	0	0	0	0	34.00
35.00	Total cost to be allocated	20,121	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.182722	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		19.00	21.00	22.00	23.00	23.01	
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: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
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: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-5
Part III
Date/Time Prepared:
11/25/2014 8:30 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	0.307940	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.356882	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.461347	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.254236	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.281649	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.156660	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.110313	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.527225	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	0.295291	0	0	10.01
10.02	CARDIAC REHAB	76.02	1.038148	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.233068	0	0	10.03
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2013
To 06/30/2014

Worksheet K-6
Date/Time Prepared:
11/25/2014 8:30 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,743,105	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				20,412	2.00
3.00	Average cost per diem (line 1 divided by line 2)				134.39	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	18,153				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,439,582				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		299			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		40,183			7.00
8.00	Upduplicated 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)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,960		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			263,404		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260179	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/25/2014 8:30 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,383,056	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	83,601	1.01
2.00	Capital DRG outlier payments	342,079	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)	170.76	3.00
4.00	Number of interns & residents (see instructions)	37.71	4.00
5.00	Indirect medical education percentage (see instructions)	6.43	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	287,206	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.50	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	3.12	8.00
9.00	Sum of lines 7 and 8	4.62	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.94	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	41,987	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	5,137,929	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