

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: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/23/2015 6:18 am
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHRISTIAN HOSPITAL NORTHEAST (260180) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	189,352	-76,089	-65,078	0	1.00
2.00 Subprovider - IPF	0	9,557	0		0	2.00
3.00 Subprovider - IRF	0	788	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	199,697	-76,089	-65,078	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180			Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:18 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11133 DUNN ROAD			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63136-		County: ST. LOUIS COUNTY		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				V	XVIII	XIX					
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital		CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	P	3.00
4.00	Subprovider - IPF		PSYCH	26S180	41180	4	01/01/2003	N	P	O	4.00
5.00	Subprovider - IRF		REHAB	26T180	41180	5	12/08/1983	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,209	494	1,023	0	1,219	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	200	0	17	0	14			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:18 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)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N			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			47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N			48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.99	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	1.76	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:18 am	
		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	0		89,000		1,249,000	
				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:18 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK BLVD	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:18 am	
			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)		04/01/2014	06/30/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/23/2015 6:18 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.	N			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.	Y			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.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/13/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/23/2015 6:18 am	
	Description	Part A		Part B	
		Y/N	Date	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 relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	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.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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.	PAUL		BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419		PJB1541@BJC.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/13/2015		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 260180

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

Worksheet S-2
Part V
Date/Time Prepared:
5/23/2015 6:18 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	BJC @ THE COMMONS	7.00
8.00	Mailing Address 1	MAILSTOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVE.	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/23/2015 6:18 am
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2015 6:18 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	379	138,335	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)		379	138,335	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	27	9,855	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						13.00
14.00 Total (see instructions)		432	157,680	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	10	3,650		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		460				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: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2015 6:18 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,756	9,483	55,042			1.00
2.00 HMO and other (see instructions)	10,472	1,219				2.00
3.00 HMO IPF Subprovider	182	0				3.00
4.00 HMO IRF Subprovider	610	14				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)	23,756	9,483	55,042			7.00
8.00 INTENSIVE CARE UNIT	3,267	646	6,567			8.00
9.00 CORONARY CARE UNIT	2,787	597	4,957			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)	29,810	10,726	66,566	0.00	1,675.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,011	36	1,303	0.00	11.40	16.00
17.00 SUBPROVIDER - IRF	2,248	217	3,718	0.00	17.30	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,704.60	27.00
28.00 Observation Bed Days		0	3,523			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			694			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2015 6:18 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,203	1,995	13,721	1.00
2.00 HMO and other (see instructions)			1,894	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	5,203	1,995	13,721	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	94	141	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	153	239	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/23/2015 6:18 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	90,894,743	0	90,894,743	3,552,205.00	25.59	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		324,208	0	324,208	2,403.00	134.92	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		357,799	0	357,799	4,360.00	82.06	6.00
7.00	Interns & residents (in an approved program)	21.00	0	114,057	114,057	3,661.00	31.15	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	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,733,650	299,775	8,033,425	345,785.00	23.23	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		2,350,875	0	2,350,875	31,235.00	75.26	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		1,095,643	0	1,095,643	10,162.00	107.82	13.00
14.00	Home office salaries & wage-related costs		17,152,529	0	17,152,529	342,066.00	50.14	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)		25,930,341	0	25,930,341			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,534,816	0	2,534,816			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		102,299	0	102,299			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		112,898	0	112,898			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,166,829	0	1,166,829	37,105.00	31.45	26.00
27.00	Administrative & General	5.00	7,155,865	-117,454	7,038,411	270,687.00	26.00	27.00
28.00	Administrative & General under contract (see inst.)		1,766,479	0	1,766,479	17,864.00	98.88	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,481,426	0	2,481,426	115,585.00	21.47	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,928,909	0	1,928,909	175,020.00	11.02	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,791,855	0	3,791,855	278,937.00	13.59	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,472,453	0	2,472,453	79,705.00	31.02	38.00
39.00	Central Services and Supply	14.00	374,611	0	374,611	22,328.00	16.78	39.00
40.00	Pharmacy	15.00	3,259,236	-209,827	3,049,409	77,930.00	39.13	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260180

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2015 6:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	3,028,746	0	3,028,746	122,317.00	24.76	41.00
42.00	Social Service	17.00	737,610	0	737,610	25,724.00	28.67	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260180

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2015 6:18 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	96,095,278	-114,057	95,981,221	3,840,985.00	24.99	1.00
2.00	Excluded area salaries (see instructions)	7,733,650	299,775	8,033,425	345,785.00	23.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,361,628	-413,832	87,947,796	3,495,200.00	25.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,599,047	0	20,599,047	383,463.00	53.72	4.00
5.00	Subtotal wage-related costs (see inst.)	26,032,640	0	26,032,640	0.00	29.60	5.00
6.00	Total (sum of lines 3 thru 5)	134,993,315	-413,832	134,579,483	3,878,663.00	34.70	6.00
7.00	Total overhead cost (see instructions)	28,164,019	-327,281	27,836,738	1,223,202.00	22.76	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2015 6:18 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			942,019 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)			8,734,039 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			10,475,433 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			398,027 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			-188,260 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)			192,087 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			717,118 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			6,444,308 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			137,972 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			222,200 22.00
23.00	Tuition Reimbursement			605,411 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			28,680,354 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/23/2015 6:18 am
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index fiscal year ending.		2018	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2014	12/31/2014	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2014		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2013		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2015		5.00
Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)				
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
Step 3: Average Pension Contribution During the Averaging Period				
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2013		9.00
10.00	Ending date of averaging period from line 5	12/31/2015		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		01/01/2013	122,115,532	11.01
11.02		01/01/2014	109,100,000	11.02
11.03		01/01/2015	129,073,000	11.03
				1.00
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		360,288,532	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		10,008,015	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		120,096,180	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		4,233,831	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		4,233,831	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		124,330,011	19.00
		Prepared By	Date	
		1.00	2.00	
100.00	Prepared By and Date Prepared	CASSANDRA CUSICK	04/30/2015	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260180

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

Worksheet S-3
Part V
Date/Time Prepared:
5/23/2015 6:18 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/23/2015 6:18 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.255575		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		24,819,853		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		14,765,468		5.00
6.00	Medicaid charges		131,243,240		6.00
7.00	Medicaid cost (line 1 times line 6)		33,542,491		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		82,982		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		52,589		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	64,907,496	7,052,539	71,960,035	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	16,588,733	1,802,453	18,391,186	21.00
22.00	Partial payment by patients approved for charity care	2,963,685	522,593	3,486,278	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,625,048	1,279,860	14,904,908	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)		41,353,296		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,443,588		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		39,909,708		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		10,199,924		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		25,104,832		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		25,104,832		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,079,406	5,079,406 1.00
1.01	00101	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482 1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292 1.02
1.03	00103	NEW CAP REL COSTS-PFD		0	0	120,343	120,343 1.03
1.05	00105	NEW CAP REL COSTS-POB I		0	0	294,550	294,550 1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		0	0	169,492	169,492 1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		0	0	917,372	917,372 1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,484,625	10,484,625 2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0 3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,166,829	2,020,695	3,187,524	-5,443	3,182,081 4.00
5.01	00570	ADMINISTRATIVE	1,781,247	705,553	2,486,800	-2,349	2,484,451 5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	51,462	51,462	-406	51,056 5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	281,562	216,466	498,028	30,000	528,028 5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	5,093,056	89,982,280	95,075,336	-13,221,500	81,853,836 5.04
7.00	00700	OPERATION OF PLANT	2,207,119	4,578,259	6,785,378	317,393	7,102,771 7.00
7.01	00701	OPERATION OF PLANT- POB I	2,008	812	2,820	0	2,820 7.01
7.02	00702	OPERATION OF PLANT NW	272,299	390,338	662,637	-1,136	661,501 7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,087,090	1,087,090	-216	1,086,874 8.00
9.00	00900	HOUSEKEEPING	1,608,378	1,640,183	3,248,561	-4,648	3,243,913 9.00
9.01	00901	HOUSEKEEPING-POB I	106,478	78,322	184,800	0	184,800 9.01
9.02	00902	HOUSEKEEPING NW	214,053	200,989	415,042	0	415,042 9.02
10.00	01000	DIETARY	0	5,456,368	5,456,368	-26,357	5,430,011 10.00
11.00	01100	CAFETERIA	0	116,293	116,293	-4,757	111,536 11.00
13.00	01300	NURSING ADMINISTRATION	2,472,453	2,509,402	4,981,855	-1,699,384	3,282,471 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	374,611	653,608	1,028,219	-442,543	585,676 14.00
15.00	01500	PHARMACY	3,259,236	16,250,181	19,509,417	-14,874,236	4,635,181 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,028,746	2,055,391	5,084,137	-1,240	5,082,897 16.00
17.00	01700	SOCIAL SERVICE	737,610	212,739	950,349	0	950,349 17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0 17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	114,057	114,057 21.00
23.00	02300	PARAMEDICAL PRGM PASTORAL CARE	0	0	0	45,179	45,179 23.00
23.01	02301	PARAMEDICAL PRGM PHARMACY	0	0	0	272,585	272,585 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,720,440	9,846,955	27,567,395	-687,977	26,879,418 30.00
31.00	03100	INTENSIVE CARE UNIT	4,494,832	2,168,385	6,663,217	-474,184	6,189,033 31.00
32.00	03200	CORONARY CARE UNIT	2,741,157	1,073,815	3,814,972	-100,214	3,714,758 32.00
40.00	04000	SUBPROVIDER - I/PF	636,145	231,036	867,181	-13,026	854,155 40.00
41.00	04100	SUBPROVIDER - I/RF	945,083	313,840	1,258,923	37,273	1,296,196 41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,400,917	16,802,128	22,203,045	-11,725,154	10,477,891 50.00
51.00	05100	RECOVERY ROOM	596,942	227,666	824,608	-22,967	801,641 51.00
53.00	05300	ANESTHESIOLOGY	0	4,986,139	4,986,139	-381,985	4,604,154 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,810,997	4,123,325	7,934,322	-1,022,056	6,912,266 54.00
57.00	05700	CT SCAN	793,708	605,088	1,398,796	-128,853	1,269,943 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	280,850	164,194	445,044	-12,954	432,090 58.00
59.00	05900	CARDIAC CATHETERIZATION	979,224	6,275,585	7,254,809	-5,437,214	1,817,595 59.00
60.00	06000	LABORATORY	4,982,692	6,109,753	11,092,445	-705,791	10,386,654 60.00
60.01	06001	G.I. LAB	628,023	854,378	1,482,401	-154,200	1,328,201 60.01
60.02	06002	VASCULAR LAB	255,367	78,409	333,776	0	333,776 60.02
60.03	06003	LABORATORY-PATHOLOGY	395,348	492,000	887,348	153,792	1,041,140 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	313,971	1,618,059	1,932,030	367,905	2,299,935 63.00
65.00	06500	RESPIRATORY THERAPY	3,245,701	1,719,106	4,964,807	-93,065	4,871,742 65.00
66.00	06600	PHYSICAL THERAPY	1,962,743	672,455	2,635,198	-270,017	2,365,181 66.00
67.00	06700	OCCUPATIONAL THERAPY	717,012	182,717	899,729	205,161	1,104,890 67.00
68.00	06800	SPEECH PATHOLOGY	221,258	51,727	272,985	62,266	335,251 68.00
69.00	06900	ELECTROCARDIOLOGY	602,034	312,313	914,347	-62,941	851,406 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	284,446	129,205	413,651	-23,124	390,527 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,014,746	9,014,746 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,111,193	11,111,193 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,555,824	14,555,824 73.00
74.00	07400	RENAL DIALYSIS	0	1,570,738	1,570,738	0	1,570,738 74.00
76.00	03320	SHOCK THERAPY	121,297	20,568	141,865	0	141,865 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	882,261	2,101,477	2,983,738	-26,377	2,957,361 76.01
76.02	03950	DIABETES CARE CENTER	284,754	168,234	452,988	-5,676	447,312 76.02
76.03	03550	OP PSYCH	484,321	194,832	679,153	-6,353	672,800 76.03
76.04	03020	CARDIAC REHAB	139,448	50,253	189,701	-2,914	186,787 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	361,515	361,515 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,215,665	7,596,701	15,812,366	-607,629	15,210,737 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/23/2015 6:18 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		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,934,229	3,591,938	8,526,167	-494,563	8,031,604	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	89,676,550	202,539,450	292,216,000	999,002	293,215,002	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,581	575,812	650,393	0	650,393	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	166,620	166,620	-3,220	163,400	190.09
190.10	19010	RETAIL PHARMACY	600,716	5,292,839	5,893,555	-128	5,893,427	190.10
190.11	19011	PUBLIC RELATIONS	217,899	958,513	1,176,412	0	1,176,412	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	285,700	384,367	670,067	0	670,067	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	603,353	603,353	-603,353	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	39,297	431,622	470,919	-392,301	78,618	192.01
200.00		TOTAL (SUM OF LINES 118-199)	90,894,743	210,952,576	301,847,319	0	301,847,319	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-43,274	5,036,132	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	-9,209	111,134	1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	294,550	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	169,492	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	917,372	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-29,010	10,455,615	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,196,915	5,378,996	4.00
5.01	00570	ADMINISTRATIVE	-141,361	2,343,090	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	51,056	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	-187,795	340,233	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	-34,690,024	47,163,812	5.04
7.00	00700	OPERATION OF PLANT	-179,361	6,923,410	7.00
7.01	00701	OPERATION OF PLANT- POB I	-159	2,661	7.01
7.02	00702	OPERATION OF PLANT NW	-21,583	639,918	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,086,874	8.00
9.00	00900	HOUSEKEEPING	-127,642	3,116,271	9.00
9.01	00901	HOUSEKEEPING-POB I	-8,450	176,350	9.01
9.02	00902	HOUSEKEEPING NW	-16,987	398,055	9.02
10.00	01000	DIETARY	-1,248,373	4,181,638	10.00
11.00	01100	CAFETERIA	0	111,536	11.00
13.00	01300	NURSING ADMINISTRATION	-204,663	3,077,808	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-29,729	555,947	14.00
15.00	01500	PHARMACY	-296,243	4,338,938	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-339,673	4,743,224	16.00
17.00	01700	SOCIAL SERVICE	-58,537	891,812	17.00
17.01	01850	RESEARCH ADMIN	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	114,057	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	-2,995	42,184	23.00
23.01	02301	PARAMED PRGM PHARMACY	-16,652	255,933	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,488,125	22,391,293	30.00
31.00	03100	INTENSIVE CARE UNIT	-356,712	5,832,321	31.00
32.00	03200	CORONARY CARE UNIT	-217,540	3,497,218	32.00
40.00	04000	SUBPROVIDER - I PF	-50,485	803,670	40.00
41.00	04100	SUBPROVIDER - I RF	-75,002	1,221,194	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-863,688	9,614,203	50.00
51.00	05100	RECOVERY ROOM	-47,374	754,267	51.00
53.00	05300	ANESTHESIOLOGY	-4,221,628	382,526	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-975,400	5,936,866	54.00
57.00	05700	CT SCAN	-62,989	1,206,954	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-22,288	409,802	58.00
59.00	05900	CARDIAC CATHETERIZATION	-77,737	1,739,858	59.00
60.00	06000	LABORATORY	-359,521	10,027,133	60.00
60.01	06001	G. I. LAB	-49,840	1,278,361	60.01
60.02	06002	VASCULAR LAB	-20,266	313,510	60.02
60.03	06003	LABORATORY-PATHOLOGY	-38,922	1,002,218	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-30,911	2,269,024	63.00
65.00	06500	RESPIRATORY THERAPY	-257,581	4,614,161	65.00
66.00	06600	PHYSICAL THERAPY	-162,860	2,202,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	-70,194	1,034,696	67.00
68.00	06800	SPEECH PATHOLOGY	-21,580	313,671	68.00
69.00	06900	ELECTROCARDIOLOGY	-47,778	803,628	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-22,574	367,953	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,014,746	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,111,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,555,824	73.00
74.00	07400	RENAL DIALYSIS	0	1,570,738	74.00
76.00	03320	SHOCK THERAPY	-9,626	132,239	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-1,699,017	1,258,344	76.01
76.02	03950	DIABETES CARE CENTER	-64,524	382,788	76.02
76.03	03550	OP PSYCH	-38,519	634,281	76.03
76.04	03020	CARDIAC REHAB	-11,067	175,720	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	-8,635	352,880	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-4,221,383	10,989,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-637,006	7,394,598	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-54,685,577	238,529,425	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-5,919	644,474	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	163,400	190.09
190.10	19010 RETAIL PHARMACY	-47,673	5,845,754	190.10
190.11	19011 PUBLIC RELATIONS	-17,293	1,159,119	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	-22,673	647,394	190.12
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	-3,119	75,499	192.01
200.00	TOTAL (SUM OF LINES 118-199)	-54,782,254	247,065,065	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS W
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	00590		5.03
5.04	ADMINISTRATIVE AND GENERAL	00591		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED PRGM PASTORAL CARE	02300		23.00
23.01	PARAMED PRGM PHARMACY	02301		23.01
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
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03320	ELECTROSHOCK THERAPY	76.00
76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	03480	ONCOLOGY	76.01
76.02	DIABETES CARE CENTER	03950		76.02
76.03	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	CARDIAC REHAB	03020	ACUPUNCTURE	76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00

COST CENTERS USED IN COST REPORT

Provider CCN: 260180

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

Worksheet Non-CMS W
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	09500		95.00
	SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POB I	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Date/Time Prepared:
5/23/2015 6:18 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS CHIEF OF GYNECOLOGY					
1.00	ADULTS & PEDIATRICS	30.00	0	15,000	1.00
	O		0	15,000	
B - TO RECLASS CHIEF OF PSYCHIATRY					
1.00	MENTAL HEALTH ADMINISTRATION	5.03	0	30,000	1.00
	O		0	30,000	
C - TO RECLASS PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,555,824	1.00
	O		0	14,555,824	
D - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,150,616	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
	O		0	20,150,616	
E - TO RECLASS PROF FEES FOR REHAB DIR					
1.00	SUBPROVIDER - IRF	41.00	52,214	0	1.00
	O		52,214	0	
F - TO RECLASS HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	108,810	252,705	1.00
	O		108,810	252,705	
G - TO RECLASS GI MEDICAL DIRECTOR					
1.00	G.I. LAB	60.01	11,211	0	1.00
	O		11,211	0	
H - TO RECLASS CARDIOTHORACIC SURG FEES					
1.00	OPERATING ROOM	50.00	0	52,500	1.00
	O		0	52,500	
I - TO RECLASS POB 1 EXPENSES					
1.00	NEW CAP REL COSTS-POB I	1.05	0	294,550	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	135,965	2.00
3.00	OPERATION OF PLANT	7.00	0	172,838	3.00
	O		0	603,353	
J - TO RECLASS PURCHASING VARIANCE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,654	1.00
	O		0	19,654	
K - TO RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,867,696	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	103,953	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	60,003	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	904,282	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,344,769	7.00
	O		0	16,302,477	
L - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,274	1.00
2.00	NEW CAP REL COSTS-PFD	1.03	0	9,209	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	29,010	3.00
	O		0	81,493	
M - TO RECLASS CHIEF OF SURGERY					
1.00	OPERATING ROOM	50.00	0	30,000	1.00
	O		0	30,000	
N - TO RECLASS CARDIOLOGY MEDICAL DIR					
1.00	ELECTROCARDIOLOGY	69.00	16,295	0	1.00
	O		16,295	0	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY-PATHOLOGY	60.03	95,103	89,463	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	75,528	294,220	2.00	
	O		170,631	383,683		
P - TO RECLASS REHAB ADMIN FEES						
1.00	OCCUPATIONAL THERAPY	67.00	164,202	40,959	1.00	
2.00	SPEECH PATHOLOGY	68.00	50,670	11,596	2.00	
	O		214,872	52,555		
Q - TO RECLASS ADMISSION KITS						
1.00	ADULTS & PEDIATRICS	30.00	0	24,012	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	418	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	247	3.00	
	O		0	24,677		
R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	3,502,388	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
	O		0	3,502,388		
S - PASTORAL RESIDENT RECLASS						
1.00	PARAMEDICAL PRGM PASTORAL CARE	23.00	37,734	7,445	1.00	
	O		37,734	7,445		
T - RECLASS GRAHAM MOB						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	109,489	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	95,723	2.00	
3.00	OPERATION OF PLANT	7.00	0	187,089	3.00	
	O		0	392,301		
U - TO RECLASS INTERNS & RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	114,057	0	1.00	
	O		114,057	0		
V - TO RECLASS IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,111,193	1.00	
	O		0	11,111,193		

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
W - TO RECLASS PHARMACY RESIDENT PROGRAM						
1.00	PARAMED ED PRGM PHARMACY		23.01	209,827	62,758	1.00
	O			209,827	62,758	
X - TO RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS		3.00	0	299,553	1.00
	TOTALS			0	299,553	
500.00	Grand Total: Increases			935,651	67,930,175	500.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS CHIEF OF GYNECOLOGY							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	15,000	0		1.00
	O		0	15,000			
B - TO RECLASS CHIEF OF PSYCHIATRY							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0		1.00
	O		0	30,000			
C - TO RECLASS PHARMACEUTICALS							
1.00	PHARMACY	15.00	0	14,555,824	0		1.00
	O		0	14,555,824			
D - TO RECLASS MEDICAL SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	1,580,257	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	551,527	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	362,403	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	97,101	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	13,746	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	5,547	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	422,665	0		7.00
8.00	OPERATING ROOM	50.00	0	10,550,795	0		8.00
9.00	RECOVERY ROOM	51.00	0	12,433	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	252,274	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	520,403	0		11.00
12.00	CT SCAN	57.00	0	5,528	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	5,158,947	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	15,040	0		14.00
15.00	G.I. LAB	60.01	0	86,006	0		15.00
16.00	EMERGENCY	91.00	0	515,944	0		16.00
	O		0	20,150,616			
E - TO RECLASS PROF FEES FOR REHAB DIR							
1.00	ADMINISTRATIVE AND GENERAL	5.04	52,214	0	0		1.00
	O		52,214	0			
F - TO RECLASS HYPERBARIC OXYGEN							
1.00	OPERATING ROOM	50.00	108,810	252,705	0		1.00
	O		108,810	252,705			
G - TO RECLASS GI MEDICAL DIRECTOR							
1.00	ADMINISTRATIVE AND GENERAL	5.04	11,211	0	0		1.00
	O		11,211	0			
H - TO RECLASS CARDIOTHORACIC SURG FEES							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	52,500	0		1.00
	O		0	52,500			
I - TO RECLASS POB 1 EXPENSES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	603,353	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		0	603,353			
J - TO RECLASS PURCHASING VARIANCE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	19,654	0		1.00
	O		0	19,654			
K - TO RECLASS DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	16,302,477	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
	O		0	16,302,477			
L - TO RECLASS INTEREST EXPENSE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	81,493	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
	O		0	81,493			
M - TO RECLASS CHIEF OF SURGERY							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0		1.00
	O		0	30,000			
N - TO RECLASS RADIOLOGY MEDICAL DIR							
1.00	ADMINISTRATIVE AND GENERAL	5.04	16,295	0	0		1.00
	O		16,295	0			
O - TO RECLASS LAB ADMIN COSTS							
1.00	LABORATORY	60.00	170,631	383,683	0		1.00
2.00		0.00	0	0	0		2.00
	O		170,631	383,683			

RECLASSIFICATIONS

Provider CCN: 260180

Period:
From 01/01/2014
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
P - TO RECLASS REHAB ADMIN FEES							
1.00	PHYSICAL THERAPY	66.00	214,872	52,555	0		1.00
2.00		0.00	0	0	0		2.00
	0		214,872	52,555			
Q - TO RECLASS ADMISSION KITS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24,677	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	24,677			
R - TO RECLASS DEPARTMENTAL DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,443	0		1.00
2.00	ADMINISTRATIVE	5.01	0	2,349	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	406	0		3.00
4.00	OPERATION OF PLANT	7.00	0	42,534	0		4.00
5.00	OPERATION OF PLANT NW	7.02	0	1,136	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	216	0		6.00
7.00	HOUSEKEEPING	9.00	0	4,648	0		7.00
8.00	DIETARY	10.00	0	26,357	0		8.00
9.00	CAFETERIA	11.00	0	4,757	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	119,127	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,532	0		11.00
12.00	PHARMACY	15.00	0	45,827	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,240	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	61,405	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	111,781	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	3,113	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	1,613	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	7,726	0		18.00
19.00	OPERATING ROOM	50.00	0	895,344	0		19.00
20.00	RECOVERY ROOM	51.00	0	10,534	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	129,711	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	501,653	0		22.00
23.00	CT SCAN	57.00	0	123,325	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,954	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	278,267	0		25.00
26.00	LABORATORY	60.00	0	151,477	0		26.00
27.00	G.I. LAB	60.01	0	79,405	0		27.00
28.00	LABORATORY-PATHOLOGY	60.03	0	30,774	0		28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,843	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	78,025	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	2,590	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	79,236	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,124	0		33.00
34.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	26,377	0		34.00
35.00	DIABETES CARE CENTER	76.02	0	5,676	0		35.00
36.00	OP PSYCH	76.03	0	6,353	0		36.00
37.00	CARDIAC REHAB	76.04	0	2,914	0		37.00
38.00	EMERGENCY	91.00	0	85,685	0		38.00
39.00	AMBULANCE SERVICES	95.00	0	494,563	0		39.00
40.00	CATERING	190.09	0	3,220	0		40.00
41.00	RETAIL PHARMACY	190.10	0	128	0		41.00
	0		0	3,502,388			
S - PASTORAL RESIDENT RECLASS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	37,734	7,445	0		1.00
	0		37,734	7,445			
T - RECLASS GRAHAM MOB							
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	392,301	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		0	392,301			
U - TO RECLASS INTERNS & RESIDENTS							
1.00	ADULTS & PEDIATRICS	30.00	114,057	0	0		1.00
	0		114,057	0			
V - TO RECLASS IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,111,193	0		1.00
	0		0	11,111,193			

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
W - TO RECLASS PHARMACY RESIDENT PROGRAM							
1.00	PHARMACY	15.00	209,827	62,758	0		1.00
	O		209,827	62,758			
X - TO RECLASS PROPERTY INSURANCE							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	299,553	0		1.00
	TOTALS		0	299,553			
500.00	Grand Total: Decreases		935,651	67,930,175			500.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RECLASS CHIEF OF GYNECOLOGY									
1.00	ADULTS & PEDIATRICS	30.00	0	15,000	ADMINISTRATIVE AND GENERAL	5.04	0	15,000	1.00
	0		0	15,000	0		0	15,000	
B - TO RECLASS CHIEF OF PSYCHIATRY									
1.00	MENTAL HEALTH ADMINISTRATION	5.03	0	30,000	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	1.00
	0		0	30,000	0		0	30,000	
C - TO RECLASS PHARMACEUTICALS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,555,824	PHARMACY	15.00	0	14,555,824	1.00
	0		0	14,555,824	0		0	14,555,824	
D - TO RECLASS MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,150,616	NURSING ADMINISTRATION	13.00	0	1,580,257	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	551,527	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	362,403	3.00
4.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	97,101	4.00
5.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	13,746	5.00
6.00		0.00	0	0	SUBPROVIDER - I PF	40.00	0	5,547	6.00
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	422,665	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	10,550,795	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	12,433	9.00
10.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	252,274	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	520,403	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	5,528	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	5,158,947	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	15,040	14.00
15.00		0.00	0	0	G. I. LAB	60.01	0	86,006	15.00
16.00		0.00	0	0	EMERGENCY	91.00	0	515,944	16.00
	0		0	20,150,616	0		0	20,150,616	
E - TO RECLASS PROF FEES FOR REHAB DIR									
1.00	SUBPROVIDER - I RF	41.00	52,214	0	ADMINISTRATIVE AND GENERAL	5.04	52,214	0	1.00
	0		52,214	0	0		52,214	0	
F - TO RECLASS HYPERBARIC OXYGEN									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	108,810	252,705	OPERATING ROOM	50.00	108,810	252,705	1.00
	0		108,810	252,705	0		108,810	252,705	
G - TO RECLASS GI MEDICAL DIRECTOR									
1.00	G. I. LAB	60.01	11,211	0	ADMINISTRATIVE AND GENERAL	5.04	11,211	0	1.00
	0		11,211	0	0		11,211	0	
H - TO RECLASS CARDIOTHORACIC SURG FEES									
1.00	OPERATING ROOM	50.00	0	52,500	ADMINISTRATIVE AND GENERAL	5.04	0	52,500	1.00
	0		0	52,500	0		0	52,500	
I - TO RECLASS POB 1 EXPENSES									
1.00	NEW CAP REL COSTS-POB I	1.05	0	294,550	PHYSICIANS' PRIVATE OFFICES	192.00	0	603,353	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	135,965		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	0	172,838		0.00	0	0	3.00
	0		0	603,353	0		0	603,353	
J - TO RECLASS PURCHASING VARIANCE									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,654	ADMINISTRATIVE AND GENERAL	5.04	0	19,654	1.00
	0		0	19,654	0		0	19,654	
K - TO RECLASS DEPRECIATION EXPENSE									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,867,696	ADMINISTRATIVE AND GENERAL	5.04	0	16,302,477	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482		0.00	0	0	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292		0.00	0	0	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	103,953		0.00	0	0	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	60,003		0.00	0	0	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	904,282		0.00	0	0	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,344,769		0.00	0	0	7.00
	0		0	16,302,477	0		0	16,302,477	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
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Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
L - TO RECLASS INTEREST EXPENSE									
1.00	NEW CAP REL	1.00	0	43,274	ADMINISTRATIVE AND GENERAL	5.04	0	81,493	1.00
	COSTS-BLDG & FIXT								
2.00	NEW CAP REL COSTS-PFD	1.03	0	9,209		0.00	0	0	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	29,010		0.00	0	0	3.00
	0		0	81,493	0		0	81,493	
M - TO RECLASS CHIEF OF SURGERY									
1.00	OPERATING ROOM	50.00	0	30,000	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	1.00
	0		0	30,000	0		0	30,000	
N - TO RECLASS CARDIOLOGY MEDICAL DIR									
1.00	ELECTROCARDIOLOGY	69.00	16,295	0	ADMINISTRATIVE AND GENERAL	5.04	16,295	0	1.00
	0		16,295	0	0		16,295	0	
O - TO RECLASS LAB ADMIN COSTS									
1.00	LABORATORY-PATHOLOGY	60.03	95,103	89,463	LABORATORY	60.00	170,631	383,683	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	75,528	294,220		0.00	0	0	2.00
	0		170,631	383,683	0		170,631	383,683	
P - TO RECLASS REHAB ADMIN FEES									
1.00	OCCUPATIONAL THERAPY	67.00	164,202	40,959	PHYSICAL THERAPY	66.00	214,872	52,555	1.00
2.00	SPEECH PATHOLOGY	68.00	50,670	11,596		0.00	0	0	2.00
	0		214,872	52,555	0		214,872	52,555	
Q - TO RECLASS ADMISSION KITS									
1.00	ADULTS & PEDIATRICS	30.00	0	24,012	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24,677	1.00
2.00	SUBPROVIDER - I RF	41.00	0	418		0.00	0	0	2.00
3.00	SUBPROVIDER - I PF	40.00	0	247		0.00	0	0	3.00
	0		0	24,677	0		0	24,677	
R - TO RECLASS DEPARTMENTAL DEPRECIATION									
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	3,502,388	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,443	1.00
2.00		0.00	0	0	ADMITTING	5.01	0	2,349	2.00
3.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	406	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	42,534	4.00
5.00		0.00	0	0	OPERATION OF PLANT NW	7.02	0	1,136	5.00
6.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	216	6.00
7.00		0.00	0	0	HOUSEKEEPING	9.00	0	4,648	7.00
8.00		0.00	0	0	DIETARY	10.00	0	26,357	8.00
9.00		0.00	0	0	CAFETERIA	11.00	0	4,757	9.00
10.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	119,127	10.00
11.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	39,532	11.00
12.00		0.00	0	0	PHARMACY	15.00	0	45,827	12.00
13.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	1,240	13.00
14.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	61,405	14.00
15.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	111,781	15.00
16.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	3,113	16.00
17.00		0.00	0	0	SUBPROVIDER - I RF	41.00	0	1,613	17.00
18.00		0.00	0	0	SUBPROVIDER - I PF	40.00	0	7,726	18.00
19.00		0.00	0	0	OPERATING ROOM	50.00	0	895,344	19.00
20.00		0.00	0	0	RECOVERY ROOM	51.00	0	10,534	20.00
21.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	129,711	21.00
22.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	501,653	22.00
23.00		0.00	0	0	CT SCAN	57.00	0	123,325	23.00
24.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,954	24.00
25.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	278,267	25.00
26.00		0.00	0	0	LABORATORY	60.00	0	151,477	26.00
27.00		0.00	0	0	G. I. LAB	60.01	0	79,405	27.00
28.00		0.00	0	0	LABORATORY-PATHOLOGY	60.03	0	30,774	28.00
29.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,843	29.00
30.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	78,025	30.00
31.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	2,590	31.00
32.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	79,236	32.00
33.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	23,124	33.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
34.00		0.00	0	0	0 PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	26,377	34.00
35.00		0.00	0	0	0 DIABETES CARE CENTER	76.02	0	5,676	35.00
36.00		0.00	0	0	0 OP PSYCH	76.03	0	6,353	36.00
37.00		0.00	0	0	0 CARDIAC REHAB	76.04	0	2,914	37.00
38.00		0.00	0	0	0 EMERGENCY	91.00	0	85,685	38.00
39.00		0.00	0	0	0 AMBULANCE SERVICES	95.00	0	494,563	39.00
40.00		0.00	0	0	0 CATERING	190.09	0	3,220	40.00
41.00		0.00	0	0	0 RETAIL PHARMACY	190.10	0	128	41.00
			0	3,502,388			0	3,502,388	
S - PASTORAL RESIDENT RECLASS									
1.00	PARAMED ED PRGM PASTORAL CARE	23.00	37,734	7,445	ADMINISTRATIVE AND GENERAL	5.04	37,734	7,445	1.00
			37,734	7,445			37,734	7,445	
T - RECLASS GRAHAM MOB									
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	109,489	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	392,301	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	95,723		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	0	187,089		0.00	0	0	3.00
			0	392,301			0	392,301	
U - TO RECLASS INTERNS & RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	114,057	0	ADULTS & PEDIATRICS	30.00	114,057	0	1.00
			114,057	0			114,057	0	
V - TO RECLASS IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,111,193	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,111,193	1.00
			0	11,111,193			0	11,111,193	
W - TO RECLASS PHARMACY RESIDENT PROGRAM									
1.00	PARAMED ED PRGM PHARMACY	23.01	209,827	62,758	PHARMACY	15.00	209,827	62,758	1.00
			209,827	62,758			209,827	62,758	
X - TO RECLASS PROPERTY INSURANCE									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	299,553	ADMINISTRATIVE AND GENERAL	5.04	0	299,553	1.00
			0	299,553			0	299,553	
500.00	Grand Total: Increases		935,651	67,930,175	Grand Total: Decreases		935,651	67,930,175	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,240,325	0	0	0	1.00
2.00	Land Improvements	6,714,924	5,037	0	5,037	2.00
3.00	Buildings and Fixtures	40,717,067	481,511	0	481,511	3.00
4.00	Building Improvements	55,926,476	193,235	0	193,235	4.00
5.00	Fixed Equipment	77,950,982	767,036	0	767,036	5.00
6.00	Movable Equipment	110,520,758	7,650,584	0	7,650,584	6.00
7.00	HIT designated Assets	5,332,574	2,982,591	0	2,982,591	7.00
8.00	Subtotal (sum of lines 1-7)	299,403,106	12,079,994	0	12,079,994	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	299,403,106	12,079,994	0	12,079,994	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,240,325	0			1.00
2.00	Land Improvements	6,719,961	0			2.00
3.00	Buildings and Fixtures	41,198,578	0			3.00
4.00	Building Improvements	56,119,711	0			4.00
5.00	Fixed Equipment	78,718,018	0			5.00
6.00	Movable Equipment	117,734,728	0			6.00
7.00	HIT designated Assets	8,315,165	0			7.00
8.00	Subtotal (sum of lines 1-7)	311,046,486	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	311,046,486	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

Period:
From 01/01/2014
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Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	173,639,081	0	173,639,081	0.562291	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	7,402,417	0	7,402,417	0.023971	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	13,494,487	0	13,494,487	0.043699	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	114,270,176	0	114,270,176	0.370039	0	2.00
3.00	Total (sum of lines 1-2)	308,806,161	0	308,806,161	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	168,436	168,436	4,867,696	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	7,181	7,181	103,953	0	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	294,550	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	169,492	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	13,090	13,090	904,282	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	110,846	110,846	10,344,769	0	2.00
3.00	Total (sum of lines 1-2)	0	299,553	299,553	16,706,516	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	168,436	5,036,132	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	7,181	111,134	1.03
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	294,550	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	169,492	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	13,090	917,372	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	110,846	10,455,615	2.00
3.00	Total (sum of lines 1-2)	0	0	0	299,553	17,006,069	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-43,274	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			ONEW CAP REL COSTS-WHSE		1.01	0	1.01
1.02 Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			ONEW CAP REL COSTS-B BLDG		1.02	0	1.02
1.03 Investment income - NEW CAP REL COSTS-PFD (chapter 2)	B	-9,209	NEW CAP REL COSTS-PFD		1.03	11	1.03
1.05 Investment income - NEW CAP REL COSTS-POB I (chapter 2)			ONEW CAP REL COSTS-POB I		1.05	0	1.05
1.06 Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			ONEW CAP REL COSTS-GRAHAM MOB		1.06	0	1.06
1.07 Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			ONEW CAP REL COSTS-NW BUILDING		1.07	0	1.07
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-29,010	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-19,080	ADMINISTRATIVE AND GENERAL		5.04	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	-13,710,545				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	-4,735,258				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,248,373	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		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

Period:
From 01/01/2014
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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
26.01 Depreciation - NEW CAP REL COSTS-WHSE			ONEW CAP REL COSTS-WHSE		1.01	0 26.01
26.02 Depreciation - NEW CAP REL COSTS-B BLDG			ONEW CAP REL COSTS-B BLDG		1.02	0 26.02
26.03 Depreciation - NEW CAP REL COSTS-PFD			ONEW CAP REL COSTS-PFD		1.03	0 26.03
26.05 Depreciation - NEW CAP REL COSTS-POB I			ONEW CAP REL COSTS-POB I		1.05	0 26.05
26.06 Depreciation - NEW CAP REL COSTS-GRAHAM MOB			ONEW CAP REL COSTS-GRAHAM MOB		1.06	0 26.06
26.07 Depreciation - NEW CAP REL COSTS-NW BUILDING			ONEW CAP REL COSTS-NW BUILDING		1.07	0 26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 PENSION FUNDING	A	2,303,290	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
33.01 LOSS ON UNNECESSARY BORROWING	A	-556,105	ADMINISTRATIVE AND GENERAL		5.04	0 33.01
33.02 NON ALLOWABLE ASSOC DUES	A	-38,435	ADMINISTRATIVE AND GENERAL		5.04	0 33.02
33.03 OTHER REVENUE EMPLOYEE H&W	B	-44,206	ADMINISTRATIVE AND GENERAL		5.04	0 33.03
33.04 OTHER REVENUE PLANT OPS	B	-26,756	ADMINISTRATIVE AND GENERAL		5.04	0 33.04
33.05 GYN PART B PHYSICIAN FEES	A	-113,400	ADMINISTRATIVE AND GENERAL		5.04	0 33.05
33.06 OTHER REVENUE P.T.	B	-22,215	PHYSICAL THERAPY		66.00	0 33.06
33.07 OTHER REVENUE O.T.	B	-260	OCCUPATIONAL THERAPY		67.00	0 33.07
33.08 ASSET IMPAIRMENT	A	-37,439,985	ADMINISTRATIVE AND GENERAL		5.04	0 33.08
33.09 INTEREST ON UNNECESSARY BORROWING	A	-1,477,198	ADMINISTRATIVE AND GENERAL		5.04	0 33.09
33.10 FIN COST ON UNNECESSARY BORROWING	A	-30,453	ADMINISTRATIVE AND GENERAL		5.04	0 33.10
33.11 OTHER REVENUE NURSING ADMIN	B	-7,000	NURSING ADMINISTRATION		13.00	0 33.11
33.12 OTHER REVENUE RADIOLOGY	B	-645	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13 ENTERTAINMENT EXPENSE	A	-6,431	ADMINISTRATIVE AND GENERAL		5.04	0 33.13
33.14 OTHER REVENUE LAB	B	250	LABORATORY		60.00	0 33.14
33.15 OTHER REVENUE DIABETES CARE CENTER	B	-7,856	DIABETES CARE CENTER		76.02	0 33.15
33.16 OTHER REVENUE ER	B	-672	EMERGENCY		91.00	0 33.16
33.17 MEDICAID TAX ASSESSMNT	A	15,152,100	ADMINISTRATIVE AND GENERAL		5.04	0 33.17
33.18 OTHER REVENUE OP CHEMO	B	-3,150	PAIN MANAGEMENT & OP CHEMOTHERAPY		76.01	0 33.18
33.19 MALPRACTICE ADJUSTMENT	A	-1,249,000	ADMINISTRATIVE AND GENERAL		5.04	0 33.19
33.20 A&G PHYSICIAN PART B FEES	A	-1,479,587	ADMINISTRATIVE AND GENERAL		5.04	0 33.20
33.21 OTHER REVENUE AMBULANCE	B	-69,618	AMBULANCE SERVICES		95.00	0 33.21
33.22 OTHER REVENUE ADMIN	B	-941,897	ADMINISTRATIVE AND GENERAL		5.04	0 33.22
33.23 OTHER REVENUE MEDICAL RECORDS	B	-20,539	MEDICAL RECORDS & LIBRARY		16.00	0 33.23
33.24 ASBESTOS REMOVAL	A	1,025	ADMINISTRATIVE AND GENERAL		5.04	0 33.24
33.25 ASBESTOS REMOVAL	A	-4,203	OPERATION OF PLANT		7.00	0 33.25
33.26 ASBESTOS REMOVAL	A	-380	AMBULANCE SERVICES		95.00	0 33.26
33.27 ENTERTAINMENT	A	-188	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.27
33.28 ENTERTAINMENT	A	-25	CARDIAC CATHETERIZATION		59.00	0 33.28
33.29 ENTERTAINMENT	A	-83	OP PSYCH		76.03	0 33.29
33.30 NON OPERATING REVENUE ADMIN	B	-275,667	ADMINISTRATIVE AND GENERAL		5.04	0 33.30
33.31 NON OPERATING GRANTS & DONATIONS	B	-177,815	ADMINISTRATIVE AND GENERAL		5.04	0 33.31
33.32 PSYCH PART B FEES	A	-165,450	MENTAL HEALTH ADMINISTRATION		5.03	0 33.32
33.33 ASSETS RELEASED FROM RESTRICTED FUND	B	-7,329	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.33
33.34 ASSETS RELEASED FROM RESTRICTED FUND	B	-4,452	ADMINISTRATIVE AND GENERAL		5.04	0 33.34
33.35 ASSETS RELEASED FROM RESTRICTED FUND	B	-1,448	NURSING ADMINISTRATION		13.00	0 33.35

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
33.36	ASSETS RELEASED FROM RESTRICTED FUND	B	-3,990	PHARMACY	15.00	0	33.36
33.37	ASSETS RELEASED FROM RESTRICTED FUND	B	-78,771	MEDICAL RECORDS & LIBRARY	16.00	0	33.37
33.38	ASSETS RELEASED FROM RESTRICTED FUND	B	-628	ADULTS & PEDIATRICS	30.00	0	33.38
33.39	ASSETS RELEASED FROM RESTRICTED FUND	B	-10	ANESTHESIOLOGY	53.00	0	33.39
33.40	ASSETS RELEASED FROM RESTRICTED FUND	B	-34,070	DIABETES CARE CENTER	76.02	0	33.40
33.41	ASSETS RELEASED FROM RESTRICTED FUND	B	-92,425	AMBULANCE SERVICES	95.00	0	33.41
33.42	RCE DISALLOWANCE	A	-85,993	ADMINISTRATIVE AND GENERAL	5.04	0	33.42
33.43	OTHER REVENUE PHARMACY	B	-50,250	PHARMACY	15.00	0	33.43
33.44	NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-4,647	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.44
34.00	OTHER CONTRIBUTIONS	A	-696,250	ADMINISTRATIVE AND GENERAL	5.04	0	34.00
35.00	CHARITABLE CONTRIBUTIONS	A	-12,277	ADMINISTRATIVE AND GENERAL	5.04	0	35.00
36.00	ADVERTISING EXPENSE	A	-1,611	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
37.00	ADVERTISING EXPENSE	A	-900	ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00	ADVERTISING EXPENSE	A	-3,562	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
38.01	ADVERTISING EXPENSE	A	-1,933	PHYSICAL THERAPY	66.00	0	38.01
38.02	SELF FUNDED INSURANCE	A	-92,600	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.02
38.04	SELF FUNDED INSURANCE	A	-141,361	ADMINISTRATIVE	5.01	0	38.04
38.05	SELF FUNDED INSURANCE	A	-22,345	MENTAL HEALTH ADMINISTRATION	5.03	0	38.05
38.06	SELF FUNDED INSURANCE	A	-401,193	ADMINISTRATIVE AND GENERAL	5.04	0	38.06
38.07	SELF FUNDED INSURANCE	A	-175,158	OPERATION OF PLANT	7.00	0	38.07
38.08	SELF FUNDED INSURANCE	A	-159	OPERATION OF PLANT- POB I	7.01	0	38.08
38.09	SELF FUNDED INSURANCE	A	-21,583	OPERATION OF PLANT NW	7.02	0	38.09
38.10	SELF FUNDED INSURANCE	A	-127,642	HOUSEKEEPING	9.00	0	38.10
38.11	SELF FUNDED INSURANCE	A	-8,450	HOUSEKEEPING-POB I	9.01	0	38.11
38.12	SELF FUNDED INSURANCE	A	-16,987	HOUSEKEEPING NW	9.02	0	38.12
38.13	SELF FUNDED INSURANCE	A	-196,215	NURSING ADMINISTRATION	13.00	0	38.13
38.14	SELF FUNDED INSURANCE	A	-29,729	CENTRAL SERVICES & SUPPLY	14.00	0	38.14
38.15	SELF FUNDED INSURANCE	A	-242,003	PHARMACY	15.00	0	38.15
38.16	SELF FUNDED INSURANCE	A	-240,363	MEDICAL RECORDS & LIBRARY	16.00	0	38.16
38.17	SELF FUNDED INSURANCE	A	-58,537	SOCIAL SERVICE	17.00	0	38.17
38.18	SELF FUNDED INSURANCE	A	-2,995	PARAMEDICAL PRGM PASTORAL CARE	23.00	0	38.18
38.19	SELF FUNDED INSURANCE	A	-16,652	PARAMEDICAL PRGM PHARMACY	23.01	0	38.19
38.20	SELF FUNDED INSURANCE	A	-1,397,278	ADULTS & PEDIATRICS	30.00	0	38.20
38.21	SELF FUNDED INSURANCE	A	-356,712	INTENSIVE CARE UNIT	31.00	0	38.21
38.22	SELF FUNDED INSURANCE	A	-217,540	CORONARY CARE UNIT	32.00	0	38.22
38.23	SELF FUNDED INSURANCE	A	-50,485	SUBPROVIDER - IPF	40.00	0	38.23
38.24	SELF FUNDED INSURANCE	A	-75,002	SUBPROVIDER - IRF	41.00	0	38.24
38.25	SELF FUNDED INSURANCE	A	-419,985	OPERATING ROOM	50.00	0	38.25
38.26	SELF FUNDED INSURANCE	A	-47,374	RECOVERY ROOM	51.00	0	38.26
38.27	SELF FUNDED INSURANCE	A	-302,443	RADIOLOGY-DIAGNOSTIC	54.00	0	38.27
38.28	SELF FUNDED INSURANCE	A	-62,989	CT SCAN	57.00	0	38.28
38.29	SELF FUNDED INSURANCE	A	-22,288	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	38.29
38.30	SELF FUNDED INSURANCE	A	-77,712	CARDIAC CATHETERIZATION	59.00	0	38.30
38.31	SELF FUNDED INSURANCE	A	-381,888	LABORATORY	60.00	0	38.31
38.32	SELF FUNDED INSURANCE	A	-49,840	G.I. LAB	60.01	0	38.32
38.33	SELF FUNDED INSURANCE	A	-20,266	VASCULAR LAB	60.02	0	38.33
38.34	SELF FUNDED INSURANCE	A	-38,922	LABORATORY-PATHOLOGY	60.03	0	38.34
38.35	SELF FUNDED INSURANCE	A	-30,911	BLOOD STORING, PROCESSING & TRANS.	63.00	0	38.35
38.36	SELF FUNDED INSURANCE	A	-257,581	RESPIRATORY THERAPY	65.00	0	38.36
38.37	SELF FUNDED INSURANCE	A	-138,712	PHYSICAL THERAPY	66.00	0	38.37
38.38	SELF FUNDED INSURANCE	A	-69,934	OCCUPATIONAL THERAPY	67.00	0	38.38
38.39	SELF FUNDED INSURANCE	A	-21,580	SPEECH PATHOLOGY	68.00	0	38.39
38.40	SELF FUNDED INSURANCE	A	-47,778	ELECTROCARDIOLOGY	69.00	0	38.40
38.41	SELF FUNDED INSURANCE	A	-22,574	ELECTROENCEPHALOGRAPHY	70.00	0	38.41
38.42	SELF FUNDED INSURANCE	A	-9,626	SHOCK THERAPY	76.00	0	38.42
38.43	SELF FUNDED INSURANCE	A	-70,017	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	38.43
38.44	SELF FUNDED INSURANCE	A	-22,598	DIABETES CARE CENTER	76.02	0	38.44
38.45	SELF FUNDED INSURANCE	A	-38,436	OP PSYCH	76.03	0	38.45
38.46	SELF FUNDED INSURANCE	A	-11,067	CARDIAC REHAB	76.04	0	38.46

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
38.47 SELF FUNDED INSURANCE	A	-8,635	HYPERBARIC OXYGEN THERAPY	76.98	0 38.47
38.48 SELF FUNDED INSURANCE	A	-652,000	EMERGENCY	91.00	0 38.48
38.49 SELF FUNDED INSURANCE	A	-391,583	AMBULANCE SERVICES	95.00	0 38.49
38.50 SELF FUNDED INSURANCE	A	-5,919	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 38.50
39.00 SELF FUNDED INSURANCE	B	-47,673	RETAIL PHARMACY	190.10	0 39.00
40.00 SELF FUNDED INSURANCE	B	-17,293	PUBLIC RELATIONS	190.11	0 40.00
41.00 SELF FUNDED INSURANCE	B	-22,673	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0 41.00
42.00 SELF FUNDED INSURANCE	B	-3,119	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0 42.00
43.00		0		0.00	0 43.00
44.00		0		0.00	0 44.00
45.00		0		0.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-54,782,254			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: 260180

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2015 6:18 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	25,294,166	30,083,657 1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	46,246	0 2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	163,511	176,309 3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	144,961	98,402 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	30,848	55,290 4.01
4.02	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	3,468	4,800 4.02
5.00	0		0	25,683,200	30,418,458 5.00

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

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

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

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

6.00	G	BJC HEALTH CARE	0.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE		0.00	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.

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

Provider CCN: 260180

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2015 6:18 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	-4,789,491	0		1.00
2.00	46,246	0		2.00
3.00	-12,798	0		3.00
4.00	46,559	0		4.00
4.01	-24,442	0		4.01
4.02	-1,332	0		4.02
5.00	-4,735,258			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260180

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2015 6:18 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,063,750	1,063,750	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,026,469	2,026,469	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	441,361	441,361	0	0	0	3.00
4.00	50.00	DR. A	1,010	1,010	0	0	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,221,618	4,221,618	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	593,750	593,750	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	75,000	75,000	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	1,625,850	1,625,850	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	3,568,711	3,568,711	0	0	0	9.00
10.00	95.00	AGGREGATE-AMBULANCE SERVICES	83,000	83,000	0	0	0	10.00
11.00	5.04	DR. B	27,000	0	27,000	177,200	336	11.00
12.00	5.04	DR. C	67,786	0	67,786	177,200	678	12.00
200.00			13,795,305	13,700,519	94,786		1,014	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	50.00	DR. A	0	0	0	0	0	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	9.00
10.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	0	0	10.00
11.00	5.04	DR. B	28,625	1,431	0	0	0	11.00
12.00	5.04	DR. C	57,760	2,888	0	0	0	12.00
200.00			86,385	4,319	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,063,750	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,026,469	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	441,361	3.00
4.00	50.00	DR. A	0	0	0	1,010	4.00
5.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	4,221,618	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	593,750	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	75,000	7.00
8.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	1,625,850	8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	3,568,711	9.00
10.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	83,000	10.00
11.00	5.04	DR. B	0	28,625	0	0	11.00
12.00	5.04	DR. C	0	57,760	10,026	10,026	12.00
200.00			0	86,385	10,026	13,710,545	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		0	1.00	1.01	1.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,036,132	5,036,132			1.00
1.01 00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482		1.01
1.02 00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292	1.02
1.03 00103	NEW CAP REL COSTS-PFD	111,134	0	0	0	111,134 1.03
1.05 00105	NEW CAP REL COSTS-POB I	294,550	0	0	0	0 1.05
1.06 00106	NEW CAP REL COSTS-GRAHAM MOB	169,492	0	0	0	0 1.06
1.07 00107	NEW CAP REL COSTS-NW BUILDING	917,372	0	0	0	0 1.07
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	10,455,615				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,378,996	9,058	0	964	10,287 4.00
5.01 00570	ADMINISTRATIVE	2,343,090	43,745	0	0	10,138 5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	51,056	0	0	46	0 5.02
5.03 00590	MENTAL HEALTH ADMINISTRATION	340,233	0	0	139	0 5.03
5.04 00591	ADMINISTRATIVE AND GENERAL	47,163,812	420,258	3,093	1,595	64,483 5.04
7.00 00700	OPERATION OF PLANT	6,923,410	697,605	334	1,064	13,684 7.00
7.01 00701	OPERATION OF PLANT- POB I	2,661	0	0	0	0 7.01
7.02 00702	OPERATION OF PLANT NW	639,918	0	0	0	0 7.02
8.00 00800	LAUNDRY & LINEN SERVICE	1,086,874	53,779	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,116,271	58,576	0	102	515 9.00
9.01 00901	HOUSEKEEPING-POB I	176,350	0	0	0	0 9.01
9.02 00902	HOUSEKEEPING NW	398,055	0	0	0	0 9.02
10.00 01000	DIETARY	4,181,638	33,067	2,055	0	482 10.00
11.00 01100	CAFETERIA	111,536	38,579	0	1,297	1,323 11.00
13.00 01300	NURSING ADMINISTRATION	3,077,808	0	0	297	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	555,947	59,159	0	0	0 14.00
15.00 01500	PHARMACY	4,338,938	33,032	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,743,224	51,922	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	891,812	0	0	0	0 17.00
17.01 01850	RESEARCH ADMIN	0	0	0	0	0 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	114,057	0	0	0	0 21.00
23.00 02300	PARAMED ED PRGM PASTORAL CARE	42,184	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM PHARMACY	255,933	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,391,293	1,344,894	0	274	0 30.00
31.00 03100	INTENSIVE CARE UNIT	5,832,321	93,762	0	159	0 31.00
32.00 03200	CORONARY CARE UNIT	3,497,218	82,395	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	803,670	44,483	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	1,221,194	77,026	0	0	0 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,614,203	595,165	0	58	0 50.00
51.00 05100	RECOVERY ROOM	754,267	29,318	0	0	0 51.00
53.00 05300	ANESTHESIOLOGY	382,526	4,714	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,936,866	448,338	0	145	0 54.00
57.00 05700	CT SCAN	1,206,954	19,783	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	409,802	12,260	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,739,858	79,431	0	0	0 59.00
60.00 06000	LABORATORY	10,027,133	55,374	0	3,794	0 60.00
60.01 06001	G.I. LAB	1,278,361	18,248	0	946	0 60.01
60.02 06002	VASCULAR LAB	313,510	0	0	383	0 60.02
60.03 06003	LABORATORY-PATHOLOGY	1,002,218	0	0	332	0 60.03
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,269,024	0	0	363	0 63.00
65.00 06500	RESPIRATORY THERAPY	4,614,161	25,675	0	53	0 65.00
66.00 06600	PHYSICAL THERAPY	2,202,321	38,948	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,034,696	21,462	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	313,671	14,629	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	803,628	0	0	796	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	367,953	0	0	439	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,014,746	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	11,111,193	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	14,555,824	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,570,738	16,117	0	0	0 74.00
76.00 03320	SHOCK THERAPY	132,239	0	0	0	0 76.00
76.01 03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,258,344	3,607	0	0	0 76.01
76.02 03950	DIABETES CARE CENTER	382,788	0	0	0	0 76.02
76.03 03550	OP PSYCH	634,281	0	0	0	0 76.03
76.04 03020	CARDIAC REHAB	175,720	26,747	0	0	0 76.04
76.98 07698	HYPERBARIC OXYGEN THERAPY	352,880	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	10,989,354	196,881	0	1,595	0 91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1.00	1.01	1.02	1.03	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	7,394,598	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	238,529,425	4,748,037	5,482	15,059	100,912	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	644,474	14,998	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	125,354	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	4,563	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	143,494	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	163,400	0	0	0	204	190.09
190.10 19010 RETAIL PHARMACY	5,845,754	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	1,159,119	4,249	0	0	2,546	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	647,394	0	0	0	2,909	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	75,499	0	0	0	0	192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	247,065,065	5,036,132	5,482	16,292	111,134	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
		NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
		1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I	294,550				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	169,492			1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	917,372		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				10,455,615	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,953	0	0	5,501	4.00
5.01	00570	ADMITTING	0	0	24,967	2,374	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	410	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	44,299	7,873	182,864	7,033,292	5.04
7.00	00700	OPERATION OF PLANT	23,149	781	0	42,990	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	21,170	1,148	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	9,571	218	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,698	9.00
9.01	00901	HOUSEKEEPING-POB I	328	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	13,090	0	9.02
10.00	01000	DIETARY	0	0	0	26,639	10.00
11.00	01100	CAFETERIA	0	0	23,614	4,808	11.00
13.00	01300	NURSING ADMINISTRATION	1,202	0	0	120,404	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	37,605	14.00
15.00	01500	PHARMACY	0	0	0	46,318	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,478	0	12,397	1,253	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	62,063	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	86,059	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	3,146	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	7,809	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	1,630	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	893,465	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,647	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	131,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,145	0	70,756	496,108	54.00
57.00	05700	CT SCAN	0	0	49,604	58,715	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	23,372	13,093	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	281,249	59.00
60.00	06000	LABORATORY	993	0	21,083	153,100	60.00
60.01	06001	G.I. LAB	0	0	0	80,256	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	31,104	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,863	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	55,551	78,861	65.00
66.00	06600	PHYSICAL THERAPY	0	37,806	0	2,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,613	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,905	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	80,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	57,770	23,372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,098	0	0	26,660	76.01
76.02	03950	DIABETES CARE CENTER	5,367	0	0	5,737	76.02
76.03	03550	OP PSYCH	0	0	0	6,421	76.03
76.04	03020	CARDIAC REHAB	0	0	0	2,945	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	310,784	86,603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP				
	1.05	1.06	1.07	2.00			4.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	499,863	298,032	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,012	55,978	876,593	10,452,231	5,339,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,505	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	40,779	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	13,834	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	3,255	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	129	36,284	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	13,161	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	17,257	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	170,704	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	113,514	0	0	2,374	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	294,550	169,492	917,372	10,455,615	5,412,759	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINISTRATIVE	2,531,903					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	51,512				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	357,379			5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	55,226,916	55,226,916	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,836,329	2,255,946	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	2,782	801	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	678,683	195,381	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,150,442	331,193	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,277,310	943,482	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	183,109	52,714	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	424,074	122,084	9.02
10.00	01000	DIETARY	0	0	0	4,243,881	1,221,741	10.00
11.00	01100	CAFETERIA	0	0	0	181,157	52,152	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,349,050	964,135	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	675,338	194,418	14.00
15.00	01500	PHARMACY	0	0	0	4,602,475	1,324,974	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,996,213	1,438,325	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	936,364	269,563	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	114,057	32,835	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	44,463	12,800	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	268,607	77,327	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	231,656	4,741	300,763	25,399,121	7,311,946	30.00
31.00	03100	INTENSIVE CARE UNIT	51,708	1,058	0	6,336,559	1,824,188	31.00
32.00	03200	CORONARY CARE UNIT	38,380	786	0	3,787,494	1,090,355	32.00
40.00	04000	SUBPROVIDER - I PF	3,987	82	56,616	955,071	274,949	40.00
41.00	04100	SUBPROVIDER - I RF	10,654	218	0	1,367,806	393,768	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	142,435	2,915	0	11,567,890	3,330,199	50.00
51.00	05100	RECOVERY ROOM	16,695	342	0	847,325	243,930	51.00
53.00	05300	ANESTHESIOLOGY	28,189	577	0	547,107	157,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	163,772	3,352	0	7,368,670	2,121,315	54.00
57.00	05700	CT SCAN	195,406	3,999	0	1,582,402	455,547	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	42,312	866	0	518,669	149,316	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,579	1,567	0	2,237,830	644,233	59.00
60.00	06000	LABORATORY	349,950	6,853	0	10,908,933	3,140,496	60.00
60.01	06001	G. I. LAB	22,852	468	0	1,439,064	414,282	60.01
60.02	06002	VASCULAR LAB	14,743	302	0	344,362	99,136	60.02
60.03	06003	LABORATORY-PATHOLOGY	17,215	352	0	1,080,845	311,157	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,141	474	0	2,318,391	667,425	63.00
65.00	06500	RESPIRATORY THERAPY	76,811	1,572	0	5,048,728	1,453,443	65.00
66.00	06600	PHYSICAL THERAPY	34,361	703	0	2,422,330	697,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,826	344	0	1,131,167	325,644	67.00
68.00	06800	SPEECH PATHOLOGY	4,083	84	0	353,797	101,852	68.00
69.00	06900	ELECTROCARDIOLOGY	84,041	1,720	0	1,006,633	289,793	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,029	287	0	481,031	138,481	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,783	1,715	0	9,100,244	2,619,806	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	103,055	2,109	0	11,216,357	3,228,999	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	227,043	4,647	0	14,787,514	4,257,074	73.00
74.00	07400	RENAL DIALYSIS	14,343	294	0	1,601,492	461,042	74.00
76.00	03320	SHOCK THERAPY	616	13	0	140,194	40,359	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	11,141	228	0	1,356,367	390,475	76.01
76.02	03950	DIABETES CARE CENTER	346	7	0	411,444	118,448	76.02
76.03	03550	OP PSYCH	9,369	192	0	679,516	195,621	76.03
76.04	03020	CARDIAC REHAB	1,275	26	0	215,136	61,934	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	4,346	89	0	363,887	104,757	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	343,042	7,021	0	12,431,514	3,578,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	73,719	1,509	0	8,267,939	2,380,199	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	Subtotal	ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5A.03	5.04	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,531,903	51,512	357,379	237,814,079	52,563,713	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	663,977	191,148	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	355	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	40,779	11,740	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	125,354	36,087	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	4,563	1,314	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	143,494	41,309	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	13,834	3,983	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	166,859	48,036	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	5,882,167	1,693,376	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,179,075	339,436	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	667,560	192,179	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	170,704	49,143	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	191,387	55,097	192.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,531,903	51,512	357,379	247,065,065	55,226,916	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	10,092,275					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	3,583				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	874,064			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	116,924	0	12,152	1,610,711		8.00
9.00	00900	HOUSEKEEPING	147,695	0	0	0	4,368,487	9.00
9.01	00901	HOUSEKEEPING-POB I	0	5	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	16,621	0	0	9.02
10.00	01000	DIETARY	272,020	0	0	0	123,707	10.00
11.00	01100	CAFETERIA	239,903	0	29,985	0	109,101	11.00
13.00	01300	NURSING ADMINISTRATION	29,736	20	0	0	13,523	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	128,621	0	0	21,129	58,493	14.00
15.00	01500	PHARMACY	71,816	0	0	0	32,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	112,887	73	15,741	0	51,337	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,951,512	0	0	771,994	1,342,259	30.00
31.00	03100	INTENSIVE CARE UNIT	219,769	0	0	105,902	99,944	31.00
32.00	03200	CORONARY CARE UNIT	179,138	0	0	71,995	81,467	32.00
40.00	04000	SUBPROVIDER - IPF	96,712	0	0	6,072	43,982	40.00
41.00	04100	SUBPROVIDER - IRF	167,467	0	0	48,643	76,159	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,299,826	0	0	109,393	591,122	50.00
51.00	05100	RECOVERY ROOM	63,741	0	0	1,563	28,988	51.00
53.00	05300	ANESTHESIOLOGY	10,248	0	0	0	4,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	989,298	313	89,843	59,680	449,903	54.00
57.00	05700	CT SCAN	43,012	0	62,985	27,189	19,560	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,656	0	29,676	0	12,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	172,694	0	0	13,425	78,536	59.00
60.00	06000	LABORATORY	500,562	16	26,770	0	227,641	60.00
60.01	06001	G.I. LAB	134,444	0	0	16,620	61,141	60.01
60.02	06002	VASCULAR LAB	38,405	0	0	0	17,466	60.02
60.03	06003	LABORATORY-PATHOLOGY	33,307	0	0	0	15,147	60.03
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	36,335	0	0	0	16,524	63.00
65.00	06500	RESPIRATORY THERAPY	61,153	0	70,536	34	27,811	65.00
66.00	06600	PHYSICAL THERAPY	84,678	0	0	4,110	38,509	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,661	0	0	0	21,220	67.00
68.00	06800	SPEECH PATHOLOGY	31,806	0	0	0	14,464	68.00
69.00	06900	ELECTROCARDIOLOGY	79,761	0	0	1,393	36,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,995	0	73,354	646	20,008	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	35,041	0	0	774	15,936	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	7,842	51	0	395	3,566	76.01
76.02	03950	DIABETES CARE CENTER	0	88	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	58,151	0	0	0	26,446	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	587,932	0	394,622	312,432	267,374	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,816	0	0	37,322	9,921	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,141,564	566	822,285	1,610,711	4,036,971	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		7.00	7.01	7.02	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,608	0	0	0	14,829	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	123,575	0	0	0	56,198	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	51,779	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	272,538	0	0	0	123,942	190.04
190.05	19005	NON REIMBURSABLE PFD	89,621	0	0	0	40,757	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	311,978	0	0	0	41,039	190.06
190.07	19007	NON REIMBURSABLE POB I	0	226	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	4,011	0	0	0	1,824	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	57,142	0	0	0	25,987	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	59,238	2,791	0	0	26,940	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,092,275	3,583	874,064	1,610,711	4,368,487	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description			HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	235,828					9.01
9.02	00902	HOUSEKEEPING NW	0	562,779				9.02
10.00	01000	DIETARY	0	0	5,861,349			10.00
11.00	01100	CAFETERIA	0	19,963	3,930,898	4,563,159		11.00
13.00	01300	NURSING ADMINISTRATION	1,295	0	0	90,501	4,448,260	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	28,850	0	14.00
15.00	01500	PHARMACY	0	0	0	97,315	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,826	10,480	0	152,659	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	32,526	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	3,148	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	7,870	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,328,893	956,905	2,200,595	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	156,574	173,650	398,959	31.00
32.00	03200	CORONARY CARE UNIT	0	0	118,188	133,518	306,848	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	31,066	29,907	69,173	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	88,649	45,383	104,873	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	204,602	421,879	50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,818	52,376	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,633	59,816	0	155,807	0	54.00
57.00	05700	CT SCAN	0	41,934	0	33,308	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,758	0	10,754	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,410	0	59.00
60.00	06000	LABORATORY	1,070	17,823	0	267,289	0	60.00
60.01	06001	G. I. LAB	0	0	0	26,759	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	10,226	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	28,333	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19,406	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	46,962	0	139,021	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	84,205	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	43,280	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,490	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,114	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	48,838	0	14,430	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	4,194	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,338	0	0	50,358	115,483	76.01
76.02	03950	DIABETES CARE CENTER	5,784	0	0	13,902	0	76.02
76.03	03550	OP PSYCH	0	0	0	24,920	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	5,250	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5,768	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	262,731	0	363,305	778,074	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	304,284	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,946	528,305	5,654,268	3,659,465	4,448,260	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Cost Center Description		HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
		OB I	NW			ADMINISTRATION	
		9.01	9.02	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,560	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	854,646	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	34,474	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	14,910	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	207,081	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	21,508	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	8,916	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	7,870	0 190.12
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	183,972	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	4,194	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	235,828	562,779	5,861,349	4,563,159	4,448,260 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/23/2015 6:18 am				
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN		
		14.00	15.00	16.00	17.00	17.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-WHSE				1.01		
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02		
1.03	00103	NEW CAP REL COSTS-PFD				1.03		
1.05	00105	NEW CAP REL COSTS-POB I				1.05		
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06		
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00570	ADMINITTING				5.01		
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02		
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03		
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OPERATION OF PLANT- POB I				7.01		
7.02	00702	OPERATION OF PLANT NW				7.02		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
9.01	00901	HOUSEKEEPING-POB I				9.01		
9.02	00902	HOUSEKEEPING NW				9.02		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	1,106,849			14.00		
15.00	01500	PHARMACY	0	6,129,240		15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,782,541	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	1,238,453	17.00	
17.01	01850	RESEARCH ADMIN	0	0	0	0	17.01	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	23.00	
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	962	620,604	1,042,282	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	246	138,525	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	69	102,819	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	26	10,682	196,171	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	34	28,542	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,242	381,583	0	0	50.00
51.00	05100	RECOVERY ROOM	0	17	44,725	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	23,351	75,519	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13	438,746	0	0	54.00
57.00	05700	CT SCAN	0	32	523,491	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	113,352	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30	205,155	0	0	59.00
60.00	06000	LABORATORY	0	63	937,104	0	0	60.00
60.01	06001	G.I. LAB	0	22	61,221	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	39,496	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	46,118	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	61,995	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	448	205,777	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	98	92,054	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	45,077	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,938	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	225,144	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	37,585	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	514,176	0	224,454	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	592,673	0	276,083	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,067,439	608,247	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	26	38,425	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	1,650	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	707	29,846	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	926	0	0	76.02
76.03	03550	OP PSYCH	0	0	25,099	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	3,416	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	11,642	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	2,023	919,007	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	25,392	197,494	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2014
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
		14.00	15.00	16.00	17.00	17.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,106,849	6,129,240	6,782,541	1,238,453	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,106,849	6,129,240	6,782,541	1,238,453	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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To 12/31/2014

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES					
		21.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01850	RESEARCH ADMIN					17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	146,892				21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	60,411			23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	353,804		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	46,583	0	43,973,656	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,489	0	9,459,805	31.00
32.00	03200	CORONARY CARE UNIT	0	4,143	0	5,876,034	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,089	0	1,714,900	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,107	0	2,324,431	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	146,892	0	0	18,061,628	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,305,483	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	818,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,754,037	54.00
57.00	05700	CT SCAN	0	0	0	2,789,460	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	880,303	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,387,313	59.00
60.00	06000	LABORATORY	0	0	0	16,027,767	60.00
60.01	06001	G.I. LAB	0	0	0	2,153,553	60.01
60.02	06002	VASCULAR LAB	0	0	0	549,091	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,514,907	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,120,076	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,053,913	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,423,332	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,613,049	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	523,347	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,668,111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	858,368	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,458,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,314,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	353,804	26,074,078	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,152,736	74.00
76.00	03320	SHOCK THERAPY	0	0	0	186,397	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	1,958,428	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	550,592	76.02
76.03	03550	OP PSYCH	0	0	0	925,156	76.03
76.04	03020	CARDIAC REHAB	0	0	0	370,333	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	486,054	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	19,897,836	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES							
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	21.00	23.00	23.01	24.00	25.00	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES	0	0	0	11,244,367	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)	146,892	60,411	353,804	232,469,722	-146,892		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	909,122	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	854,646	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	181,361	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	138,772	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	557,921	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	136,255	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	537,820	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	32,953	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	207,081	0	0	190.08
190.09	19009 CATERING	0	0	0	220,730	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	7,597,051	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,527,427	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	950,738	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	492,788	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	250,678	0	0	192.01
200.00	Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	146,892	60,411	353,804	247,065,065	-146,892		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMIN TTING		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	43,973,656	30.00
31.00	03100 INTENSIVE CARE UNIT	9,459,805	31.00
32.00	03200 CORONARY CARE UNIT	5,876,034	32.00
40.00	04000 SUBPROVIDER - IPF	1,714,900	40.00
41.00	04100 SUBPROVIDER - IRF	2,324,431	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	17,914,736	50.00
51.00	05100 RECOVERY ROOM	1,305,483	51.00
53.00	05300 ANESTHESIOLOGY	818,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,754,037	54.00
57.00	05700 CT SCAN	2,789,460	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	880,303	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,387,313	59.00
60.00	06000 LABORATORY	16,027,767	60.00
60.01	06001 G.I. LAB	2,153,553	60.01
60.02	06002 VASCULAR LAB	549,091	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,514,907	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,120,076	63.00
65.00	06500 RESPIRATORY THERAPY	7,053,913	65.00
66.00	06600 PHYSICAL THERAPY	3,423,332	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,613,049	67.00
68.00	06800 SPEECH PATHOLOGY	523,347	68.00
69.00	06900 ELECTROCARDIOLOGY	1,668,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	858,368	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,458,680	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,314,112	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,074,078	73.00
74.00	07400 RENAL DIALYSIS	2,152,736	74.00
76.00	03320 SHOCK THERAPY	186,397	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	1,958,428	76.01
76.02	03950 DIABETES CARE CENTER	550,592	76.02
76.03	03550 OP PSYCH	925,156	76.03
76.04	03020 CARDIAC REHAB	370,333	76.04
76.98	07698 HYPERBARIIC OXYGEN THERAPY	486,054	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	19,897,836	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	11,244,367	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	232,322,830	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	909,122	190.00
190.01	19001 VISITOR MEALS	854,646	190.01
190.02	19002 NON REIMBURSABLE B BLDG	181,361	190.02
190.03	19003 NON REIMB NW BUILDING	138,772	190.03
190.04	19004 NON REIMBURSABLE CHIP	557,921	190.04
190.05	19005 NON REIMBURSABLE PFD	136,255	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	537,820	190.06
190.07	19007 NON REIMBURSABLE POB I	32,953	190.07
190.08	19008 MEALS ON WHEELS	207,081	190.08
190.09	19009 CATERING	220,730	190.09
190.10	19010 RETAIL PHARMACY	7,597,051	190.10
190.11	19011 PUBLIC RELATIONS	1,527,427	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	950,738	190.12
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	492,788	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	250,678	192.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	246,918,173	202.00

COST ALLOCATION STATISTICS

Provider CCN: 260180

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

Worksheet Non-CMS W
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	1.03
1.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	ADMITTING	27	GROSS	REVENUE	5.01
5.02	CASHIERING/ACCOUNTS RECEIVABLE	27	GROSS	REVENUE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIENT	DAYS	5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	28	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	7.01
7.02	OPERATION OF PLANT NW	30	SQUARE	FEET	7.02
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	29	SQUARE	FEET	9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	9.01
9.02	HOUSEKEEPING NW	30	SQUARE	FEET	9.02
10.00	DIETARY	8	MEALS	SERVED	10.00
11.00	CAFETERIA	9	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	14	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	16.00
17.00	SOCIAL SERVICE	16	TIME	SPENT	17.00
17.01	RESEARCH ADMIN	17	TIME	SPENT	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
23.00	PARAMED PRGM PASTORAL CARE	34	PATIENT	DAYS	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD		
		0	1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.05	00105	NEW CAP REL COSTS-POB I					1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,636	9,058	0	964	10,287	4.00
5.01	00570	ADMINISTRATIVE	16,605	43,745	0	0	10,138	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	4,121	0	0	139	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	1,648,434	420,258	3,093	1,595	64,483	5.04
7.00	00700	OPERATION OF PLANT	20,560	697,605	334	1,064	13,684	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	3,899	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,779	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	58,576	0	102	515	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	42,112	33,067	2,055	0	482	10.00
11.00	01100	CAFETERIA	0	38,579	0	1,297	1,323	11.00
13.00	01300	NURSING ADMINISTRATION	1,475,395	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	59,159	0	0	0	14.00
15.00	01500	PHARMACY	432,688	33,032	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,505	51,922	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,667	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,867	1,344,894	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,458	93,762	0	159	0	31.00
32.00	03200	CORONARY CARE UNIT	600	82,395	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	6,824	44,483	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	463	77,026	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	335,783	595,165	0	58	0	50.00
51.00	05100	RECOVERY ROOM	0	29,318	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	4,714	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,746	448,338	0	145	0	54.00
57.00	05700	CT SCAN	0	19,783	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,260	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,900	79,431	0	0	0	59.00
60.00	06000	LABORATORY	8,142	55,374	0	3,794	0	60.00
60.01	06001	G. I. LAB	8,000	18,248	0	946	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	62,403	0	0	332	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	363	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,117	25,675	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	13,502	38,948	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,462	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,629	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,117	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,800	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,536	16,117	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	6,958	3,607	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	4,597	0	0	0	0	76.02
76.03	03550	OP PSYCH	5,192	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	381	26,747	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	30,673	196,881	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD			
		1.00	1.01	1.02	1.03			
OTHER REIMBURSABLE COST CENTERS								
95.00 09500	AMBULANCE SERVICES	5,175	0	0	218	0	95.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,242,856	4,748,037	5,482	15,059	100,912	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,998	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	125,354	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	4,563	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	143,494	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	204	190.09
190.10	19010	RETAIL PHARMACY	876	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	5,915	4,249	0	0	2,546	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	2,550	0	0	0	2,909	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	4,252,197	5,036,132	5,482	16,292	111,134	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal	
		NEW POB I	NEW GRAHAM MOB	NEW NW BUI LDING	NEW MVBLE EQUI P		
		1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUI LDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUI P					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,953	0	0	5,501	4.00
5.01	00570	ADMINISTRATIVE	0	0	24,967	2,374	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	410	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	44,299	7,873	182,864	7,033,292	5.04
7.00	00700	OPERATION OF PLANT	23,149	781	0	42,990	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	21,170	1,148	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	9,571	218	8.00
9.00	00900	HOUSEKEEPING	0	0	0	4,698	9.00
9.01	00901	HOUSEKEEPING-POB I	328	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	13,090	0	9.02
10.00	01000	DIETARY	0	0	0	26,639	10.00
11.00	01100	CAFETERIA	0	0	23,614	4,808	11.00
13.00	01300	NURSING ADMINISTRATION	1,202	0	0	120,404	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	37,605	14.00
15.00	01500	PHARMACY	0	0	0	46,318	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,478	0	12,397	1,253	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	62,063	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	86,059	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	3,146	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	7,809	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,630	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	893,465	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,647	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	131,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,145	0	70,756	496,108	54.00
57.00	05700	CT SCAN	0	0	49,604	58,715	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	23,372	13,093	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	281,249	59.00
60.00	06000	LABORATORY	993	0	21,083	153,100	60.00
60.01	06001	G.I. LAB	0	0	0	80,256	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	31,104	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,863	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	55,551	78,861	65.00
66.00	06600	PHYSICAL THERAPY	0	37,806	0	2,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,613	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,905	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	80,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	57,770	23,372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,098	0	0	26,660	76.01
76.02	03950	DIABETES CARE CENTER	5,367	0	0	5,737	76.02
76.03	03550	OP PSYCH	0	0	0	6,421	76.03
76.04	03020	CARDIAC REHAB	0	0	0	2,945	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	310,784	86,603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	499,863	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal			
	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP				
	1.05	1.06	1.07	2.00				
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)				20,607,160	118.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	14,998	190.00	
190.01	19001	VISITOR MEALS	0	0	0	0	190.01	
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	190.02	
190.03	19003	NON REIMB NW BUILDING	0	0	40,779	40,779	190.03	
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	125,354	190.04	
190.05	19005	NON REIMBURSABLE PFD	0	0	0	4,563	190.05	
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	143,494	190.06	
190.07	19007	NON REIMBURSABLE POB I	13,834	0	0	13,834	190.07	
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08	
190.09	19009	CATERING	0	0	0	3,255	190.09	
190.10	19010	RETAIL PHARMACY	0	0	0	129	190.10	
190.11	19011	PUBLIC RELATIONS	0	0	0	12,710	190.11	
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	5,459	190.12	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	170,704	0	0	170,704	192.00	
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	113,514	0	113,514	192.01	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	294,550	169,492	917,372	10,455,615	21,258,266	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am
Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	ADMINISTRATIVE AND GENERAL
	4.00	5.01	5.02	5.03	5.04
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	NEW CAP REL COSTS-WHSE				1.01
1.02 00102	NEW CAP REL COSTS-B BLDG				1.02
1.03 00103	NEW CAP REL COSTS-PFD				1.03
1.05 00105	NEW CAP REL COSTS-POB I				1.05
1.06 00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07 00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	59,399			4.00
5.01 00570	ADMINING	1,181	99,010		5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	456	5.02
5.03 00590	MENTAL HEALTH ADMINISTRATION	187	0	0	5.03
5.04 00591	ADMINISTRATIVE AND GENERAL	3,352	0	4,447	9,409,543
7.00 00700	OPERATION OF PLANT	1,463	0	0	384,364
7.01 00701	OPERATION OF PLANT- POB I	1	0	0	136
7.02 00702	OPERATION OF PLANT NW	181	0	0	33,289
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	56,428
9.00 00900	HOUSEKEEPING	1,066	0	0	160,749
9.01 00901	HOUSEKEEPING-POB I	71	0	0	8,981
9.02 00902	HOUSEKEEPING NW	142	0	0	20,800
10.00 01000	DIETARY	0	0	0	208,158
11.00 01100	CAFETERIA	0	0	0	8,886
13.00 01300	NURSING ADMINISTRATION	1,639	0	0	164,268
14.00 01400	CENTRAL SERVICES & SUPPLY	248	0	0	33,125
15.00 01500	PHARMACY	2,022	0	0	225,747
16.00 01600	MEDICAL RECORDS & LIBRARY	2,008	0	0	245,059
17.00 01700	SOCIAL SERVICE	489	0	0	45,928
17.01 01850	RESEARCH ADMIN	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	5,594
23.00 02300	PARAMED PRGM PASTORAL CARE	25	0	0	2,181
23.01 02301	PARAMED PRGM PHARMACY	139	0	0	13,175
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	11,662	9,067	83	3,743
31.00 03100	INTENSIVE CARE UNIT	2,980	2,024	19	0
32.00 03200	CORONARY CARE UNIT	1,817	1,502	14	0
40.00 04000	SUBPROVIDER - I PF	422	156	1	704
41.00 04100	SUBPROVIDER - I RF	627	417	4	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	3,509	5,575	51	0
51.00 05100	RECOVERY ROOM	396	653	6	0
53.00 05300	ANESTHESIOLOGY	0	1,103	10	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,527	6,410	59	0
57.00 05700	CT SCAN	526	7,648	70	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	186	1,656	15	0
59.00 05900	CARDIAC CATHETERIZATION	649	2,997	27	0
60.00 06000	LABORATORY	3,190	13,612	-324	0
60.01 06001	G. I. LAB	416	894	8	0
60.02 06002	VASCULAR LAB	169	577	5	0
60.03 06003	LABORATORY-PATHOLOGY	325	674	6	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	258	906	8	0
65.00 06500	RESPIRATORY THERAPY	2,152	3,006	28	0
66.00 06600	PHYSICAL THERAPY	1,159	1,345	12	0
67.00 06700	OCCUPATIONAL THERAPY	584	659	6	0
68.00 06800	SPEECH PATHOLOGY	180	160	1	0
69.00 06900	ELECTROCARDIOLOGY	399	3,289	30	0
70.00 07000	ELECTROENCEPHALOGRAPHY	189	549	5	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,279	30	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	4,033	37	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	8,886	82	0
74.00 07400	RENAL DIALYSIS	0	561	5	0
76.00 03320	SHOCK THERAPY	80	24	0	0
76.01 03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	585	436	4	0
76.02 03950	DIABETES CARE CENTER	189	14	0	0
76.03 03550	OP PSYCH	321	367	3	0
76.04 03020	CARDIAC REHAB	92	50	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	72	170	2	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	5,447	13,426	123	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				609,753
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	3,271	2,885	26	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATION	ADMINISTRATIVE AND GENERAL		
		4.00	5.01	5.02	5.03	5.04		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		58,593	99,010	456	4,447	8,955,794	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49	0	0	0	32,567	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	60	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	2,000	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	6,148	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	224	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	7,038	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	679	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	8,184	190.09
190.10	19010	RETAIL PHARMACY	398	0	0	0	288,514	190.10
190.11	19011	PUBLIC RELATIONS	144	0	0	0	57,832	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	189	0	0	0	32,743	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	8,373	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	26	0	0	0	9,387	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	59,399	99,010	456	4,447	9,409,543	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	1,185,994					7.00
7.01	00701	OPERATION OF PLANT- POB I	0	137				7.01
7.02	00702	OPERATION OF PLANT NW	0	0	59,687			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	13,740	0	830	134,566		8.00
9.00	00900	HOUSEKEEPING	17,356	0	0	0	243,062	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	1,135	0	0	9.02
10.00	01000	DIETARY	31,966	0	0	0	6,883	10.00
11.00	01100	CAFETERIA	28,192	0	2,048	0	6,070	11.00
13.00	01300	NURSING ADMINISTRATION	3,494	1	0	0	752	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,115	0	0	1,765	3,255	14.00
15.00	01500	PHARMACY	8,439	0	0	0	1,817	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,266	3	1,075	0	2,856	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	346,851	0	0	64,496	74,684	30.00
31.00	03100	INTENSIVE CARE UNIT	25,826	0	0	8,847	5,561	31.00
32.00	03200	CORONARY CARE UNIT	21,051	0	0	6,015	4,533	32.00
40.00	04000	SUBPROVIDER - IPF	11,365	0	0	507	2,447	40.00
41.00	04100	SUBPROVIDER - IRF	19,680	0	0	4,064	4,237	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	152,749	0	0	9,139	32,890	50.00
51.00	05100	RECOVERY ROOM	7,491	0	0	131	1,613	51.00
53.00	05300	ANESTHESIOLOGY	1,204	0	0	0	259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,257	12	6,135	4,986	25,033	54.00
57.00	05700	CT SCAN	5,055	0	4,301	2,271	1,088	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,132	0	2,026	0	674	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,294	0	0	1,122	4,370	59.00
60.00	06000	LABORATORY	58,824	1	1,828	0	12,666	60.00
60.01	06001	G. I. LAB	15,799	0	0	1,389	3,402	60.01
60.02	06002	VASCULAR LAB	4,513	0	0	0	972	60.02
60.03	06003	LABORATORY-PATHOLOGY	3,914	0	0	0	843	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,270	0	0	0	919	63.00
65.00	06500	RESPIRATORY THERAPY	7,186	0	4,817	3	1,547	65.00
66.00	06600	PHYSICAL THERAPY	9,951	0	0	343	2,143	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,483	0	0	0	1,181	67.00
68.00	06800	SPEECH PATHOLOGY	3,738	0	0	0	805	68.00
69.00	06900	ELECTROCARDIOLOGY	9,373	0	0	116	2,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,170	0	5,009	54	1,113	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,118	0	0	65	887	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	921	2	0	33	198	76.01
76.02	03950	DIABETES CARE CENTER	0	3	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	6,834	0	0	0	1,471	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	69,091	0	26,947	26,102	14,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,564	0	0	3,118	552	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,074,272	22	56,151	134,566	224,616	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		7.00	7.01	7.02	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,832	0	0	0	825	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	14,522	0	0	0	3,127	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	3,536	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	32,027	0	0	0	6,896	190.04
190.05	19005	NON REIMBURSABLE PFD	10,532	0	0	0	2,268	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	36,662	0	0	0	2,283	190.06
190.07	19007	NON REIMBURSABLE POB I	0	9	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	471	0	0	0	102	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	6,715	0	0	0	1,446	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,961	106	0	0	1,499	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,185,994	137	59,687	134,566	243,062	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description			HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	9,380					9.01
9.02	00902	HOUSEKEEPING NW	0	35,167				9.02
10.00	01000	DIETARY	0	0	351,362			10.00
11.00	01100	CAFETERIA	0	1,247	235,640	351,704		11.00
13.00	01300	NURSING ADMINISTRATION	52	0	0	6,975	1,774,479	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,224	0	14.00
15.00	01500	PHARMACY	0	0	0	7,501	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	192	655	0	11,766	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,507	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	243	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	607	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	79,661	73,748	877,850	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	9,386	13,384	159,151	31.00
32.00	03200	CORONARY CARE UNIT	0	0	7,085	10,291	122,406	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,862	2,305	27,594	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,314	3,498	41,836	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	15,770	168,294	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,759	20,894	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	821	3,738	0	12,009	0	54.00
57.00	05700	CT SCAN	0	2,620	0	2,567	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,235	0	829	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,729	0	59.00
60.00	06000	LABORATORY	43	1,114	0	20,601	0	60.00
60.01	06001	G. I. LAB	0	0	0	2,062	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	788	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,184	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,496	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,935	0	10,715	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,490	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,336	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	809	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,244	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,052	0	1,112	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	323	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	133	0	0	3,881	46,068	76.01
76.02	03950	DIABETES CARE CENTER	230	0	0	1,072	0	76.02
76.03	03550	OP PSYCH	0	0	0	1,921	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	405	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	445	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	16,417	0	28,002	310,386	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	23,453	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,471	33,013	338,948	282,051	1,774,479	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
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Cost Center Description		HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
		OB I	NW			ADMINISTRATION	
		9.01	9.02	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	506	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	65,872	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	2,154	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	593	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	12,414	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	1,658	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	687	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	607	0 190.12
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,316	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	323	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	9,380	35,167	351,362	351,704	1,774,479 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN
		14.00	15.00	16.00	17.00	17.01
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMINITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	152,496			14.00
15.00	01500	PHARMACY	0	757,564		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	351,435	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	52,591
17.01	01850	RESEARCH ADMIN	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	119	32,191	44,261
31.00	03100	INTENSIVE CARE UNIT	0	30	7,185	0
32.00	03200	CORONARY CARE UNIT	0	9	5,333	0
40.00	04000	SUBPROVIDER - I PF	0	3	554	8,330
41.00	04100	SUBPROVIDER - I RF	0	4	1,480	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,019	19,793	0
51.00	05100	RECOVERY ROOM	0	2	2,320	0
53.00	05300	ANESTHESIOLOGY	0	2,886	3,917	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2	22,758	0
57.00	05700	CT SCAN	0	4	27,153	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	5,880	0
59.00	05900	CARDIAC CATHETERIZATION	0	4	10,641	0
60.00	06000	LABORATORY	0	8	48,232	0
60.01	06001	G.I. LAB	0	3	3,176	0
60.02	06002	VASCULAR LAB	0	0	2,049	0
60.03	06003	LABORATORY-PATHOLOGY	0	0	2,392	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,216	0
65.00	06500	RESPIRATORY THERAPY	0	55	10,674	0
66.00	06600	PHYSICAL THERAPY	0	12	4,775	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,338	0
68.00	06800	SPEECH PATHOLOGY	0	0	567	0
69.00	06900	ELECTROCARDIOLOGY	0	0	11,678	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,950	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	70,840	0	11,642	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	81,656	0	14,320	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	749,926	31,550	0
74.00	07400	RENAL DIALYSIS	0	3	1,993	0
76.00	03320	SHOCK THERAPY	0	0	86	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	87	1,548	0
76.02	03950	DIABETES CARE CENTER	0	0	48	0
76.03	03550	OP PSYCH	0	0	1,302	0
76.04	03020	CARDIAC REHAB	0	0	177	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	604	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	250	47,669	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	3,138	10,244	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RESEARCH ADMIN	
		14.00	15.00	16.00	17.00	17.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)		152,496	757,564	351,435	52,591	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0 190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0 190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0 190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0 190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0 190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0 190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	19009	CATERING	0	0	0	0	0 190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0 190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0 190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0 190.12
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0 192.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	152,496	757,564	351,435	52,591	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00591 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01850 RESEARCH ADMIN						17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,594					21.00
23.00 02300 PARAMED PRGM PASTORAL CARE		2,449				23.00
23.01 02301 PARAMED PRGM PHARMACY			13,921			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				4,314,393		0 30.00
31.00 03100 INTENSIVE CARE UNIT				728,633		0 31.00
32.00 03200 CORONARY CARE UNIT				451,970		0 32.00
40.00 04000 SUBPROVIDER - IPF				162,211		0 40.00
41.00 04100 SUBPROVIDER - IRF				227,370		0 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				2,800,653		0 50.00
51.00 05100 RECOVERY ROOM				116,790		0 51.00
53.00 05300 ANESTHESIOLOGY				172,029		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				1,607,411		0 54.00
57.00 05700 CT SCAN				259,020		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				89,798		0 58.00
59.00 05900 CARDIAC CATHETERIZATION				516,176		0 59.00
60.00 06000 LABORATORY				937,353		0 60.00
60.01 06001 G.I. LAB				205,184		0 60.01
60.02 06002 VASCULAR LAB				26,347		0 60.02
60.03 06003 LABORATORY-PATHOLOGY				157,191		0 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.				127,014		0 63.00
65.00 06500 RESPIRATORY THERAPY				458,010		0 65.00
66.00 06600 PHYSICAL THERAPY				237,917		0 66.00
67.00 06700 OCCUPATIONAL THERAPY				95,145		0 67.00
68.00 06800 SPEECH PATHOLOGY				43,147		0 68.00
69.00 06900 ELECTROCARDIOLOGY				164,519		0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				126,178		0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				532,149		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				650,197		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,515,757		0 73.00
74.00 07400 RENAL DIALYSIS				103,837		0 74.00
76.00 03320 SHOCK THERAPY				7,389		0 76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY				160,747		0 76.01
76.02 03950 DIABETES CARE CENTER				37,438		0 76.02
76.03 03550 OP PSYCH				48,857		0 76.03
76.04 03020 CARDIAC REHAB				49,654		0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY				19,141		0 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY				1,795,026		0 91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED PRGM PASTORAL CARE	PARAMED PRGM PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	21.00	23.00	23.01			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES				960,041	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	19,904,692	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				52,777	0	190.00
190.01 19001 VISITOR MEALS				65,872	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG				18,942	0	190.02
190.03 19003 NON REIMB NW BUILDING				48,469	0	190.03
190.04 19004 NON REIMBURSABLE CHIP				170,425	0	190.04
190.05 19005 NON REIMBURSABLE PFD				17,587	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL				189,477	0	190.06
190.07 19007 NON REIMBURSABLE POB I				15,115	0	190.07
190.08 19008 MEALS ON WHEELS				12,414	0	190.08
190.09 19009 CATERING				12,216	0	190.09
190.10 19010 RETAIL PHARMACY				291,575	0	190.10
190.11 19011 PUBLIC RELATIONS				71,373	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT				47,159	0	190.12
191.00 19100 RESEARCH				0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				194,959	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM				123,250	0	192.01
200.00	Cross Foot Adjustments	5,594	2,449	13,921	21,964	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	5,594	2,449	13,921	21,258,266	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMIN TTING		5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE		23.00
23.01	02301 PARAMED ED PRGM PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,314,393	30.00
31.00	03100 INTENSIVE CARE UNIT	728,633	31.00
32.00	03200 CORONARY CARE UNIT	451,970	32.00
40.00	04000 SUBPROVIDER - IPF	162,211	40.00
41.00	04100 SUBPROVIDER - IRF	227,370	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,800,653	50.00
51.00	05100 RECOVERY ROOM	116,790	51.00
53.00	05300 ANESTHESIOLOGY	172,029	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,607,411	54.00
57.00	05700 CT SCAN	259,020	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	89,798	58.00
59.00	05900 CARDIAC CATHETERIZATION	516,176	59.00
60.00	06000 LABORATORY	937,353	60.00
60.01	06001 G.I. LAB	205,184	60.01
60.02	06002 VASCULAR LAB	26,347	60.02
60.03	06003 LABORATORY-PATHOLOGY	157,191	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	127,014	63.00
65.00	06500 RESPIRATORY THERAPY	458,010	65.00
66.00	06600 PHYSICAL THERAPY	237,917	66.00
67.00	06700 OCCUPATIONAL THERAPY	95,145	67.00
68.00	06800 SPEECH PATHOLOGY	43,147	68.00
69.00	06900 ELECTROCARDIOLOGY	164,519	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	126,178	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	532,149	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	650,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,515,757	73.00
74.00	07400 RENAL DIALYSIS	103,837	74.00
76.00	03320 SHOCK THERAPY	7,389	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	160,747	76.01
76.02	03950 DIABETES CARE CENTER	37,438	76.02
76.03	03550 OP PSYCH	48,857	76.03
76.04	03020 CARDIAC REHAB	49,654	76.04
76.98	07698 HYPERBARIIC OXYGEN THERAPY	19,141	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	1,795,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	960,041	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,904,692	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/23/2015 6:18 am
Cost Center Description		Total		
		26.00		
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,777		190.00
190.01	19001 VISITOR MEALS	65,872		190.01
190.02	19002 NON REIMBURSABLE B BLDG	18,942		190.02
190.03	19003 NON REIMB NW BUILDING	48,469		190.03
190.04	19004 NON REIMBURSABLE CHIP	170,425		190.04
190.05	19005 NON REIMBURSABLE PFD	17,587		190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	189,477		190.06
190.07	19007 NON REIMBURSABLE POB I	15,115		190.07
190.08	19008 MEALS ON WHEELS	12,414		190.08
190.09	19009 CATERING	12,216		190.09
190.10	19010 RETAIL PHARMACY	291,575		190.10
190.11	19011 PUBLIC RELATIONS	71,373		190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	47,159		190.12
191.00	19100 RESEARCH	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	194,959		192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	123,250		192.01
200.00	Cross Foot Adjustments	21,964		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118-201)	21,258,266		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	78,926	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	2,131	4.00
5.01	00570	ADMINISTRATIVE	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	540	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,178	48,935	11,870	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	6,203	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	88	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	1,200	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,985	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	3,737	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	5,130	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,690	0	266	60.00
60.01	06001	G.I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,287	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,404	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	830	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	1,438	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW POB I (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.05	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	843	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	398,884	19,654	58,325	76,582	29,478	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	3,707	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	155	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	45,741	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,036,132	5,482	16,292	111,134	294,550	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.903301	0.278925	0.258193	1.317690	3.731977	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.06	1.07	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-WHSE					1.01
1.02 00102	NEW CAP REL COSTS-B BLDG					1.02
1.03 00103	NEW CAP REL COSTS-PFD					1.03
1.05 00105	NEW CAP REL COSTS-POB I					1.05
1.06 00106	NEW CAP REL COSTS-GRAHAM MOB	40,600				1.06
1.07 00107	NEW CAP REL COSTS-NW BUILDING	0	52,911			1.07
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			10,344,765		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,443	89,613,857	4.00
5.01 00570	ADMITTING	0	1,440	2,349	1,781,247	909,019,658
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	406	0	0
5.03 00590	MENTAL HEALTH ADMINISTRATION	0	0	0	281,562	0
5.04 00591	ADMINISTRATIVE AND GENERAL	1,886	10,547	6,958,727	5,055,322	0
7.00 00700	OPERATION OF PLANT	187	0	42,534	2,207,119	0
7.01 00701	OPERATION OF PLANT- POB I	0	0	0	2,008	0
7.02 00702	OPERATION OF PLANT NW	0	1,221	1,136	272,299	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	552	216	0	0
9.00 00900	HOUSEKEEPING	0	0	4,648	1,608,378	0
9.01 00901	HOUSEKEEPING-POB I	0	0	0	106,478	0
9.02 00902	HOUSEKEEPING NW	0	755	0	214,053	0
10.00 01000	DIETARY	0	0	26,357	0	0
11.00 01100	CAFETERIA	0	1,362	4,757	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	119,127	2,472,453	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	37,206	374,611	0
15.00 01500	PHARMACY	0	0	45,827	3,049,409	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	715	1,240	3,028,746	0
17.00 01700	SOCIAL SERVICE	0	0	0	737,610	0
17.01 01850	RESEARCH ADMIN	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	37,734	0
23.01 02301	PARAMED ED PRGM PHARMACY	0	0	0	209,827	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	61,405	17,606,383	83,179,726
31.00 03100	INTENSIVE CARE UNIT	0	0	85,147	4,494,832	18,566,534
32.00 03200	CORONARY CARE UNIT	0	0	3,113	2,741,157	13,780,914
40.00 04000	SUBPROVIDER - IPF	0	0	7,726	636,145	1,431,737
41.00 04100	SUBPROVIDER - IRF	0	0	1,613	945,083	3,825,479
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	883,992	5,292,107	51,143,745
51.00 05100	RECOVERY ROOM	0	0	10,534	596,942	5,994,494
53.00 05300	ANESTHESIOLOGY	0	0	129,711	0	10,121,878
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	4,081	490,848	3,810,997	58,805,189
57.00 05700	CT SCAN	0	2,861	58,092	793,708	70,163,626
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	12,954	280,850	15,192,653
59.00 05900	CARDIAC CATHETERIZATION	0	0	278,267	979,224	27,497,047
60.00 06000	LABORATORY	0	1,216	151,477	4,812,061	125,553,685
60.01 06001	G.I. LAB	0	0	79,405	628,023	8,205,529
60.02 06002	VASCULAR LAB	0	0	0	255,367	5,293,708
60.03 06003	LABORATORY-PATHOLOGY	0	0	30,774	490,451	6,181,232
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,843	389,499	8,309,238
65.00 06500	RESPIRATORY THERAPY	0	3,204	78,025	3,245,701	27,580,377
66.00 06600	PHYSICAL THERAPY	9,056	0	2,590	1,747,871	12,338,045
67.00 06700	OCCUPATIONAL THERAPY	1,105	0	0	881,214	6,041,680
68.00 06800	SPEECH PATHOLOGY	1,175	0	0	271,928	1,466,018
69.00 06900	ELECTROCARDIOLOGY	0	0	79,236	602,034	30,176,135
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,332	23,124	284,446	5,037,504
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	30,083,686
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	37,003,454
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	81,523,464
74.00 07400	RENAL DIALYSIS	0	0	0	0	5,150,107
76.00 03320	SHOCK THERAPY	0	0	0	121,297	221,132
76.01 03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	26,377	882,261	4,000,267
76.02 03950	DIABETES CARE CENTER	0	0	5,676	284,754	124,166
76.03 03550	OP PSYCH	0	0	6,353	484,321	3,364,057
76.04 03020	CARDIAC REHAB	0	0	2,914	139,448	457,806
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	108,810	1,560,379
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	17,925	85,685	8,215,665	123,174,776

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	
	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.06	1.07	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				4.00	5.01	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	494,563	4,934,229	26,470,191	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,409	50,559	10,341,417	88,395,664	909,019,658
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	74,581	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	0	0	3,220	0	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	128	600,716	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	0	217,899	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	285,700	0	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	27,191	0	0	39,297	0	192.01
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	169,492	917,372	10,455,615	5,412,759	2,531,903
203.00	Unit cost multiplier (Wkst. B, Part I)	4.174680	17.338020	1.010716	0.060401	0.002785
204.00	Cost to be allocated (per Wkst. B, Part II)				59,399	99,010
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000663	0.000109

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.02	5.03	5A.04	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	909,019,658					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	8,225				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	-55,226,916	191,838,149		5.04
7.00	00700	OPERATION OF PLANT	0	0	0	7,836,329	389,971	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	2,782	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	678,683	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,150,442	4,518	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,277,310	5,707	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	183,109	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	424,074	0	9.02
10.00	01000	DIETARY	0	0	0	4,243,881	10,511	10.00
11.00	01100	CAFETERIA	0	0	0	181,157	9,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,349,050	1,149	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	675,338	4,970	14.00
15.00	01500	PHARMACY	0	0	0	4,602,475	2,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,996,213	4,362	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	936,364	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	114,057	0	21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	44,463	0	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	268,607	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,179,726	6,922	0	25,399,121	114,048	30.00
31.00	03100	INTENSIVE CARE UNIT	18,566,534	0	0	6,336,559	8,492	31.00
32.00	03200	CORONARY CARE UNIT	13,780,914	0	0	3,787,494	6,922	32.00
40.00	04000	SUBPROVIDER - I PF	1,431,737	1,303	0	955,071	3,737	40.00
41.00	04100	SUBPROVIDER - I RF	3,825,479	0	0	1,367,806	6,471	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,143,745	0	0	11,567,890	50,226	50.00
51.00	05100	RECOVERY ROOM	5,994,494	0	0	847,325	2,463	51.00
53.00	05300	ANESTHESIOLOGY	10,121,878	0	0	547,107	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,805,189	0	0	7,368,670	38,227	54.00
57.00	05700	CT SCAN	70,163,626	0	0	1,582,402	1,662	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,192,653	0	0	518,669	1,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,497,047	0	0	2,237,830	6,673	59.00
60.00	06000	LABORATORY	125,553,685	0	0	10,908,933	19,342	60.00
60.01	06001	G.I. LAB	8,205,529	0	0	1,439,064	5,195	60.01
60.02	06002	VASCULAR LAB	5,293,708	0	0	344,362	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	6,181,232	0	0	1,080,845	1,287	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,309,238	0	0	2,318,391	1,404	63.00
65.00	06500	RESPIRATORY THERAPY	27,580,377	0	0	5,048,728	2,363	65.00
66.00	06600	PHYSICAL THERAPY	12,338,045	0	0	2,422,330	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,041,680	0	0	1,131,167	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	1,466,018	0	0	353,797	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	30,176,135	0	0	1,006,633	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,037,504	0	0	481,031	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,083,686	0	0	9,100,244	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	37,003,454	0	0	11,216,357	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,523,464	0	0	14,787,514	0	73.00
74.00	07400	RENAL DIALYSIS	5,150,107	0	0	1,601,492	1,354	74.00
76.00	03320	SHOCK THERAPY	221,132	0	0	140,194	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	4,000,267	0	0	1,356,367	303	76.01
76.02	03950	DIABETES CARE CENTER	124,166	0	0	411,444	0	76.02
76.03	03550	OP PSYCH	3,364,057	0	0	679,516	0	76.03
76.04	03020	CARDIAC REHAB	457,806	0	0	215,136	2,247	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,560,379	0	0	363,887	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	123,174,776	0	0	12,431,514	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.02	5.03	5A.04	5.04	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	26,470,191	0	0	8,267,939	843	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	909,019,658	8,225	-55,226,916	182,587,163	353,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	663,977	1,260	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	4,775	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	40,779	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	125,354	10,531	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	4,563	3,463	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	143,494	12,055	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	13,834	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	166,859	155	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	5,882,167	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	1,179,075	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	667,560	2,208	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	170,704	2,289	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	191,387	0	192.01
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers						
202.00	Cost to be allocated (per Wkst. B, Part I)	51,512	357,379		55,226,916	10,092,275	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000057	43.450334		0.287883	25.879553	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	456	4,447		9,409,543	1,185,994	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000001	0.540669		0.049049	3.041236	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1	
Date/Time Prepared: 5/23/2015 6:18 am							
Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I	58,722				7.01
7.02	00702	OPERATION OF PLANT NW	0	39,703			7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	552	2,101,767		8.00
9.00	00900	HOUSEKEEPING	0	0	0	371,178	9.00
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	58,634
9.02	00902	HOUSEKEEPING NW	0	755	0	0	0
10.00	01000	DIETARY	0	0	0	10,511	0
11.00	01100	CAFETERIA	0	1,362	0	9,270	0
13.00	01300	NURSING ADMINISTRATION	322	0	0	1,149	322
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	27,570	4,970	0
15.00	01500	PHARMACY	0	0	0	2,775	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	715	0	4,362	1,200
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED PRGM PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	1,007,352	114,048	0
31.00	03100	INTENSIVE CARE UNIT	0	0	138,188	8,492	0
32.00	03200	CORONARY CARE UNIT	0	0	93,944	6,922	0
40.00	04000	SUBPROVIDER - IPF	0	0	7,923	3,737	0
41.00	04100	SUBPROVIDER - IRF	0	0	63,473	6,471	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	142,743	50,226	0
51.00	05100	RECOVERY ROOM	0	0	2,039	2,463	0
53.00	05300	ANESTHESIOLOGY	0	0	0	396	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	4,081	77,874	38,227	5,130
57.00	05700	CT SCAN	0	2,861	35,478	1,662	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,348	0	1,030	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	17,518	6,673	0
60.00	06000	LABORATORY	266	1,216	0	19,342	266
60.01	06001	G.I. LAB	0	0	21,687	5,195	0
60.02	06002	VASCULAR LAB	0	0	0	1,484	0
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	1,287	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,404	0
65.00	06500	RESPIRATORY THERAPY	0	3,204	45	2,363	0
66.00	06600	PHYSICAL THERAPY	0	0	5,363	3,272	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,803	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,229	0
69.00	06900	ELECTROCARDIOLOGY	0	0	1,818	3,082	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	843	1,700	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	1,010	1,354	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	515	303	830
76.02	03950	DIABETES CARE CENTER	1,438	0	0	0	1,438
76.03	03550	OP PSYCH	0	0	0	0	0
76.04	03020	CARDIAC REHAB	0	0	0	2,247	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	17,925	407,683	22,718	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	48,701	843	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	
		7.01	7.02	8.00	9.00	9.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,274	37,351	2,101,767	343,010	9,186	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,260	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	4,775	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	10,531	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	3,487	0	190.06
190.07	19007 NON REIMBURSABLE POB I	3,707	0	0	0	3,707	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	155	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	45,741	0	0	2,289	45,741	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,583	874,064	1,610,711	4,368,487	235,828	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.061016	22.015062	0.766360	11.769251	4.022035	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	137	59,687	134,566	243,062	9,380	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002333	1.503337	0.064025	0.654839	0.159975	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.02	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.05	00105						1.05
1.06	00106						1.06
1.07	00107						1.07
2.00	00200						2.00
4.00	00400						4.00
5.01	00570						5.01
5.02	00580						5.02
5.03	00590						5.03
5.04	00591						5.04
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
10.00	01000	38,396	0	721,485			10.00
11.00	01100	1,362	483,862	414,560			11.00
13.00	01300	0	0	8,222	1,534,932		13.00
14.00	01400	0	0	2,621	0	20,750,616	14.00
15.00	01500	0	0	8,841	0	0	15.00
16.00	01600	715	0	13,869	0	0	16.00
17.00	01700	0	0	2,955	0	0	17.00
17.01	01850	0	0	0	0	0	17.01
21.00	02100	0	0	0	0	0	21.00
23.00	02300	0	0	286	0	0	23.00
23.01	02301	0	0	715	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	163,576	86,934	759,345	0	30.00
31.00	03100	0	19,273	15,776	137,666	0	31.00
32.00	03200	0	14,548	12,130	105,882	0	32.00
40.00	04000	0	3,824	2,717	23,869	0	40.00
41.00	04100	0	10,912	4,123	36,188	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	18,588	145,575	0	50.00
51.00	05100	0	0	2,073	18,073	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	4,081	0	14,155	0	0	54.00
57.00	05700	2,861	0	3,026	0	0	57.00
58.00	05800	1,348	0	977	0	0	58.00
59.00	05900	0	0	3,217	0	0	59.00
60.00	06000	1,216	0	24,283	0	0	60.00
60.01	06001	0	0	2,431	0	0	60.01
60.02	06002	0	0	929	0	0	60.02
60.03	06003	0	0	2,574	0	0	60.03
63.00	06300	0	0	1,763	0	0	63.00
65.00	06500	3,204	0	12,630	0	0	65.00
66.00	06600	0	0	7,650	0	0	66.00
67.00	06700	0	0	3,932	0	0	67.00
68.00	06800	0	0	953	0	0	68.00
69.00	06900	0	0	2,645	0	0	69.00
70.00	07000	3,332	0	1,311	0	0	70.00
71.00	07100	0	0	0	0	9,639,423	71.00
72.00	07200	0	0	0	0	11,111,193	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03320	0	0	381	0	0	76.00
76.01	03480	0	0	4,575	39,849	0	76.01
76.02	03950	0	0	1,263	0	0	76.02
76.03	03550	0	0	2,264	0	0	76.03
76.04	03020	0	0	477	0	0	76.04
76.98	07698	0	0	524	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	17,925	0	33,006	268,485	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.02	10.00	11.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	27,644	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,044	695,995	332,460	1,534,932	20,750,616	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	596	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	77,644	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	2,352	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	25,490	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	1,954	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	810	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	715	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	381	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	562,779	5,861,349	4,563,159	4,448,260	1,106,849	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.657230	8.124007	11.007234	2.898018	0.053341	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	35,167	351,362	351,704	1,774,479	152,496	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.915903	0.486998	0.848379	1.156064	0.007349	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet B-1 Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR & FRINGES (ASSIGNED TIME)	
	15.00	16.00	17.00	17.01	21.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMINISTRATION				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY	14,704,079			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	909,019,658		16.00
17.00	01700	SOCIAL SERVICE	0	0	10,000	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	100
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,307	83,179,726	8,416	0
31.00	03100	INTENSIVE CARE UNIT	589	18,566,534	0	0
32.00	03200	CORONARY CARE UNIT	166	13,780,914	0	0
40.00	04000	SUBPROVIDER - IPF	63	1,431,737	1,584	0
41.00	04100	SUBPROVIDER - IRF	81	3,825,479	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,772	51,143,745	0	0
51.00	05100	RECOVERY ROOM	40	5,994,494	0	0
53.00	05300	ANESTHESIOLOGY	56,020	10,121,878	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	30	58,805,189	0	0
57.00	05700	CT SCAN	77	70,163,626	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,192,653	0	0
59.00	05900	CARDIAC CATHETERIZATION	71	27,497,047	0	0
60.00	06000	LABORATORY	151	125,553,685	0	0
60.01	06001	G.I. LAB	52	8,205,529	0	0
60.02	06002	VASCULAR LAB	0	5,293,708	0	0
60.03	06003	LABORATORY-PATHOLOGY	0	6,181,232	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,309,238	0	0
65.00	06500	RESPIRATORY THERAPY	1,074	27,580,377	0	0
66.00	06600	PHYSICAL THERAPY	236	12,338,045	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	6,041,680	0	0
68.00	06800	SPEECH PATHOLOGY	0	1,466,018	0	0
69.00	06900	ELECTROCARDIOLOGY	0	30,176,135	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,037,504	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,083,686	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	37,003,454	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,555,824	81,523,464	0	0
74.00	07400	RENAL DIALYSIS	63	5,150,107	0	0
76.00	03320	SHOCK THERAPY	0	221,132	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,695	4,000,267	0	0
76.02	03950	DIABETES CARE CENTER	0	124,166	0	0
76.03	03550	OP PSYCH	0	3,364,057	0	0
76.04	03020	CARDIAC REHAB	0	457,806	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,560,379	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,853	123,174,776	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
	15.00	16.00	17.00	17.01	21.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	60,915	26,470,191	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	14,704,079	909,019,658	10,000	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	0	0	0	0	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,129,240	6,782,541	1,238,453	0	146,892	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.416839	0.007461	123.845300	0.000000	1,468.920000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	757,564	351,435	52,591	0	5,594	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.051521	0.000387	5.259100	0.000000	55.940000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		PARAMED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570	ADMITTING		5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300	PARAMED PRGM PASTORAL CARE	72,281	23.00
23.01	02301	PARAMED PRGM PHARMACY	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	55,736	30.00
31.00	03100	INTENSIVE CARE UNIT	6,567	31.00
32.00	03200	CORONARY CARE UNIT	4,957	32.00
40.00	04000	SUBPROVIDER - IPF	1,303	40.00
41.00	04100	SUBPROVIDER - IRF	3,718	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	G.I. LAB	0	60.01
60.02	06002	VASCULAR LAB	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03320	SHOCK THERAPY	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	76.01
76.02	03950	DIABETES CARE CENTER	0	76.02
76.03	03550	OP PSYCH	0	76.03
76.04	03020	CARDIAC REHAB	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	72,281	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	190.12
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	192.01
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	60,411	353,804	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.835780	3,538.040000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,449	13,921	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.033882	139.210000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/23/2015 6:18 am	
			Title XVIIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,973,656	0	43,973,656	30.00
31.00	03100 INTENSIVE CARE UNIT		9,459,805	0	9,459,805	31.00
32.00	03200 CORONARY CARE UNIT		5,876,034	0	5,876,034	32.00
40.00	04000 SUBPROVIDER - I PF		1,714,900	0	1,714,900	40.00
41.00	04100 SUBPROVIDER - I RF		2,324,431	0	2,324,431	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,914,736	0	17,914,736	50.00
51.00	05100 RECOVERY ROOM		1,305,483	0	1,305,483	51.00
53.00	05300 ANESTHESIOLOGY		818,389	0	818,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,754,037	0	11,754,037	54.00
57.00	05700 CT SCAN		2,789,460	0	2,789,460	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		880,303	0	880,303	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,387,313	0	3,387,313	59.00
60.00	06000 LABORATORY		16,027,767	0	16,027,767	60.00
60.01	06001 G.I. LAB		2,153,553	0	2,153,553	60.01
60.02	06002 VASCULAR LAB		549,091	0	549,091	60.02
60.03	06003 LABORATORY-PATHOLOGY		1,514,907	0	1,514,907	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,120,076	0	3,120,076	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,053,913	0	7,053,913	65.00
66.00	06600 PHYSICAL THERAPY	0	3,423,332	0	3,423,332	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,613,049	0	1,613,049	67.00
68.00	06800 SPEECH PATHOLOGY	0	523,347	0	523,347	68.00
69.00	06900 ELECTROCARDIOLOGY		1,668,111	0	1,668,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		858,368	0	858,368	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,458,680	0	12,458,680	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		15,314,112	0	15,314,112	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		26,074,078	0	26,074,078	73.00
74.00	07400 RENAL DIALYSIS		2,152,736	0	2,152,736	74.00
76.00	03320 SHOCK THERAPY		186,397	0	186,397	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY		1,958,428	0	1,958,428	76.01
76.02	03950 DIABETES CARE CENTER		550,592	0	550,592	76.02
76.03	03550 OP PSYCH		925,156	0	925,156	76.03
76.04	03020 CARDIAC REHAB		370,333	0	370,333	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY		486,054	0	486,054	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		19,897,836	0	19,897,836	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,645,245	0	2,645,245	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		11,244,367	0	11,244,367	95.00
200.00	Subtotal (see instructions)	0	234,968,075	0	234,968,075	200.00
201.00	Less Observation Beds		2,645,245	0	2,645,245	201.00
202.00	Total (see instructions)	0	232,322,830	0	232,322,830	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/23/2015 6:18 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,637,291		79,637,291			30.00
31.00	03100	INTENSIVE CARE UNIT	18,566,534		18,566,534			31.00
32.00	03200	CORONARY CARE UNIT	13,780,914		13,780,914			32.00
40.00	04000	SUBPROVIDER - I/PF	1,431,737		1,431,737			40.00
41.00	04100	SUBPROVIDER - I/RF	3,825,479		3,825,479			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,872,320	19,067,689	45,940,009	0.389959	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,047,122	3,947,372	5,994,494	0.217780	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	5,300,363	4,821,515	10,121,878	0.080853	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,110,822	37,694,367	58,805,189	0.199881	0.000000	54.00
57.00	05700	CT SCAN	22,553,732	47,609,894	70,163,626	0.039756	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,223,085	7,969,568	15,192,653	0.057943	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,384,400	13,112,647	27,497,047	0.123188	0.000000	59.00
60.00	06000	LABORATORY	50,293,705	75,259,980	125,553,685	0.127657	0.000000	60.00
60.01	06001	G.I. LAB	3,125,143	5,080,386	8,205,529	0.262451	0.000000	60.01
60.02	06002	VASCULAR LAB	3,135,783	2,157,925	5,293,708	0.103725	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,486,459	4,694,773	6,181,232	0.245082	0.000000	60.03
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	7,172,066	1,137,172	8,309,238	0.375495	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	23,350,109	4,230,268	27,580,377	0.255758	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,705,443	5,632,602	12,338,045	0.277461	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,398,613	643,067	6,041,680	0.266987	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,309,363	156,655	1,466,018	0.356985	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,751,462	13,424,673	30,176,135	0.055279	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	926,302	4,111,202	5,037,504	0.170395	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,850,943	15,436,479	35,287,422	0.353063	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,028,426	15,975,028	37,003,454	0.413856	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,140,252	35,383,212	81,523,464	0.319835	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,698,331	451,776	5,150,107	0.417998	0.000000	74.00
76.00	03320	SHOCK THERAPY	66,614	154,518	221,132	0.842922	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	29,176	3,971,091	4,000,267	0.489574	0.000000	76.01
76.02	03950	DIABETES CARE CENTER	0	124,166	124,166	4.434322	0.000000	76.02
76.03	03550	OP PSYCH	16,431	3,347,626	3,364,057	0.275012	0.000000	76.03
76.04	03020	CARDIAC REHAB	382	457,424	457,806	0.808930	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	36,795	1,523,584	1,560,379	0.311497	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	20,312,875	102,861,901	123,174,776	0.161541	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	501,873	3,040,562	3,542,435	0.746731	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	134,853	26,335,338	26,470,191	0.424794	0.000000	95.00
200.00		Subtotal (see instructions)	449,205,198	459,814,460	909,019,658			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	449,205,198	459,814,460	909,019,658			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/23/2015 6:18 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.389959		50.00
51.00	05100 RECOVERY ROOM	0.217780		51.00
53.00	05300 ANESTHESIOLOGY	0.080853		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.199881		54.00
57.00	05700 CT SCAN	0.039756		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.057943		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.123188		59.00
60.00	06000 LABORATORY	0.127657		60.00
60.01	06001 G.I. LAB	0.262451		60.01
60.02	06002 VASCULAR LAB	0.103725		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.245082		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.375495		63.00
65.00	06500 RESPIRATORY THERAPY	0.255758		65.00
66.00	06600 PHYSICAL THERAPY	0.277461		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.266987		67.00
68.00	06800 SPEECH PATHOLOGY	0.356985		68.00
69.00	06900 ELECTROCARDIOLOGY	0.055279		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170395		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413856		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.319835		73.00
74.00	07400 RENAL DIALYSIS	0.417998		74.00
76.00	03320 SHOCK THERAPY	0.842922		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574		76.01
76.02	03950 DIABETES CARE CENTER	4.434322		76.02
76.03	03550 OP PSYCH	0.275012		76.03
76.04	03020 CARDIAC REHAB	0.808930		76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.311497		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.161541		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.746731		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.424794		95.00
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: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/23/2015 6:18 am
		Title XIX	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,973,656	0	43,973,656	30.00
31.00	03100 INTENSIVE CARE UNIT		9,459,805	0	9,459,805	31.00
32.00	03200 CORONARY CARE UNIT		5,876,034	0	5,876,034	32.00
40.00	04000 SUBPROVIDER - I PF		1,714,900	0	1,714,900	40.00
41.00	04100 SUBPROVIDER - I RF		2,324,431	0	2,324,431	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,914,736	0	17,914,736	50.00
51.00	05100 RECOVERY ROOM		1,305,483	0	1,305,483	51.00
53.00	05300 ANESTHESIOLOGY		818,389	0	818,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,754,037	0	11,754,037	54.00
57.00	05700 CT SCAN		2,789,460	0	2,789,460	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		880,303	0	880,303	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,387,313	0	3,387,313	59.00
60.00	06000 LABORATORY		16,027,767	0	16,027,767	60.00
60.01	06001 G. I. LAB		2,153,553	0	2,153,553	60.01
60.02	06002 VASCULAR LAB		549,091	0	549,091	60.02
60.03	06003 LABORATORY-PATHOLOGY		1,514,907	0	1,514,907	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,120,076	0	3,120,076	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,053,913	0	7,053,913	65.00
66.00	06600 PHYSICAL THERAPY	0	3,423,332	0	3,423,332	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,613,049	0	1,613,049	67.00
68.00	06800 SPEECH PATHOLOGY	0	523,347	0	523,347	68.00
69.00	06900 ELECTROCARDIOLOGY		1,668,111	0	1,668,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		858,368	0	858,368	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,458,680	0	12,458,680	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		15,314,112	0	15,314,112	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		26,074,078	0	26,074,078	73.00
74.00	07400 RENAL DIALYSIS		2,152,736	0	2,152,736	74.00
76.00	03320 SHOCK THERAPY		186,397	0	186,397	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY		1,958,428	0	1,958,428	76.01
76.02	03950 DIABETES CARE CENTER		550,592	0	550,592	76.02
76.03	03550 OP PSYCH		925,156	0	925,156	76.03
76.04	03020 CARDIAC REHAB		370,333	0	370,333	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY		486,054	0	486,054	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		19,897,836	0	19,897,836	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,645,245	0	2,645,245	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		11,244,367	0	11,244,367	95.00
200.00	Subtotal (see instructions)	0	234,968,075	0	234,968,075	200.00
201.00	Less Observation Beds		2,645,245	0	2,645,245	201.00
202.00	Total (see instructions)	0	232,322,830	0	232,322,830	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2015 6:18 am

		Title XIX			Hospital	PPS				
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio					
	Inpatient	Outpatient	Total (col. 6 + col. 7)							
	6.00	7.00	8.00				9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	79,637,291		79,637,291					30.00
31.00	03100	INTENSIVE CARE UNIT	18,566,534		18,566,534					31.00
32.00	03200	CORONARY CARE UNIT	13,780,914		13,780,914					32.00
40.00	04000	SUBPROVIDER - I/PF	1,431,737		1,431,737					40.00
41.00	04100	SUBPROVIDER - I/RF	3,825,479		3,825,479					41.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	26,872,320	19,067,689	45,940,009	0.389959	0.000000			50.00
51.00	05100	RECOVERY ROOM	2,047,122	3,947,372	5,994,494	0.217780	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	5,300,363	4,821,515	10,121,878	0.080853	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,110,822	37,694,367	58,805,189	0.199881	0.000000			54.00
57.00	05700	CT SCAN	22,553,732	47,609,894	70,163,626	0.039756	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,223,085	7,969,568	15,192,653	0.057943	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	14,384,400	13,112,647	27,497,047	0.123188	0.000000			59.00
60.00	06000	LABORATORY	50,293,705	75,259,980	125,553,685	0.127657	0.000000			60.00
60.01	06001	G.I. LAB	3,125,143	5,080,386	8,205,529	0.262451	0.000000			60.01
60.02	06002	VASCULAR LAB	3,135,783	2,157,925	5,293,708	0.103725	0.000000			60.02
60.03	06003	LABORATORY-PATHOLOGY	1,486,459	4,694,773	6,181,232	0.245082	0.000000			60.03
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	7,172,066	1,137,172	8,309,238	0.375495	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	23,350,109	4,230,268	27,580,377	0.255758	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	6,705,443	5,632,602	12,338,045	0.277461	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	5,398,613	643,067	6,041,680	0.266987	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	1,309,363	156,655	1,466,018	0.356985	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	16,751,462	13,424,673	30,176,135	0.055279	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	926,302	4,111,202	5,037,504	0.170395	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,850,943	15,436,479	35,287,422	0.353063	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,028,426	15,975,028	37,003,454	0.413856	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,140,252	35,383,212	81,523,464	0.319835	0.000000			73.00
74.00	07400	RENAL DIALYSIS	4,698,331	451,776	5,150,107	0.417998	0.000000			74.00
76.00	03320	SHOCK THERAPY	66,614	154,518	221,132	0.842922	0.000000			76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	29,176	3,971,091	4,000,267	0.489574	0.000000			76.01
76.02	03950	DIABETES CARE CENTER	0	124,166	124,166	4.434322	0.000000			76.02
76.03	03550	OP PSYCH	16,431	3,347,626	3,364,057	0.275012	0.000000			76.03
76.04	03020	CARDIAC REHAB	382	457,424	457,806	0.808930	0.000000			76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	36,795	1,523,584	1,560,379	0.311497	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	20,312,875	102,861,901	123,174,776	0.161541	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	501,873	3,040,562	3,542,435	0.746731	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	134,853	26,335,338	26,470,191	0.424794	0.000000			95.00
200.00		Subtotal (see instructions)	449,205,198	459,814,460	909,019,658					200.00
201.00		Less Observation Beds								201.00
202.00		Total (see instructions)	449,205,198	459,814,460	909,019,658					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/23/2015 6:18 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.389959		50.00
51.00	05100 RECOVERY ROOM	0.217780		51.00
53.00	05300 ANESTHESIOLOGY	0.080853		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.199881		54.00
57.00	05700 CT SCAN	0.039756		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.057943		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.123188		59.00
60.00	06000 LABORATORY	0.127657		60.00
60.01	06001 G. I. LAB	0.262451		60.01
60.02	06002 VASCULAR LAB	0.103725		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.245082		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.375495		63.00
65.00	06500 RESPIRATORY THERAPY	0.255758		65.00
66.00	06600 PHYSICAL THERAPY	0.277461		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.266987		67.00
68.00	06800 SPEECH PATHOLOGY	0.356985		68.00
69.00	06900 ELECTROCARDIOLOGY	0.055279		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170395		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413856		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.319835		73.00
74.00	07400 RENAL DIALYSIS	0.417998		74.00
76.00	03320 SHOCK THERAPY	0.842922		76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574		76.01
76.02	03950 DIABETES CARE CENTER	4.434322		76.02
76.03	03550 OP PSYCH	0.275012		76.03
76.04	03020 CARDIAC REHAB	0.808930		76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.311497		76.98
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.161541		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.746731		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.424794		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		Title XIX					Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount				
		1.00	2.00	3.00	4.00	5.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	17,914,736	2,800,653	15,114,083	0	0	50.00		
51.00	05100	RECOVERY ROOM	1,305,483	116,790	1,188,693	0	0	51.00		
53.00	05300	ANESTHESIOLOGY	818,389	172,029	646,360	0	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,754,037	1,607,411	10,146,626	0	0	54.00		
57.00	05700	CT SCAN	2,789,460	259,020	2,530,440	0	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	880,303	89,798	790,505	0	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	3,387,313	516,176	2,871,137	0	0	59.00		
60.00	06000	LABORATORY	16,027,767	937,353	15,090,414	0	0	60.00		
60.01	06001	G.I. LAB	2,153,553	205,184	1,948,369	0	0	60.01		
60.02	06002	VASCULAR LAB	549,091	26,347	522,744	0	0	60.02		
60.03	06003	LABORATORY-PATHOLOGY	1,514,907	157,191	1,357,716	0	0	60.03		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,120,076	127,014	2,993,062	0	0	63.00		
65.00	06500	RESPIRATORY THERAPY	7,053,913	458,010	6,595,903	0	0	65.00		
66.00	06600	PHYSICAL THERAPY	3,423,332	237,917	3,185,415	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	1,613,049	95,145	1,517,904	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	523,347	43,147	480,200	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	1,668,111	164,519	1,503,592	0	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	858,368	126,178	732,190	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,458,680	532,149	11,926,531	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,314,112	650,197	14,663,915	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	26,074,078	1,515,757	24,558,321	0	0	73.00		
74.00	07400	RENAL DIALYSIS	2,152,736	103,837	2,048,899	0	0	74.00		
76.00	03320	SHOCK THERAPY	186,397	7,389	179,008	0	0	76.00		
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,958,428	160,747	1,797,681	0	0	76.01		
76.02	03950	DIABETES CARE CENTER	550,592	37,438	513,154	0	0	76.02		
76.03	03550	OP PSYCH	925,156	48,857	876,299	0	0	76.03		
76.04	03020	CARDIAC REHAB	370,333	49,654	320,679	0	0	76.04		
76.98	07698	HYPERBARI C OXYGEN THERAPY	486,054	19,141	466,913	0	0	76.98		
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	19,897,836	1,795,026	18,102,810	0	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,645,245	259,533	2,385,712	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	11,244,367	960,041	10,284,326	0	0	95.00		
200.00		Subtotal (sum of lines 50 thru 199)	171,619,249	14,279,648	157,339,601	0	0	200.00		
201.00		Less Observation Beds	2,645,245	259,533	2,385,712	0	0	201.00		
202.00		Total (line 200 minus line 201)	168,974,004	14,020,115	154,953,889	0	0	202.00		

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/23/2015 6:18 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	17,914,736	45,940,009	0.389959	50.00
51.00 05100	RECOVERY ROOM	1,305,483	5,994,494	0.217780	51.00
53.00 05300	ANESTHESIOLOGY	818,389	10,121,878	0.080853	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,754,037	58,805,189	0.199881	54.00
57.00 05700	CT SCAN	2,789,460	70,163,626	0.039756	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	880,303	15,192,653	0.057943	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,387,313	27,497,047	0.123188	59.00
60.00 06000	LABORATORY	16,027,767	125,553,685	0.127657	60.00
60.01 06001	G.I. LAB	2,153,553	8,205,529	0.262451	60.01
60.02 06002	VASCULAR LAB	549,091	5,293,708	0.103725	60.02
60.03 06003	LABORATORY-PATHOLOGY	1,514,907	6,181,232	0.245082	60.03
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,120,076	8,309,238	0.375495	63.00
65.00 06500	RESPIRATORY THERAPY	7,053,913	27,580,377	0.255758	65.00
66.00 06600	PHYSICAL THERAPY	3,423,332	12,338,045	0.277461	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,613,049	6,041,680	0.266987	67.00
68.00 06800	SPEECH PATHOLOGY	523,347	1,466,018	0.356985	68.00
69.00 06900	ELECTROCARDIOLOGY	1,668,111	30,176,135	0.055279	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	858,368	5,037,504	0.170395	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,458,680	35,287,422	0.353063	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	15,314,112	37,003,454	0.413856	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	26,074,078	81,523,464	0.319835	73.00
74.00 07400	RENAL DIALYSIS	2,152,736	5,150,107	0.417998	74.00
76.00 03320	SHOCK THERAPY	186,397	221,132	0.842922	76.00
76.01 03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,958,428	4,000,267	0.489574	76.01
76.02 03950	DIABETES CARE CENTER	550,592	124,166	4.434322	76.02
76.03 03550	OP PSYCH	925,156	3,364,057	0.275012	76.03
76.04 03020	CARDIAC REHAB	370,333	457,806	0.808930	76.04
76.98 07698	HYPERBARI C OXYGEN THERAPY	486,054	1,560,379	0.311497	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	19,897,836	123,174,776	0.161541	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,645,245	3,542,435	0.746731	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	11,244,367	26,470,191	0.424794	95.00
200.00	Subtotal (sum of lines 50 thru 199)	171,619,249	791,777,703		200.00
201.00	Less Observation Beds	2,645,245	0		201.00
202.00	Total (line 200 minus line 201)	168,974,004	791,777,703		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,314,393	0	4,314,393	58,565	73.67	30.00
31.00	INTENSIVE CARE UNIT	728,633		728,633	6,567	110.95	31.00
32.00	CORONARY CARE UNIT	451,970		451,970	4,957	91.18	32.00
40.00	SUBPROVIDER - IPF	162,211	0	162,211	1,303	124.49	40.00
41.00	SUBPROVIDER - IRF	227,370	0	227,370	3,718	61.15	41.00
200.00	Total (Lines 30-199)	5,884,577		5,884,577	75,110		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	23,756	1,750,105				
31.00	INTENSIVE CARE UNIT	3,267	362,474				
32.00	CORONARY CARE UNIT	2,787	254,119				
40.00	SUBPROVIDER - IPF	1,011	125,859				
41.00	SUBPROVIDER - IRF	2,248	137,465				
200.00	Total (Lines 30-199)	33,069	2,630,022				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,800,653	45,940,009	0.060963	14,639,825	892,488	50.00
51.00	05100	RECOVERY ROOM	116,790	5,994,494	0.019483	742,008	14,457	51.00
53.00	05300	ANESTHESIOLOGY	172,029	10,121,878	0.016996	1,938,075	32,940	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,607,411	58,805,189	0.027335	7,477,751	204,404	54.00
57.00	05700	CT SCAN	259,020	70,163,626	0.003692	9,416,320	34,765	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	89,798	15,192,653	0.005911	2,673,837	15,805	58.00
59.00	05900	CARDIAC CATHETERIZATION	516,176	27,497,047	0.018772	4,310,421	80,915	59.00
60.00	06000	LABORATORY	937,353	125,553,685	0.007466	24,160,626	180,383	60.00
60.01	06001	G.I. LAB	205,184	8,205,529	0.025006	1,042,921	26,079	60.01
60.02	06002	VASCULAR LAB	26,347	5,293,708	0.004977	1,612,714	8,026	60.02
60.03	06003	LABORATORY-PATHOLOGY	157,191	6,181,232	0.025430	731,833	18,611	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	127,014	8,309,238	0.015286	2,865,236	43,798	63.00
65.00	06500	RESPIRATORY THERAPY	458,010	27,580,377	0.016606	11,808,424	196,091	65.00
66.00	06600	PHYSICAL THERAPY	237,917	12,338,045	0.019283	2,316,106	44,661	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,145	6,041,680	0.015748	1,782,561	28,072	67.00
68.00	06800	SPEECH PATHOLOGY	43,147	1,466,018	0.029431	422,072	12,422	68.00
69.00	06900	ELECTROCARDIOLOGY	164,519	30,176,135	0.005452	8,194,129	44,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,178	5,037,504	0.025048	452,789	11,341	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	532,149	35,287,422	0.015080	11,816,072	178,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	650,197	37,003,454	0.017571	9,877,101	173,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,515,757	81,523,464	0.018593	24,739,097	459,974	73.00
74.00	07400	RENAL DIALYSIS	103,837	5,150,107	0.020162	3,110,870	62,721	74.00
76.00	03320	SHOCK THERAPY	7,389	221,132	0.033414	13,951	466	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	160,747	4,000,267	0.040184	20,016	804	76.01
76.02	03950	DIABETES CARE CENTER	37,438	124,166	0.301516	0	0	76.02
76.03	03550	OP PSYCH	48,857	3,364,057	0.014523	4,332	63	76.03
76.04	03020	CARDIAC REHAB	49,654	457,806	0.108461	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,141	1,560,379	0.012267	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,795,026	123,174,776	0.014573	6,717,721	97,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	259,533	3,542,435	0.073264	238,982	17,509	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	13,319,607	765,307,512		153,125,790	2,881,103	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description	Title XVIII			Hospital		PPS
	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	46,583	0	0	46,583	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,489	0	0	5,489	31.00
32.00	03200	CORONARY CARE UNIT	0	4,143	0	0	4,143	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,089	0	0	1,089	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,107	0	0	3,107	41.00
200.00		Total (lines 30-199)	0	60,411	0	0	60,411	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	58,565	0.80	23,756	19,005	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,567	0.84	3,267	2,744	0	31.00
32.00	03200	CORONARY CARE UNIT	4,957	0.84	2,787	2,341	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,303	0.84	1,011	849	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,718	0.84	2,248	1,888	0	41.00
200.00		Total (lines 30-199)	75,110		33,069	26,827	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
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	353,804	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,801	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	356,605	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	45,940,009	0.000000	0.000000	14,639,825	50.00
51.00	05100	RECOVERY ROOM	0	5,994,494	0.000000	0.000000	742,008	51.00
53.00	05300	ANESTHESIOLOGY	0	10,121,878	0.000000	0.000000	1,938,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,805,189	0.000000	0.000000	7,477,751	54.00
57.00	05700	CT SCAN	0	70,163,626	0.000000	0.000000	9,416,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,192,653	0.000000	0.000000	2,673,837	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,497,047	0.000000	0.000000	4,310,421	59.00
60.00	06000	LABORATORY	0	125,553,685	0.000000	0.000000	24,160,626	60.00
60.01	06001	G.I. LAB	0	8,205,529	0.000000	0.000000	1,042,921	60.01
60.02	06002	VASCULAR LAB	0	5,293,708	0.000000	0.000000	1,612,714	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	6,181,232	0.000000	0.000000	731,833	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,309,238	0.000000	0.000000	2,865,236	63.00
65.00	06500	RESPIRATORY THERAPY	0	27,580,377	0.000000	0.000000	11,808,424	65.00
66.00	06600	PHYSICAL THERAPY	0	12,338,045	0.000000	0.000000	2,316,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,041,680	0.000000	0.000000	1,782,561	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,466,018	0.000000	0.000000	422,072	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,176,135	0.000000	0.000000	8,194,129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,037,504	0.000000	0.000000	452,789	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,287,422	0.000000	0.000000	11,816,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	37,003,454	0.000000	0.000000	9,877,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	353,804	81,523,464	0.004340	0.004340	24,739,097	73.00
74.00	07400	RENAL DIALYSIS	0	5,150,107	0.000000	0.000000	3,110,870	74.00
76.00	03320	SHOCK THERAPY	0	221,132	0.000000	0.000000	13,951	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	4,000,267	0.000000	0.000000	20,016	76.01
76.02	03950	DIABETES CARE CENTER	0	124,166	0.000000	0.000000	0	76.02
76.03	03550	OP PSYCH	0	3,364,057	0.000000	0.000000	4,332	76.03
76.04	03020	CARDIAC REHAB	0	457,806	0.000000	0.000000	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,560,379	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	123,174,776	0.000000	0.000000	6,717,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,801	3,542,435	0.000791	0.000791	238,982	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	356,605	765,307,512			153,125,790	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	8,756,447	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,063,429	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	1,372,770	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,570,551	0	0	0	54.00
57.00	05700 CT SCAN	0	10,527,391	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,281,626	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,720,680	0	0	0	59.00
60.00	06000 LABORATORY	0	6,141,200	0	0	0	60.00
60.01	06001 G.I. LAB	0	1,152,055	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	773,244	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	1,086,031	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	236,247	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,435,115	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,441	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,356	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,133,334	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,119,045	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,684,769	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,054,638	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	107,368	16,005,056	69,462	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	67,648	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	429,801	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	1,855,738	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	190,820	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	838,265	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	9,872,803	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	189	856,418	677	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	107,557	92,227,918	70,139	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 G.I. LAB	0	0			60.01
60.02	06002 VASCULAR LAB	0	0			60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0			60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03320 SHOCK THERAPY	0	0			76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0			76.01
76.02	03950 DIABETES CARE CENTER	0	0			76.02
76.03	03550 OP PSYCH	0	0			76.03
76.04	03020 CARDIAC REHAB	0	0			76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/23/2015 6:18 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.389959	8,756,447	0	0	3,414,655	50.00
51.00	05100	RECOVERY ROOM	0.217780	1,063,429	0	0	231,594	51.00
53.00	05300	ANESTHESIOLOGY	0.080853	1,372,770	0	0	110,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199881	8,570,551	0	0	1,713,090	54.00
57.00	05700	CT SCAN	0.039756	10,527,391	0	0	418,527	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057943	2,281,626	0	0	132,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123188	2,720,680	0	0	335,155	59.00
60.00	06000	LABORATORY	0.127657	6,141,200	5,000	0	783,967	60.00
60.01	06001	G.I. LAB	0.262451	1,152,055	0	0	302,358	60.01
60.02	06002	VASCULAR LAB	0.103725	773,244	0	0	80,205	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.245082	1,086,031	0	0	266,167	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.375495	236,247	0	0	88,710	63.00
65.00	06500	RESPIRATORY THERAPY	0.255758	1,435,115	0	0	367,042	65.00
66.00	06600	PHYSICAL THERAPY	0.277461	1,441	0	0	400	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266987	1,356	0	0	362	67.00
68.00	06800	SPEECH PATHOLOGY	0.356985	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055279	4,133,334	0	0	228,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170395	1,119,045	0	0	190,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	4,684,769	0	0	1,654,019	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413856	6,054,638	0	0	2,505,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319835	16,005,056	9,523	0	5,118,977	73.00
74.00	07400	RENAL DIALYSIS	0.417998	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0.842922	67,648	0	0	57,022	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	429,801	0	0	210,419	76.01
76.02	03950	DIABETES CARE CENTER	4.434322	0	0	0	0	76.02
76.03	03550	OP PSYCH	0.275012	1,855,738	0	0	510,350	76.03
76.04	03020	CARDIAC REHAB	0.808930	190,820	0	0	154,360	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311497	838,265	0	0	261,117	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.161541	9,872,803	0	0	1,594,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	856,418	0	0	639,514	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.424794	0	0	0	0	95.00
200.00		Subtotal (see instructions)		92,227,918	14,523	0	21,370,984	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		92,227,918	14,523	0	21,370,984	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		50.00
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	638	0	60.00
60.01 06001 G.I. LAB	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,046	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02 03950 DIABETES CARE CENTER	0	0	76.02
76.03 03550 OP PSYCH	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	3,684	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	3,684	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/23/2015 6:18 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,800,653	45,940,009	0.060963	1,918	117	50.00
51.00	05100	RECOVERY ROOM	116,790	5,994,494	0.019483	0	0	51.00
53.00	05300	ANESTHESIOLOGY	172,029	10,121,878	0.016996	466	8	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,607,411	58,805,189	0.027335	28,612	782	54.00
57.00	05700	CT SCAN	259,020	70,163,626	0.003692	47,727	176	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	89,798	15,192,653	0.005911	11,944	71	58.00
59.00	05900	CARDIAC CATHETERIZATION	516,176	27,497,047	0.018772	0	0	59.00
60.00	06000	LABORATORY	937,353	125,553,685	0.007466	193,679	1,446	60.00
60.01	06001	G.I. LAB	205,184	8,205,529	0.025006	838	21	60.01
60.02	06002	VASCULAR LAB	26,347	5,293,708	0.004977	2,760	14	60.02
60.03	06003	LABORATORY-PATHOLOGY	157,191	6,181,232	0.025430	3,469	88	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	127,014	8,309,238	0.015286	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	458,010	27,580,377	0.016606	8,128	135	65.00
66.00	06600	PHYSICAL THERAPY	237,917	12,338,045	0.019283	36,490	704	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,145	6,041,680	0.015748	25,098	395	67.00
68.00	06800	SPEECH PATHOLOGY	43,147	1,466,018	0.029431	3,409	100	68.00
69.00	06900	ELECTROCARDIOLOGY	164,519	30,176,135	0.005452	24,688	135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,178	5,037,504	0.025048	3,633	91	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	532,149	35,287,422	0.015080	6,502	98	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	650,197	37,003,454	0.017571	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,515,757	81,523,464	0.018593	168,861	3,140	73.00
74.00	07400	RENAL DIALYSIS	103,837	5,150,107	0.020162	0	0	74.00
76.00	03320	SHOCK THERAPY	7,389	221,132	0.033414	15,883	531	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	160,747	4,000,267	0.040184	0	0	76.01
76.02	03950	DIABETES CARE CENTER	37,438	124,166	0.301516	0	0	76.02
76.03	03550	OP PSYCH	48,857	3,364,057	0.014523	1,525	22	76.03
76.04	03020	CARDIAC REHAB	49,654	457,806	0.108461	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,141	1,560,379	0.012267	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,795,026	123,174,776	0.014573	115,414	1,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,542,435	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,060,074	765,307,512		701,044	9,756	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	353,804	353,804	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	353,804	353,804	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	45,940,009	0.000000	0.000000	1,918	50.00
51.00	05100 RECOVERY ROOM	0	5,994,494	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	10,121,878	0.000000	0.000000	466	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,805,189	0.000000	0.000000	28,612	54.00
57.00	05700 CT SCAN	0	70,163,626	0.000000	0.000000	47,727	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	15,192,653	0.000000	0.000000	11,944	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	27,497,047	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	125,553,685	0.000000	0.000000	193,679	60.00
60.01	06001 G.I. LAB	0	8,205,529	0.000000	0.000000	838	60.01
60.02	06002 VASCULAR LAB	0	5,293,708	0.000000	0.000000	2,760	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	6,181,232	0.000000	0.000000	3,469	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,309,238	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	27,580,377	0.000000	0.000000	8,128	65.00
66.00	06600 PHYSICAL THERAPY	0	12,338,045	0.000000	0.000000	36,490	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,041,680	0.000000	0.000000	25,098	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,466,018	0.000000	0.000000	3,409	68.00
69.00	06900 ELECTROCARDIOLOGY	0	30,176,135	0.000000	0.000000	24,688	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,037,504	0.000000	0.000000	3,633	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,287,422	0.000000	0.000000	6,502	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	37,003,454	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	353,804	81,523,464	0.004340	0.004340	168,861	73.00
74.00	07400 RENAL DIALYSIS	0	5,150,107	0.000000	0.000000	0	74.00
76.00	03320 SHOCK THERAPY	0	221,132	0.000000	0.000000	15,883	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	4,000,267	0.000000	0.000000	0	76.01
76.02	03950 DIABETES CARE CENTER	0	124,166	0.000000	0.000000	0	76.02
76.03	03550 OP PSYCH	0	3,364,057	0.000000	0.000000	1,525	76.03
76.04	03020 CARDIAC REHAB	0	457,806	0.000000	0.000000	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,560,379	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	123,174,776	0.000000	0.000000	115,414	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,542,435	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	353,804	765,307,512			701,044	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	733	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	733	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G. I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII		Subprovider - IRF		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	2,800,653	45,940,009	0.060963	33,826	2,062	50.00
51.00	05100 RECOVERY ROOM	116,790	5,994,494	0.019483	2,502	49	51.00
53.00	05300 ANESTHESIOLOGY	172,029	10,121,878	0.016996	7,496	127	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,607,411	58,805,189	0.027335	48,966	1,338	54.00
57.00	05700 CT SCAN	259,020	70,163,626	0.003692	69,450	256	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	89,798	15,192,653	0.005911	30,421	180	58.00
59.00	05900 CARDIAC CATHETERIZATION	516,176	27,497,047	0.018772	0	0	59.00
60.00	06000 LABORATORY	937,353	125,553,685	0.007466	426,297	3,183	60.00
60.01	06001 G.I. LAB	205,184	8,205,529	0.025006	4,525	113	60.01
60.02	06002 VASCULAR LAB	26,347	5,293,708	0.004977	24,866	124	60.02
60.03	06003 LABORATORY-PATHOLOGY	157,191	6,181,232	0.025430	5,263	134	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	127,014	8,309,238	0.015286	16,097	246	63.00
65.00	06500 RESPIRATORY THERAPY	458,010	27,580,377	0.016606	196,994	3,271	65.00
66.00	06600 PHYSICAL THERAPY	237,917	12,338,045	0.019283	1,333,320	25,710	66.00
67.00	06700 OCCUPATIONAL THERAPY	95,145	6,041,680	0.015748	1,209,902	19,054	67.00
68.00	06800 SPEECH PATHOLOGY	43,147	1,466,018	0.029431	233,407	6,869	68.00
69.00	06900 ELECTROCARDIOLOGY	164,519	30,176,135	0.005452	19,341	105	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	126,178	5,037,504	0.025048	7,666	192	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	532,149	35,287,422	0.015080	99,094	1,494	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	650,197	37,003,454	0.017571	7,570	133	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,515,757	81,523,464	0.018593	640,125	11,902	73.00
74.00	07400 RENAL DIALYSIS	103,837	5,150,107	0.020162	191,383	3,859	74.00
76.00	03320 SHOCK THERAPY	7,389	221,132	0.033414	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	160,747	4,000,267	0.040184	0	0	76.01
76.02	03950 DIABETES CARE CENTER	37,438	124,166	0.301516	0	0	76.02
76.03	03550 OP PSYCH	48,857	3,364,057	0.014523	0	0	76.03
76.04	03020 CARDIAC REHAB	49,654	457,806	0.108461	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	19,141	1,560,379	0.012267	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,795,026	123,174,776	0.014573	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,542,435	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,060,074	765,307,512		4,608,511	80,401	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XVIII	Subprovider - IRF	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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	353,804	353,804	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	353,804	353,804	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XVIII	Subprovider - IRF	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	45,940,009	0.000000	0.000000	33,826	50.00
51.00	05100 RECOVERY ROOM	0	5,994,494	0.000000	0.000000	2,502	51.00
53.00	05300 ANESTHESIOLOGY	0	10,121,878	0.000000	0.000000	7,496	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,805,189	0.000000	0.000000	48,966	54.00
57.00	05700 CT SCAN	0	70,163,626	0.000000	0.000000	69,450	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	15,192,653	0.000000	0.000000	30,421	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	27,497,047	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	125,553,685	0.000000	0.000000	426,297	60.00
60.01	06001 G.I. LAB	0	8,205,529	0.000000	0.000000	4,525	60.01
60.02	06002 VASCULAR LAB	0	5,293,708	0.000000	0.000000	24,866	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	6,181,232	0.000000	0.000000	5,263	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,309,238	0.000000	0.000000	16,097	63.00
65.00	06500 RESPIRATORY THERAPY	0	27,580,377	0.000000	0.000000	196,994	65.00
66.00	06600 PHYSICAL THERAPY	0	12,338,045	0.000000	0.000000	1,333,320	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,041,680	0.000000	0.000000	1,209,902	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,466,018	0.000000	0.000000	233,407	68.00
69.00	06900 ELECTROCARDIOLOGY	0	30,176,135	0.000000	0.000000	19,341	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,037,504	0.000000	0.000000	7,666	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,287,422	0.000000	0.000000	99,094	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	37,003,454	0.000000	0.000000	7,570	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	353,804	81,523,464	0.004340	0.004340	640,125	73.00
74.00	07400 RENAL DIALYSIS	0	5,150,107	0.000000	0.000000	191,383	74.00
76.00	03320 SHOCK THERAPY	0	221,132	0.000000	0.000000	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	4,000,267	0.000000	0.000000	0	76.01
76.02	03950 DIABETES CARE CENTER	0	124,166	0.000000	0.000000	0	76.02
76.03	03550 OP PSYCH	0	3,364,057	0.000000	0.000000	0	76.03
76.04	03020 CARDIAC REHAB	0	457,806	0.000000	0.000000	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,560,379	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	123,174,776	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,542,435	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	353,804	765,307,512			4,608,511	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,778	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	2,778	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/23/2015 6:18 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,314,393	0	4,314,393	58,565	73.67	30.00
31.00	INTENSIVE CARE UNIT	728,633		728,633	6,567	110.95	31.00
32.00	CORONARY CARE UNIT	451,970		451,970	4,957	91.18	32.00
40.00	SUBPROVIDER - IPF	162,211	0	162,211	1,303	124.49	40.00
41.00	SUBPROVIDER - IRF	227,370	0	227,370	3,718	61.15	41.00
200.00	Total (Lines 30-199)	5,884,577		5,884,577	75,110		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,483	698,613				
31.00	INTENSIVE CARE UNIT	646	71,674				
32.00	CORONARY CARE UNIT	597	54,434				
40.00	SUBPROVIDER - IPF	36	4,482				
41.00	SUBPROVIDER - IRF	217	13,270				
200.00	Total (Lines 30-199)	10,979	842,473				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description		Title XIX			Hospital	PPS		
		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	2,800,653	45,940,009	0.060963	1,221,340	74,457	50.00
51.00	05100	RECOVERY ROOM	116,790	5,994,494	0.019483	153,872	2,998	51.00
53.00	05300	ANESTHESIOLOGY	172,029	10,121,878	0.016996	381,363	6,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,607,411	58,805,189	0.027335	2,258,834	61,745	54.00
57.00	05700	CT SCAN	259,020	70,163,626	0.003692	2,817,632	10,403	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	89,798	15,192,653	0.005911	848,720	5,017	58.00
59.00	05900	CARDIAC CATHETERIZATION	516,176	27,497,047	0.018772	410,187	7,700	59.00
60.00	06000	LABORATORY	937,353	125,553,685	0.007466	6,226,157	46,484	60.00
60.01	06001	G.I. LAB	205,184	8,205,529	0.025006	299,458	7,488	60.01
60.02	06002	VASCULAR LAB	26,347	5,293,708	0.004977	352,695	1,755	60.02
60.03	06003	LABORATORY-PATHOLOGY	157,191	6,181,232	0.025430	145,980	3,712	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	127,014	8,309,238	0.015286	626,963	9,584	63.00
65.00	06500	RESPIRATORY THERAPY	458,010	27,580,377	0.016606	2,680,433	44,511	65.00
66.00	06600	PHYSICAL THERAPY	237,917	12,338,045	0.019283	477,540	9,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,145	6,041,680	0.015748	387,386	6,101	67.00
68.00	06800	SPEECH PATHOLOGY	43,147	1,466,018	0.029431	104,905	3,087	68.00
69.00	06900	ELECTROCARDIOLOGY	164,519	30,176,135	0.005452	1,561,908	8,516	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,178	5,037,504	0.025048	132,366	3,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	532,149	35,287,422	0.015080	622,297	9,384	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	650,197	37,003,454	0.017571	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,515,757	81,523,464	0.018593	5,232,497	97,288	73.00
74.00	07400	RENAL DIALYSIS	103,837	5,150,107	0.020162	414,484	8,357	74.00
76.00	03320	SHOCK THERAPY	7,389	221,132	0.033414	18,120	605	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	160,747	4,000,267	0.040184	1,802	72	76.01
76.02	03950	DIABETES CARE CENTER	37,438	124,166	0.301516	0	0	76.02
76.03	03550	OP PSYCH	48,857	3,364,057	0.014523	0	0	76.03
76.04	03020	CARDIAC REHAB	49,654	457,806	0.108461	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,141	1,560,379	0.012267	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,795,026	123,174,776	0.014573	3,531,480	51,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	259,533	3,542,435	0.073264	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	13,319,607	765,307,512		30,908,419	479,734	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description	Title XIX			Hospital	PPS
	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	46,583	0	46,583	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,489	0	5,489	31.00
32.00	03200	CORONARY CARE UNIT	0	4,143	0	4,143	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,089	0	1,089	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,107	0	3,107	41.00
200.00		Total (lines 30-199)	0	60,411	0	60,411	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	58,565	0.80	9,483	7,586	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,567	0.84	646	543	0	31.00
32.00	03200	CORONARY CARE UNIT	4,957	0.84	597	501	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,303	0.84	36	30	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,718	0.84	217	182	0	41.00
200.00		Total (lines 30-199)	75,110		10,979	8,842	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
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	353,804	0	353,804	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02	03950	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	353,804	0	353,804	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	45,940,009	0.000000	0.000000	1,221,340	50.00
51.00	05100	RECOVERY ROOM	0	5,994,494	0.000000	0.000000	153,872	51.00
53.00	05300	ANESTHESIOLOGY	0	10,121,878	0.000000	0.000000	381,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,805,189	0.000000	0.000000	2,258,834	54.00
57.00	05700	CT SCAN	0	70,163,626	0.000000	0.000000	2,817,632	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,192,653	0.000000	0.000000	848,720	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,497,047	0.000000	0.000000	410,187	59.00
60.00	06000	LABORATORY	0	125,553,685	0.000000	0.000000	6,226,157	60.00
60.01	06001	G.I. LAB	0	8,205,529	0.000000	0.000000	299,458	60.01
60.02	06002	VASCULAR LAB	0	5,293,708	0.000000	0.000000	352,695	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	6,181,232	0.000000	0.000000	145,980	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,309,238	0.000000	0.000000	626,963	63.00
65.00	06500	RESPIRATORY THERAPY	0	27,580,377	0.000000	0.000000	2,680,433	65.00
66.00	06600	PHYSICAL THERAPY	0	12,338,045	0.000000	0.000000	477,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,041,680	0.000000	0.000000	387,386	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,466,018	0.000000	0.000000	104,905	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,176,135	0.000000	0.000000	1,561,908	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,037,504	0.000000	0.000000	132,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,287,422	0.000000	0.000000	622,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	37,003,454	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	353,804	81,523,464	0.004340	0.004340	5,232,497	73.00
74.00	07400	RENAL DIALYSIS	0	5,150,107	0.000000	0.000000	414,484	74.00
76.00	03320	SHOCK THERAPY	0	221,132	0.000000	0.000000	18,120	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	4,000,267	0.000000	0.000000	1,802	76.01
76.02	03950	DIABETES CARE CENTER	0	124,166	0.000000	0.000000	0	76.02
76.03	03550	OP PSYCH	0	3,364,057	0.000000	0.000000	0	76.03
76.04	03020	CARDIAC REHAB	0	457,806	0.000000	0.000000	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,560,379	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	123,174,776	0.000000	0.000000	3,531,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,542,435	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	353,804	765,307,512			30,908,419	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
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Cost Center Description	Title XIX			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 G.I. LAB	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,709	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.02 03950 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 03550 OP PSYCH	0	0	0	0	0	76.03
76.04 03020 CARDIAC REHAB	0	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	22,709	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:18 am
	Title XIX	Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	76.01
76.02	03950 DIABETES CARE CENTER	0	0	76.02
76.03	03550 OP PSYCH	0	0	76.03
76.04	03020 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/23/2015 6:18 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.389959	0	0	1,651,149	0
51.00 05100 RECOVERY ROOM	0.217780	0	0	207,945	0
53.00 05300 ANESTHESIOLOGY	0.080853	0	0	262,507	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.199881	0	0	0	0
57.00 05700 CT SCAN	0.039756	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.057943	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.123188	0	0	527,556	0
60.00 06000 LABORATORY	0.127657	0	0	0	0
60.01 06001 G.I. LAB	0.262451	0	0	257,088	0
60.02 06002 VASCULAR LAB	0.103725	0	0	151,881	0
60.03 06003 LABORATORY-PATHOLOGY	0.245082	0	0	181,437	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.375495	0	0	80,657	0
65.00 06500 RESPIRATORY THERAPY	0.255758	0	0	307,467	0
66.00 06600 PHYSICAL THERAPY	0.277461	0	0	458,983	0
67.00 06700 OCCUPATIONAL THERAPY	0.266987	0	0	62,997	0
68.00 06800 SPEECH PATHOLOGY	0.356985	0	0	23,636	0
69.00 06900 ELECTROCARDIOLOGY	0.055279	0	0	903,901	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.170395	0	0	495,173	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	0	0	26,559	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.413856	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.319835	0	0	5,008,247	0
74.00 07400 RENAL DIALYSIS	0.417998	0	0	0	0
76.00 03320 SHOCK THERAPY	0.842922	0	0	6,040	0
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	0	0	585,829	0
76.02 03950 DIABETES CARE CENTER	4.434322	0	0	6,362	0
76.03 03550 OP PSYCH	0.275012	0	0	7,595	0
76.04 03020 CARDIAC REHAB	0.808930	0	0	37,130	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.311497	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.161541	0	0	8,658,871	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.424794	0	0		95.00
200.00	Subtotal (see instructions)	0	0	19,909,010	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)			19,909,010	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/23/2015 6:18 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	643,880		50.00
51.00 05100 RECOVERY ROOM	0	45,286		51.00
53.00 05300 ANESTHESIOLOGY	0	21,224		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	64,989		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	67,473		60.01
60.02 06002 VASCULAR LAB	0	15,754		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	44,467		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	30,286		63.00
65.00 06500 RESPIRATORY THERAPY	0	78,637		65.00
66.00 06600 PHYSICAL THERAPY	0	127,350		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	16,819		67.00
68.00 06800 SPEECH PATHOLOGY	0	8,438		68.00
69.00 06900 ELECTROCARDIOLOGY	0	49,967		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	84,375		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,377		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,601,813		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 SHOCK THERAPY	0	5,091		76.00
76.01 03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0	286,807		76.01
76.02 03950 DIABETES CARE CENTER	0	28,211		76.02
76.03 03550 OP PSYCH	0	2,089		76.03
76.04 03020 CARDIAC REHAB	0	30,036		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	1,398,763		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	4,661,132	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	4,661,132	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2015 6:18 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,565	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,565	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		55,042	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)		23,756	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)		43,973,656	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)		43,973,656	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,973,656	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)		750.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,837,193	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		17,837,193	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	9,459,805	6,567	1,440.51	3,267	4,706,146	43.00	
44.00	5,876,034	4,957	1,185.40	2,787	3,303,710	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,940,784	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					62,787,833	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,390,788	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,988,660	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,379,448	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,408,385	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,523	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					750.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,645,245	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,314,393	43,973,656	0.098113	2,645,245	259,533	90.00
91.00	Nursing School cost	0	43,973,656	0.000000	2,645,245	0	91.00
92.00	Allied health cost	46,583	43,973,656	0.001059	2,645,245	2,801	92.00
93.00	All other Medical Education	0	43,973,656	0.000000	2,645,245	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 26S180		Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,303	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,303	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,303	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,011	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)		1,714,900	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,714,900	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,714,900	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,316.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,330,597	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,330,597	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1		
		Component CCN: 26S180		Date/Time Prepared: 5/23/2015 6:18 am				
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)					146,035		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,476,632		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)					126,708		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,489		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					137,197		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,339,435		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	162,211	1,714,900	0.094589	0	0	90.00
91.00	Nursing School cost	0	1,714,900	0.000000	0	0	91.00
92.00	Allied health cost	1,089	1,714,900	0.000635	0	0	92.00
93.00	All other Medical Education	0	1,714,900	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,718 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,718 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,718 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,248 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,324,431 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,324,431 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,324,431 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)			625.18 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,405,405 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,405,405 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1		
		Component CCN: 26T180		Date/Time Prepared: 5/23/2015 6:18 am				
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	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)				1,246,078		48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,651,483		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)				139,353		50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				83,179		51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				222,532		52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,428,951		53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges				0		54.00	
55.00	Target amount per discharge				0.00		55.00	
56.00	Target amount (line 54 x line 55)				0		56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00	
58.00	Bonus payment (see instructions)				0		58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00	
62.00	Relief payment (see instructions)				0		62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)				0		87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	227,370	2,324,431	0.097817	0	0	90.00
91.00	Nursing School cost	0	2,324,431	0.000000	0	0	91.00
92.00	Allied health cost	3,107	2,324,431	0.001337	0	0	92.00
93.00	All other Medical Education	0	2,324,431	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/23/2015 6:18 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,565	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,565	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		55,042	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)		9,483	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)		43,973,656	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)		43,973,656	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,973,656	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)		750.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,120,311	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)		7,120,311	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am		
Cost Center Description			Title XIX		Hospital	PPS	
	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	9,459,805	6,567	1,440.51	646	930,569		
44.00	5,876,034	4,957	1,185.40	597	707,684		
45.00							
46.00							
47.00							
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,105,975	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,864,539	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)					833,351	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					502,443	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,335,794	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,528,745	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,523	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					750.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,645,245	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,314,393	43,973,656	0.098113	2,645,245	259,533	90.00
91.00	Nursing School cost	0	43,973,656	0.000000	2,645,245	0	91.00
92.00	Allied health cost	46,583	43,973,656	0.001059	2,645,245	2,801	92.00
93.00	All other Medical Education	0	43,973,656	0.000000	2,645,245	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 26S180		Date/Time Prepared: 5/23/2015 6:18 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,303	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,303	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,303	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)		36	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)		1,714,900	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,714,900	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,714,900	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,316.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		47,380	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)		47,380	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1		
		Component CCN: 26S180				Date/Time Prepared: 5/23/2015 6:18 am		
		Title XIX		Subprovider - IPF		Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)					6,400		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,780		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	162,211	1,714,900	0.094589	0	0	90.00
91.00	Nursing School cost	0	1,714,900	0.000000	0	0	91.00
92.00	Allied health cost	1,089	1,714,900	0.000635	0	0	92.00
93.00	All other Medical Education	0	1,714,900	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 26T180		Date/Time Prepared: 5/23/2015 6:18 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,718	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,718	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)		217	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,324,431	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,324,431	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,324,431	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)		625.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		135,664	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)		135,664	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1			
		Component CCN: 26T180				Date/Time Prepared: 5/23/2015 6:18 am			
		Title XIX		Subprovider - IRF		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)				
	1.00	2.00	3.00	4.00	5.00				
42.00	NURSERY (title V & XIX only)							42.00	
	Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00		
44.00	0	0	0.00	0	0		44.00		
45.00	BURN INTENSIVE CARE UNIT							45.00	
46.00	SURGICAL INTENSIVE CARE UNIT							46.00	
47.00	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)					266,463		48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					402,127		49.00	
	PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/23/2015 6:18 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	227,370	2,324,431	0.097817	0	0	90.00
91.00	Nursing School cost	0	2,324,431	0.000000	0	0	91.00
92.00	Allied health cost	3,107	2,324,431	0.001337	0	0	92.00
93.00	All other Medical Education	0	2,324,431	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		35,212,220	30.00
31.00	03100	INTENSIVE CARE UNIT		9,221,335	31.00
32.00	03200	CORONARY CARE UNIT		7,751,693	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.389959	14,639,825	5,708,932 50.00
51.00	05100	RECOVERY ROOM	0.217780	742,008	161,595 51.00
53.00	05300	ANESTHESIOLOGY	0.080853	1,938,075	156,699 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199881	7,477,751	1,494,660 54.00
57.00	05700	CT SCAN	0.039756	9,416,320	374,355 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057943	2,673,837	154,930 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123188	4,310,421	530,992 59.00
60.00	06000	LABORATORY	0.127657	24,160,626	3,084,273 60.00
60.01	06001	G.I. LAB	0.262451	1,042,921	273,716 60.01
60.02	06002	VASCULAR LAB	0.103725	1,612,714	167,279 60.02
60.03	06003	LABORATORY-PATHOLOGY	0.245082	731,833	179,359 60.03
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.375495	2,865,236	1,075,882 63.00
65.00	06500	RESPIRATORY THERAPY	0.255758	11,808,424	3,020,099 65.00
66.00	06600	PHYSICAL THERAPY	0.277461	2,316,106	642,629 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266987	1,782,561	475,921 67.00
68.00	06800	SPEECH PATHOLOGY	0.356985	422,072	150,673 68.00
69.00	06900	ELECTROCARDIOLOGY	0.055279	8,194,129	452,963 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170395	452,789	77,153 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	11,816,072	4,171,818 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413856	9,877,101	4,087,698 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319835	24,739,097	7,912,429 73.00
74.00	07400	RENAL DIALYSIS	0.417998	3,110,870	1,300,337 74.00
76.00	03320	SHOCK THERAPY	0.842922	13,951	11,760 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	20,016	9,799 76.01
76.02	03950	DIABETES CARE CENTER	4.434322	0	0 76.02
76.03	03550	OP PSYCH	0.275012	4,332	1,191 76.03
76.04	03020	CARDIAC REHAB	0.808930	0	0 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311497	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.161541	6,717,721	1,085,187 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	238,982	178,455 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		153,125,790	36,940,784 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		153,125,790	36,940,784 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 26S180		Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		1,108,700	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.389959	1,918	50.00
51.00	05100	RECOVERY ROOM	0.217780	0	51.00
53.00	05300	ANESTHESIOLOGY	0.080853	466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199881	28,612	54.00
57.00	05700	CT SCAN	0.039756	47,727	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057943	11,944	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123188	0	59.00
60.00	06000	LABORATORY	0.127657	193,679	60.00
60.01	06001	G.I. LAB	0.262451	838	60.01
60.02	06002	VASCULAR LAB	0.103725	2,760	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.245082	3,469	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.375495	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.255758	8,128	65.00
66.00	06600	PHYSICAL THERAPY	0.277461	36,490	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266987	25,098	67.00
68.00	06800	SPEECH PATHOLOGY	0.356985	3,409	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055279	24,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170395	3,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	6,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413856	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319835	168,861	73.00
74.00	07400	RENAL DIALYSIS	0.417998	0	74.00
76.00	03320	SHOCK THERAPY	0.842922	15,883	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	0	76.01
76.02	03950	DIABETES CARE CENTER	4.434322	0	76.02
76.03	03550	OP PSYCH	0.275012	1,525	76.03
76.04	03020	CARDIAC REHAB	0.808930	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311497	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.161541	115,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		701,044	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)		701,044	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,309,909	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.389959	33,826	50.00
51.00	05100	RECOVERY ROOM	0.217780	2,502	51.00
53.00	05300	ANESTHESIOLOGY	0.080853	7,496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199881	48,966	54.00
57.00	05700	CT SCAN	0.039756	69,450	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057943	30,421	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123188	0	59.00
60.00	06000	LABORATORY	0.127657	426,297	60.00
60.01	06001	G.I. LAB	0.262451	4,525	60.01
60.02	06002	VASCULAR LAB	0.103725	24,866	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.245082	5,263	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.375495	16,097	63.00
65.00	06500	RESPIRATORY THERAPY	0.255758	196,994	65.00
66.00	06600	PHYSICAL THERAPY	0.277461	1,333,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266987	1,209,902	67.00
68.00	06800	SPEECH PATHOLOGY	0.356985	233,407	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055279	19,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170395	7,666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	99,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413856	7,570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319835	640,125	73.00
74.00	07400	RENAL DIALYSIS	0.417998	191,383	74.00
76.00	03320	SHOCK THERAPY	0.842922	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	0	76.01
76.02	03950	DIABETES CARE CENTER	4.434322	0	76.02
76.03	03550	OP PSYCH	0.275012	0	76.03
76.04	03020	CARDIAC REHAB	0.808930	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311497	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.161541	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,608,511	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)		4,608,511	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/23/2015 6:18 am	
Cost Center Description		Title XIX	Hospital	PPS	
		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		10,706,533	30.00
31.00	03100	INTENSIVE CARE UNIT		1,519,430	31.00
32.00	03200	CORONARY CARE UNIT		1,513,033	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.389959	1,221,340	50.00
51.00	05100	RECOVERY ROOM	0.217780	153,872	51.00
53.00	05300	ANESTHESIOLOGY	0.080853	381,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199881	2,258,834	54.00
57.00	05700	CT SCAN	0.039756	2,817,632	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057943	848,720	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123188	410,187	59.00
60.00	06000	LABORATORY	0.127657	6,226,157	60.00
60.01	06001	G.I. LAB	0.262451	299,458	60.01
60.02	06002	VASCULAR LAB	0.103725	352,695	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.245082	145,980	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.375495	626,963	63.00
65.00	06500	RESPIRATORY THERAPY	0.255758	2,680,433	65.00
66.00	06600	PHYSICAL THERAPY	0.277461	477,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266987	387,386	67.00
68.00	06800	SPEECH PATHOLOGY	0.356985	104,905	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055279	1,561,908	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170395	132,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	622,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413856	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319835	5,232,497	73.00
74.00	07400	RENAL DIALYSIS	0.417998	414,484	74.00
76.00	03320	SHOCK THERAPY	0.842922	18,120	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	1,802	76.01
76.02	03950	DIABETES CARE CENTER	4.434322	0	76.02
76.03	03550	OP PSYCH	0.275012	0	76.03
76.04	03020	CARDIAC REHAB	0.808930	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311497	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.161541	3,531,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		30,908,419	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)		30,908,419	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/23/2015 6:18 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		39,564	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.389959	0	50.00
51.00	05100	RECOVERY ROOM	0.217780	0	51.00
53.00	05300	ANESTHESIOLOGY	0.080853	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199881	642	54.00
57.00	05700	CT SCAN	0.039756	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057943	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123188	0	59.00
60.00	06000	LABORATORY	0.127657	12,899	60.00
60.01	06001	G.I. LAB	0.262451	0	60.01
60.02	06002	VASCULAR LAB	0.103725	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.245082	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.375495	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.255758	194	65.00
66.00	06600	PHYSICAL THERAPY	0.277461	2,019	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266987	1,728	67.00
68.00	06800	SPEECH PATHOLOGY	0.356985	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055279	514	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170395	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413856	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319835	6,796	73.00
74.00	07400	RENAL DIALYSIS	0.417998	0	74.00
76.00	03320	SHOCK THERAPY	0.842922	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	0	76.01
76.02	03950	DIABETES CARE CENTER	4.434322	0	76.02
76.03	03550	OP PSYCH	0.275012	0	76.03
76.04	03020	CARDIAC REHAB	0.808930	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311497	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.161541	8,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		33,161	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)		33,161	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/23/2015 6:18 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		39,564	40.00
41.00	04100	SUBPROVIDER - IRF		189,336	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.389959	85,754	50.00
51.00	05100	RECOVERY ROOM	0.217780	5,709	51.00
53.00	05300	ANESTHESIOLOGY	0.080853	10,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.199881	46,983	54.00
57.00	05700	CT SCAN	0.039756	51,064	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.057943	58,396	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123188	40	59.00
60.00	06000	LABORATORY	0.127657	117,045	60.00
60.01	06001	G.I. LAB	0.262451	5,646	60.01
60.02	06002	VASCULAR LAB	0.103725	8,446	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.245082	3,315	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.375495	21,403	63.00
65.00	06500	RESPIRATORY THERAPY	0.255758	121,125	65.00
66.00	06600	PHYSICAL THERAPY	0.277461	133,974	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266987	119,947	67.00
68.00	06800	SPEECH PATHOLOGY	0.356985	39,367	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055279	41,450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170395	2,156	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.353063	19,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413856	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.319835	171,328	73.00
74.00	07400	RENAL DIALYSIS	0.417998	15,865	74.00
76.00	03320	SHOCK THERAPY	0.842922	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.489574	0	76.01
76.02	03950	DIABETES CARE CENTER	4.434322	0	76.02
76.03	03550	OP PSYCH	0.275012	0	76.03
76.04	03020	CARDIAC REHAB	0.808930	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311497	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.161541	28,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.746731	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,108,088	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)		1,108,088	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		34,247,276	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,580,779	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,067,602	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		15,287,553	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		422.35	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)		2.47	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-0.93	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)		1.54	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.76	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)		1.54	12.00
13.00	Total allowable FTE count for the prior year.		0.91	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.92	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.12	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.12	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.002652	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.002196	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.002196	21.00
22.00	IME payment adjustment (see instructions)		73,339	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.22	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		73,339	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.76	31.00
32.00	Sum of lines 30 and 31		26.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.99	33.00
34.00	Disproportionate share adjustment (see instructions)		1,259,126	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	0	35.00
35.01	Factor 3 (see instructions)		0.000475271	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,299,482	3,430,104	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,215,776	864,575	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,080,351		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		6,817		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		780		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		679		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		11.44		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,652		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.978750		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		297,599		46.00
47.00	Subtotal (see instructions)		53,606,072		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		53,606,072		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,081,622		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		25,821		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		7,100		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		24,090		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		107,557		58.00
59.00	Total (sum of amounts on lines 49 through 58)		57,852,262		59.00
60.00	Primary payer payments		14,668		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,837,594		61.00
62.00	Deductibles billed to program beneficiaries		3,979,367		62.00
63.00	Coinurance billed to program beneficiaries		477,744		63.00
64.00	Allowable bad debts (see instructions)		1,626,233		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,057,051		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,337,931		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		54,437,534		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		49,048		70.93
70.94	HRR adjustment amount (see instructions)		-177,870		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		143,679		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		54,165,033		71.00
71.01	Sequestration adjustment (see instructions)		1,083,301		71.01
72.00	Interim payments		52,892,380		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)		189,352		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		568,257		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/23/2015 6:18 am	
		Original .mcrcx Values		Adjusted .mcax Values		HFS Look Up	
		1.00		2.00		3.00	
				Override Value		Revised Value	
				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)	8.64	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	17.76	0.00			17.76	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	26.40	0.00			17.76	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)	422.35	0.00			422.35	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	10.99	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater 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)	8.64	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")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	3.67	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)	9,209	0			9,209	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	494	0			494	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	1,023	0			1,023	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)	1,219	0			1,219	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)	11,945	0			11,945	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	66,566	0			66,566	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	694	0			694	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)	67,260	0			67,260	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	17.76	0.00			17.76	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260180		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	10.99		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	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		10.99		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.		10.99		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 amendment? (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 Community 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: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/23/2015 6:18 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	4.29		29.00
30.00	Line 28 or 29 as applicable	4.29		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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2015 6:18 am
Title XVIII			Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,247,276	34,247,276		34,247,276
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,580,779		11,580,779	11,580,779
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	2,067,602	1,538,745	528,857	2,067,602
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	15,287,553	10,890,444	4,397,109	15,287,553
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.002196	0.002196	0.002196	
6.00	IME payment adjustment (see instructions)	22.00	73,339	54,166	19,173	73,339
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	73,339	54,166	19,173	73,339
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1099	0.1099	0.1099	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,259,126	940,944	318,182	1,259,126
11.01	Uncompensated care payments	36.00	4,080,351	3,215,776	864,575	4,080,351
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	297,599	222,588	75,011	297,599
13.00	Subtotal (see instructions)	47.00	53,606,072	40,219,495	13,386,577	53,606,072
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,606,072	40,219,495	13,386,577	53,606,072
16.00	Payment for inpatient program capital	50.00	4,081,622	3,057,903	1,023,719	4,081,622
17.00	Special add-on payments for new technologies	54.00	7,100	7,100	0	7,100
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			43,284,498	14,410,296	57,694,794

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,652,798	2,739,252	913,546	3,652,798	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,710	163,335	58,375	221,710	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0017	0.0017	0.0017		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	6,210	4,657	1,553	6,210	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0550	0.0550	0.0550		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	200,904	150,659	50,245	200,904	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,081,622	3,057,903	1,023,719	4,081,622	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	49,048	15,615	33,433	49,048	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-177,870	-101,998	-75,872	-177,870	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	143,679	143,679	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/23/2015 6:18 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,684	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,300,845	2.00
3.00	PPS payments		19,379,692	3.00
4.00	Outlier payment (see instructions)		18,516	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		70,139	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,684	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		14,523	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		14,523	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		14,523	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,839	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)		3,684	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)		19,468,347	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)		3,851,279	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		15,620,752	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		8,240	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		15,628,992	30.00
31.00	Primary payer payments		24,730	31.00
32.00	Subtotal (line 30 minus line 31)		15,604,262	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		594,673	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		386,537	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		355,435	36.00
37.00	Subtotal (see instructions)		15,990,799	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,990,799	40.00
40.01	Sequestration adjustment (see instructions)		319,816	40.01
41.00	Interim payments		15,747,072	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-76,089	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2015 6:18 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		52,518,080		15,533,872	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/12/2014	374,300	08/12/2014	213,200	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)		374,300		213,200	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)		52,892,380		15,747,072	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		189,352		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		76,089	6.02	
7.00	Total Medicare program liability (see instructions)		53,081,732		15,670,983	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: 260180
Component CCN: 26S180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2015 6:18 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		671,861		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		671,861		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		9,557		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		681,418		0	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: 260180
Component CCN: 26T180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2015 6:18 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,016,206		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)		3,016,206		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		788		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,016,994		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		13,721	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		29,810	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		10,472	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		66,566	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		909,019,658	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		71,960,035	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		2,225,148	8.00
9.00	Sequestration adjustment amount (see instructions)		44,503	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		2,180,645	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		2,245,723	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)		-65,078	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/23/2015 6:18 am
		Component CCN: 26S180	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		823,401	1.00
2.00	Net IPF PPS Outlier Payments		21,166	2.00
3.00	Net IPF PPS ECT Payments		11,505	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		3,569,863	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		856,072	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		856,072	16.00
17.00	Primary payer payments		2,457	17.00
18.00	Subtotal (line 16 less line 17).		853,615	18.00
19.00	Deductibles		96,032	19.00
20.00	Subtotal (line 18 minus line 19)		757,583	20.00
21.00	Coinsurance		63,840	21.00
22.00	Subtotal (line 20 minus line 21)		693,743	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		693,743	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		1,582	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		695,325	31.00
31.01	Sequestration adjustment (see instructions)		13,907	31.01
32.00	Interim payments		671,861	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		9,557	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		21,166	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,025,553 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0367 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			91,977 3.00
4.00	Outlier Payments			10,385 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.186301 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,127,915 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,127,915 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,127,915 19.00
20.00	Deductibles			13,280 20.00
21.00	Subtotal (line 19 minus line 20)			3,114,635 21.00
22.00	Coinsurance			40,736 22.00
23.00	Subtotal (line 21 minus line 22)			3,073,899 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,073,899 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			4,666 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,078,565 32.00
32.01	Sequestration adjustment (see instructions)			61,571 32.01
33.00	Interim payments			3,016,206 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			788 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			10,385 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/23/2015 6:18 am	
		Title XVII	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.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.90	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)			1.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.76	6.00
7.00	Enter the lesser of line 5 or line 6			1.57	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.	0.00	1.21	1.21	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.	0.00	1.08	1.08	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	0.00	1.08		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.47		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.67		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	0.00	0.67		17.00
18.00	Per resident amount	0.00	85,146.26		18.00
19.00	Approved amount for resident costs	0	57,048	57,048	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)			0.19	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			57,048	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	33,069	11,264		26.00
27.00	Total Inpatient Days (see instructions)	71,587	71,587		27.00
28.00	Ratio of inpatient days to total inpatient days	0.461941	0.157347		28.00
29.00	Program direct GME amount	26,353	8,976		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,268		30.00
31.00	Net Program direct GME amount			34,061	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/23/2015 6:18 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)		5,150,107	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)		66,915,948	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)		17,125	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		66,898,823	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,374,668	42.00
43.00	Primary payer payments (see instructions)		24,730	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,349,938	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		88,248,761	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.758071	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.241929	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		34,061	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		25,821	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		8,240	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/23/2015 6:18 am	
		Title XIX	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.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.90	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)			1.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.76	6.00
7.00	Enter the lesser of line 5 or line 6			1.57	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.	0.00	1.21	1.21	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.	0.00	1.08	1.08	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	0.00	1.08		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.47		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.67		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	0.00	0.67		17.00
18.00	Per resident amount	0.00	85,146.26		18.00
19.00	Approved amount for resident costs	0	57,048	57,048	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)			0.19	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			57,048	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,979	1,233		26.00
27.00	Total Inpatient Days (see instructions)	71,587	71,587		27.00
28.00	Ratio of inpatient days to total inpatient days	0.153366	0.017224		28.00
29.00	Program direct GME amount	8,749	983		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		139		30.00
31.00	Net Program direct GME amount			9,593	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/23/2015 6:18 am
		Title XIX	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)		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)		9,593	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: 260180

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

Worksheet G

Date/Time Prepared:
5/23/2015 6:18 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	526,383	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	28,003,124	0	0	0	4.00
5.00	Other receivable	1,392,545	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,446,482	0	0	0	7.00
8.00	Prepaid expenses	301,184	0	0	0	8.00
9.00	Other current assets	3,917,092	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)	38,586,810	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	6,719,961	0	0	0	13.00
14.00	Accumulated depreciation	-5,923,959	0	0	0	14.00
15.00	Buildings	82,853,691	0	0	0	15.00
16.00	Accumulated depreciation	-65,607,690	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	82,182,568	0	0	0	19.00
20.00	Accumulated depreciation	-66,901,643	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	114,270,176	0	0	0	23.00
24.00	Accumulated depreciation	-94,791,635	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	8,315,165	0	0	0	27.00
28.00	Accumulated depreciation	-2,588,463	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)	60,768,496	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	354,414	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	354,414	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	99,709,720	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,823,806	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,764,046	0	0	0	38.00
39.00	Payroll taxes payable	146,943	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,097,956	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,832,751	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	255,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	255,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,087,751	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	83,621,969				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	83,621,969	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	99,709,720	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260180

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

Worksheet G-1

Date/Time Prepared:
5/23/2015 6:18 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		119,714,494		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-58,991,477			2.00
3.00	Total (sum of line 1 and line 2)		60,723,017		0	3.00
4.00	TRANSFER FROM BJC	22,655,406		0		4.00
5.00	CHANGE IN RESTRICTED ASSETS	243,546		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		22,898,952		0	10.00
11.00	Subtotal (line 3 plus line 10)		83,621,969		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		83,621,969		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFER FROM BJC		0			4.00
5.00	CHANGE IN RESTRICTED ASSETS		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260180

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2015 6:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	79,881,911		79,881,911	1.00
2.00	SUBPROVIDER - IPF	1,431,737		1,431,737	2.00
3.00	SUBPROVIDER - IRF	3,825,479		3,825,479	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	85,139,127		85,139,127	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,566,534		18,566,534	11.00
12.00	CORONARY CARE UNIT	13,780,914		13,780,914	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)	32,347,448		32,347,448	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,486,575		117,486,575	17.00
18.00	Ancillary services	341,903,278	450,869,504	792,772,782	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				22.00
23.00	AMBULANCE SERVICES	136,947	27,074,003	27,210,950	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	459,526,800	477,943,507	937,470,307	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		301,847,319		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NON OPERATING EXPENSES	1,899,873			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)		1,899,873		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		299,947,446		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/23/2015 6:18 am
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		937,470,307	1.00
2.00	Less contractual allowances and discounts on patients' accounts		698,229,347	2.00
3.00	Net patient revenues (line 1 minus line 2)		239,240,960	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		299,947,446	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-60,706,486	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		44,768	6.00
7.00	Income from investments		207,508	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		2,124,267	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		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	MEANINGFUL USE MEDICAID		309,494	24.00
24.01	MEANINGFUL USE MEDICARE		2,223,713	24.01
24.02	BJC OTHER OPERATING REVENUE		214,915	24.02
24.03	OTHER OPERATING REVENUE		8,298,343	24.03
25.00	Total other income (sum of lines 6-24)		13,423,008	25.00
26.00	Total (line 5 plus line 25)		-47,283,478	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS		11,374,767	27.00
27.01	PHYSICIAN OFFICE BUILDINGS		333,232	27.01
28.00	Total other expenses (sum of line 27 and subscripts)		11,707,999	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		-58,991,477	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260180	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/23/2015 6:18 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,652,798	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		221,710	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)		184.27	3.00
4.00	Number of interns & residents (see instructions)		1.12	4.00
5.00	Indirect medical education percentage (see instructions)		0.17	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		6,210	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.76	8.00
9.00	Sum of lines 7 and 8		26.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.50	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		200,904	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,081,622	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