

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: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/19/2015 7:50 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: 5/19/2015 Time: 7:50 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LOUIS CHILDREN'S HOSPITAL ( 263301 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	44,709	25,173	0	23,209,060	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	44,709	25,173	0	23,209,060	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: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/19/2015 7:49 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: ONE CHILDREN'S PLACE			PO Box:						1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: ST. LOUIS		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		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. LOUIS CHILDREN'S HOSPITAL		263301	41180	7	07/01/1966	0	T	0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis		ST. LOUIS CHILDREN'S HOSPITAL		262309	41180		01/01/1974				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.						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)						N		N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						0		0		0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						0		0		0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/19/2015 7:49 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	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
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)	N				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)				Y	63.00	
			Unweighted FTEs Nonprovi der Site	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)		4.23	75.51	0.053047	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted 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)	PEDIATRICS	2000	1.79	78.29	0.022353	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)	11.72	79.55	0.128410		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)	PEDIATRICS	2000	12.98	77.23	0.143886	
67.01				0.00	0.00	0.000000	
				1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (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)					0	
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0	
				1.00			
<b>Long Term Care Hospital PPS</b>							
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	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	

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		V	XIX				
		1.00	2.00				
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00			
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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			
<b>Miscellaneous Cost Reporting Information</b>							
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:	945,157	3,462,500			118.01	
		1.00	2.00				
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02			
<b>DO NOT USE THIS LINE</b>							
119.00	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	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			
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/30/1977		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.	06/18/2009		127.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/19/2015 7:49 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.	06/18/2009		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.	06/18/2009		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	
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301	
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:			
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108	
		1.00	2.00	3.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N		145.00	
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
		1.00			
<b>Multi campus</b>					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
		1.00			
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/19/2015 7:49 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)		07/01/2014	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/19/2015 7:49 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
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.	N			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	Type	Date	
		1.00	2.00	3.00	
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.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N			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
		Y/N			
		1.00			
PS&R Data					
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/02/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/19/2015 7:49 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00
		N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
			1.00	2.00	
<b>Cost Report Preparer Contact Information</b>					
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.	CINDY		DERBY	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.	314-362-0616		CAD4924@BJC.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/02/2015	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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: 263301

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/19/2015 7:49 am

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	CINDY	1.00
2.00	Last Name	DERBY	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0616	5.00
6.00	E-mail Address	CAD4924@BJC.ORG	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	4249 CLAYTON AVENUE, SUITE	8.00
		314	
9.00	Mailing Address 2	MS 90-6808	9.00
10.00	City	ST. LOUIS	10.00
11.00	State		MO 11.00
12.00	Zip	63110	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
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: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/19/2015 7:49 am	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
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	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
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.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263301

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 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	174	63,510	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)		174	63,510	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	29	10,585	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	81	29,565	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		314	114,610	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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)		314				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: 263301

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 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)	224	4,806	32,758			1.00
2.00 HMO and other (see instructions)	0	12,026				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	224	4,806	32,758			7.00
8.00 INTENSIVE CARE UNIT	41	2,080	8,180			8.00
9.00 CORONARY CARE UNIT	0	1,311	6,818			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	4,853	25,979			12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	265	13,050	73,735	181.48	2,496.22	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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)				181.48	2,496.22	27.00
28.00 Observation Bed Days		530	3,803			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	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: 263301

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	44	1,317	10,416	1.00
2.00 HMO and other (see instructions)				0	1,934		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 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	44		1,317	10,416	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							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

		Outpatient		Training		Home				
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD			
		1.00	2.00	3.00	4.00	5.00	6.00			
1.00	Number of patients in program at end of cost reporting period	2	0	0	0	0	8	1.00		
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	7.00	2.00		
3.00	Average patient dialysis time including setup	4.20	0.00	0.00	0.00			3.00		
4.00	CAPD exchanges per day				0.00		6.00	4.00		
5.00	Number of days in year dialysis furnished	365	0					5.00		
6.00	Number of stations	5	0	0	0			6.00		
7.00	Treatment capacity per day per station	2	0					7.00		
8.00	Utilization (see instructions)	0.00	0.00					8.00		
9.00	Average times dialyzers re-used	0.00	0.00					9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00		
							Y/N			
							1.00			
<b>ESRD PPS</b>										
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y		10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02	
						Prior to 1/1	After 12/31			
						1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03	
<b>TRANSPLANT INFORMATION</b>										
11.00	Number of patients on transplant list						10		11.00	
12.00	Number of patients transplanted during the cost reporting period						10		12.00	
<b>EPOETIN</b>										
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00	
16.00	Number of EPO units furnished relating to the home dialysis department								16.00	
<b>ARANESP</b>										
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00	
						MCP	INITIAL METHOD			
						1.00	2.00			
<b>PHYSICIAN PAYMENT METHOD</b>										
21.00	Enter "X" if method(s) is applicable						X		21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00				
<b>ESAs</b>										
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	22.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/19/2015 7:49 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		0	0	12,497,312	12,497,312	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	22,378,108	22,378,108	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	545,367	3,104,983	3,650,350	-1,108,763	2,541,587	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	36,999,336	164,012,792	201,012,128	-48,190,153	152,821,975	5.00
6.00 00600	MAINTENANCE & REPAIRS	326,316	1,251,512	1,577,828	-1,044,633	533,195	6.00
7.00 00700	OPERATION OF PLANT	1,600,268	5,732,554	7,332,822	-1,102,517	6,230,305	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	167,264	167,264	0	167,264	8.00
9.00 00900	HOUSEKEEPING	3,054,544	2,281,797	5,336,341	-16,461	5,319,880	9.00
10.00 01000	DIETARY	0	0	0	819,059	819,059	10.00
11.00 01100	CAFETERIA	2,536,642	4,535,560	7,072,202	191,447	7,263,649	11.00
13.00 01300	NURSING ADMINISTRATION	4,765,728	5,681,000	10,446,728	-1,561,413	8,885,315	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,293,792	3,293,792	14.00
15.00 01500	PHARMACY	0	0	0	8,742,990	8,742,990	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,854,355	959,720	2,814,075	-11,737	2,802,338	16.00
17.00 01700	SOCIAL SERVICE	1,627,690	1,209,079	2,836,769	-23,092	2,813,677	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,075,026	2,730,726	11,805,752	27,382,989	39,188,741	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	18,180,117	10,020,554	28,200,671	-2,491,527	25,709,144	30.00
31.00 03100	INTENSIVE CARE UNIT	8,194,750	3,946,607	12,141,357	-287,287	11,854,070	31.00
32.00 03200	CORONARY CARE UNIT	6,677,614	3,847,207	10,524,821	-1,944,655	8,580,166	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	18,991,592	7,509,596	26,501,188	-479,571	26,021,617	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	6,929,178	25,831,567	32,760,745	-17,235,459	15,525,286	50.00
51.00 05100	RECOVERY ROOM	1,215,014	386,747	1,601,761	1,888,528	3,490,289	51.00
53.00 05300	ANESTHESIOLOGY	329,095	6,055,428	6,384,523	-1,684,778	4,699,745	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,912,282	2,369,817	5,282,099	-1,187,097	4,095,002	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	490,993	945,147	1,436,140	-212,849	1,223,291	55.00
57.00 05700	CT SCAN	44,795	465,305	510,100	-363,417	146,683	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	544,436	320,716	865,152	-12,919	852,233	58.00
59.00 05900	CARDIAC CATHETERIZATION	785,136	3,585,246	4,370,382	-3,196,557	1,173,825	59.00
60.00 06000	LABORATORY	4,510,855	14,380,194	18,891,049	-403,710	18,487,339	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	477,084	2,467,787	2,944,871	945,856	3,890,727	63.00
65.00 06500	RESPIRATORY THERAPY	3,891,398	4,758,775	8,650,173	-2,396,316	6,253,857	65.00
66.00 06600	PHYSICAL THERAPY	2,605,960	1,185,295	3,791,255	-68,828	3,722,427	66.00
67.00 06700	OCCUPATIONAL THERAPY	918,931	296,220	1,215,151	-23,199	1,191,952	67.00
68.00 06800	SPEECH PATHOLOGY	1,338,380	644,575	1,982,955	-218,091	1,764,864	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,877,499	1,877,499	0	1,877,499	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	491,591	577,855	1,069,446	-196,041	873,405	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	715,891	4,487,238	5,203,129	6,212,935	11,416,064	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,387,297	11,387,297	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,232,730	20,899,709	27,132,439	-9,402,771	17,729,668	73.00
74.00 07400	RENAL DIALYSIS	659,502	1,055,002	1,714,504	-1,111,252	603,252	74.00
75.00 07500	ASC (NON-DISTINCT PART)	2,109,512	713,061	2,822,573	-22,367	2,800,206	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	3,667,233	4,567,927	8,235,160	775,374	9,010,534	90.00
91.00 09100	EMERGENCY	5,999,100	5,014,608	11,013,708	-129,549	10,884,159	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400	HOME PROGRAM DIALYSIS	0	144,761	144,761	-144,041	720	94.00
95.00 09500	AMBULANCE SERVICES	3,618,048	1,250,510	4,868,558	-250,834	4,617,724	95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500	KIDNEY ACQUISITION	0	193,247	193,247	0	193,247	105.00
106.00 10600	HEART ACQUISITION	0	1,241,316	1,241,316	0	1,241,316	106.00
107.00 10700	LIVER ACQUISITION	0	849,186	849,186	0	849,186	107.00
108.00 10800	LUNG ACQUISITION	0	493,264	493,264	0	493,264	108.00
112.00 08600	BONE MARROW ACQUISITION	0	691,166	691,166	0	691,166	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	164,916,489	324,740,119	489,656,608	-6,197	489,650,411	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	4,926	4,926	0	4,926	192.00
194.00 07950	VARIABLE NONREIMBURSABLE DEPARTMENTS	4,263,284	6,110,781	10,374,065	6,726	10,380,791	194.00
194.01 07951	RETAIL PHARMACY	517,048	2,938,447	3,455,495	-529	3,454,966	194.01
200.00	TOTAL (SUM OF LINES 118-199)	169,696,821	333,794,273	503,491,094	0	503,491,094	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263301

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

Worksheet A  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,129,961	13,627,273	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	789,018	23,167,126	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,357,886	7,899,473	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-56,105,680	96,716,295	5.00
6.00	00600	MAINTENANCE & REPAIRS	-49	533,146	6.00
7.00	00700	OPERATION OF PLANT	-20	6,230,285	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	167,264	8.00
9.00	00900	HOUSEKEEPING	-22,894	5,296,986	9.00
10.00	01000	DIETARY	0	819,059	10.00
11.00	01100	CAFETERIA	-4,020,976	3,242,673	11.00
13.00	01300	NURSING ADMINISTRATION	-1,391,300	7,494,015	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,293,792	14.00
15.00	01500	PHARMACY	0	8,742,990	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-352,278	2,450,060	16.00
17.00	01700	SOCIAL SERVICE	-605,910	2,207,767	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,067,785	36,120,956	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-566,319	25,142,825	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,105	11,851,965	31.00
32.00	03200	CORONARY CARE UNIT	-11,790	8,568,376	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-133,637	25,887,980	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-106,832	15,418,454	50.00
51.00	05100	RECOVERY ROOM	-80	3,490,209	51.00
53.00	05300	ANESTHESIOLOGY	-4,300,980	398,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-44,852	4,050,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-648	1,222,643	55.00
57.00	05700	CT SCAN	0	146,683	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	852,233	58.00
59.00	05900	CARDIAC CATHETERIZATION	-78,216	1,095,609	59.00
60.00	06000	LABORATORY	-1,546,156	16,941,183	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,290	3,938,017	63.00
65.00	06500	RESPIRATORY THERAPY	-1,051	6,252,806	65.00
66.00	06600	PHYSICAL THERAPY	-31,362	3,691,065	66.00
67.00	06700	OCCUPATIONAL THERAPY	-15,158	1,176,794	67.00
68.00	06800	SPEECH PATHOLOGY	-7,526	1,757,338	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,877,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-108	873,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,416,064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,387,297	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-160,384	17,569,284	73.00
74.00	07400	RENAL DIALYSIS	-9,281	593,971	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-2,108	2,798,098	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-957,997	8,052,537	90.00
91.00	09100	EMERGENCY	-1,833,270	9,050,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	720	94.00
95.00	09500	AMBULANCE SERVICES	-103,349	4,514,375	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	193,247	105.00
106.00	10600	HEART ACQUISITION	0	1,241,316	106.00
107.00	10700	LIVER ACQUISITION	0	849,186	107.00
108.00	10800	LUNG ACQUISITION	0	493,264	108.00
112.00	08600	BONE MARROW ACQUISITION	0	691,166	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-68,155,946	421,494,465	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,926	192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	-20,000	10,360,791	194.00
194.01	07951	RETAIL PHARMACY	0	3,454,966	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-68,175,946	435,315,148	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS W Date/Time Prepared: 5/19/2015 7:49 am
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
35.00 NEONATAL INTENSIVE CARE UNIT	02060	NEONATAL INTENSIVE CARE UNIT	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
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
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 PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00 HOME PROGRAM DIALYSIS	09400		94.00
95.00 AMBULANCE SERVICES	09500		95.00
98.00 ANY OTHER REIMBURSABLE DEPARTMENTS	09850		98.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00 KIDNEY ACQUISITION	10500		105.00
106.00 HEART ACQUISITION	10600		106.00
107.00 LIVER ACQUISITION	10700		107.00
108.00 LUNG ACQUISITION	10800		108.00
112.00 BONE MARROW ACQUISITION	08600		112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 VARIOUS NONREIMBURSABLE DEPARTMENTS	07950		194.00
194.01 RETAIL PHARMACY	07951		194.01
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - RENTAL EXPENSE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,593,351	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
	<b>TOTALS</b>		0	3,593,351	
<b>B - PATIENT CONVENIENCE CARE</b>					
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	52,773	1.00
	<b>TOTALS</b>		0	52,773	
<b>C - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	344,808	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	223,184	2.00
	<b>TOTALS</b>		0	567,992	
<b>D - OUTPATIENT TREATMENT ROOM</b>					
1.00	CLINIC	90.00	0	34,291	1.00
	<b>TOTALS</b>		0	34,291	
<b>E - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,248,199	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	807,925	2.00
	<b>TOTALS</b>		0	2,056,124	
<b>F - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,904,305	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17,753,648	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

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6  
Date/Time Prepared:  
5/19/2015 7:49 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS			0	28,657,953	
<b>G - PHERESIS AND INFUSION</b>					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	387,391	577,073	1.00
2.00	CLINIC	90.00	126,558	155,862	2.00
TOTALS			513,949	732,935	
<b>H - INFECTION SURVEILLANCE</b>					
1.00	INTENSIVE CARE UNIT	31.00	16,212	26,928	1.00
2.00	CORONARY CARE UNIT	32.00	13,513	22,445	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	51,488	85,522	3.00
TOTALS			81,213	134,895	
<b>I - LIBRARY</b>					
1.00	INTENSIVE CARE UNIT	31.00	0	17,576	1.00
2.00	CORONARY CARE UNIT	32.00	0	14,650	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	55,821	3.00
TOTALS			0	88,047	
<b>J - CENTRAL SERVICE</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	715,891	2,577,901	1.00
TOTALS			715,891	2,577,901	
<b>K - PHARMACY</b>					
1.00	PHARMACY	15.00	6,232,730	2,510,260	1.00
TOTALS			6,232,730	2,510,260	
<b>L - WU TEACHING SERVICE</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	27,386,582	1.00
TOTALS			0	27,386,582	
<b>M - TELEPHONE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	34,953	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
TOTALS			0	34,953	
<b>N - DIETARY</b>					
1.00	CAFETERIA	11.00	0	1,104,117	1.00
2.00	DIETARY	10.00	297,133	521,926	2.00
TOTALS			297,133	1,626,043	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>O - MAINTENANCE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	748,237	219,705	1.00
2.00		0.00	0	0	2.00
	TOTALS		748,237	219,705	
<b>P - PATIENT SERVICE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,622,227	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
	TOTALS		0	11,622,227	
<b>Q - BURN PATIENTS</b>					
1.00	CLINIC	90.00	232,838	148,613	1.00
	TOTALS		232,838	148,613	
<b>R - EXTENDED RECOVERY</b>					
1.00	RECOVERY ROOM	51.00	0	1,888,645	1.00
	TOTALS		0	1,888,645	
<b>S - FAMILY CENTER</b>					
1.00	INTENSIVE CARE UNIT	31.00	5,631	11,951	1.00
2.00	CORONARY CARE UNIT	32.00	4,781	10,148	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	17,883	37,954	3.00
	TOTALS		28,295	60,053	
<b>T - INPATIENT CCPD COST</b>					
1.00	RENAL DIALYSIS	74.00	0	144,041	1.00
	TOTALS		0	144,041	
<b>U - EPO</b>					
1.00	RENAL DIALYSIS	74.00	0	34,420	1.00
	TOTALS		0	34,420	
<b>V - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,387,297	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	11,387,297	
<b>W - HEART CENTER</b>					
1.00	ADULTS & PEDIATRICS	30.00	631,803	266,485	1.00
	TOTALS		631,803	266,485	
<b>X - HEMATOLOGY ONCOLOGY CLINIC</b>					
1.00	CLINIC	90.00	0	1,152,716	1.00
	TOTALS		0	1,152,716	
500.00	Grand Total: Increases		9,482,089	96,978,302	500.00

RECLASSIFICATIONS

Provider CCN: 263301

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		
<b>A - RENTAL EXPENSE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,767	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	520,158	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	12,293	0		3.00
4.00	CAFETERIA	11.00	0	13,368	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	23,104	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,922	0		6.00
7.00	SOCIAL SERVICE	17.00	0	3,757	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	8,382	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	38,998	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	36,308	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	23,147	0		11.00
12.00	OPERATING ROOM	50.00	0	114,753	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,122	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,305	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	603	0		15.00
16.00	LABORATORY	60.00	0	9,833	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	108,824	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	11,251	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	2,883	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	430	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,042,557	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	558,831	0		22.00
23.00	ASC (NON-DISTINCT PART)	75.00	0	2,853	0		23.00
24.00	CLINIC	90.00	0	10,347	0		24.00
25.00	EMERGENCY	91.00	0	11,084	0		25.00
26.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	19,039	0		26.00
27.00	RETAIL PHARMACY	194.01	0	432	0		27.00
<b>TOTALS</b>			0	3,593,351			
<b>B - PATIENT CONVENIENCE CARE</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	52,773	0		1.00
<b>TOTALS</b>			0	52,773			
<b>C - PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	567,992	10		1.00
2.00		0.00	0	0	10		2.00
<b>TOTALS</b>			0	567,992			
<b>D - OUTPATIENT TREATMENT ROOM</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	34,291	0		1.00
<b>TOTALS</b>			0	34,291			
<b>E - INTEREST EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,056,124	11		1.00
2.00		0.00	0	0	11		2.00
<b>TOTALS</b>			0	2,056,124			
<b>F - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	615	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	18,573,844	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	685,809	0		3.00
4.00	OPERATION OF PLANT	7.00	0	480,949	0		4.00
5.00	HOUSEKEEPING	9.00	0	16,416	0		5.00
6.00	CAFETERIA	11.00	0	79,849	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	383,913	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,826	0		8.00
9.00	SOCIAL SERVICE	17.00	0	18,151	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,910	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	705,269	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	310,894	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	568,395	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	461,880	0		14.00
15.00	OPERATING ROOM	50.00	0	1,812,965	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	240,490	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,180,590	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	115,573	0		18.00
19.00	CT SCAN	57.00	0	363,417	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,757	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	891,504	0		21.00
22.00	LABORATORY	60.00	0	393,619	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	18,584	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	238,352	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	37,774	0		25.00

RECLASSIFICATIONS

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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		
26.00	OCCUPATIONAL THERAPY	67.00	0	15,667	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	68,523	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	195,530	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	65,376	0	29.00	
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	66,360	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	42,674	0	31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	0	17,422	0	32.00	
33.00	CLINIC	90.00	0	209,131	0	33.00	
34.00	EMERGENCY	91.00	0	118,124	0	34.00	
35.00	AMBULANCE SERVICES	95.00	0	249,548	0	35.00	
36.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	14,253	0	36.00	
	TOTALS		0	28,657,953			
<b>G - PHERESIS AND INFUSION</b>							
1.00	RENAL DIALYSIS	74.00	513,949	732,935	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		513,949	732,935			
<b>H - INFECTION SURVEILLANCE</b>							
1.00	ADULTS & PEDIATRICS	30.00	81,213	134,895	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		81,213	134,895			
<b>I - LIBRARY</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	88,047	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		0	88,047			
<b>J - CENTRAL SERVICE</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	715,891	2,577,901	0	1.00	
	TOTALS		715,891	2,577,901			
<b>K - PHARMACY</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	6,232,730	2,510,260	0	1.00	
	TOTALS		6,232,730	2,510,260			
<b>L - WU TEACHING SERVICE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,386,582	0	1.00	
	TOTALS		0	27,386,582			
<b>M - TELEPHONE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	264	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	93	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	64	0	3.00	
4.00	HOUSEKEEPING	9.00	0	45	0	4.00	
5.00	CAFETERIA	11.00	0	394	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	1,680	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,989	0	7.00	
8.00	SOCIAL SERVICE	17.00	0	1,184	0	8.00	
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,683	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	2,809	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	301	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	200	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,802	0	13.00	
14.00	OPERATING ROOM	50.00	0	456	0	14.00	
15.00	RECOVERY ROOM	51.00	0	117	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	385	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	48	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	177	0	18.00	
19.00	LABORATORY	60.00	0	258	0	19.00	
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	24	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	58	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	896	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	24	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	0	510	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	81	0	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44	0	26.00	
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	170	0	27.00	
28.00	RENAL DIALYSIS	74.00	0	130	0	28.00	
29.00	ASC (NON-DISTINCT PART)	75.00	0	2,060	0	29.00	
30.00	CLINIC	90.00	0	2,528	0	30.00	
31.00	EMERGENCY	91.00	0	341	0	31.00	
32.00	AMBULANCE SERVICES	95.00	0	1,286	0	32.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6  
Date/Time Prepared:  
5/19/2015 7:49 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
33.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	12,755	0	33.00
34.00	RETAIL PHARMACY	194.01	0	97	0	34.00
	TOTALS		0	34,953		
<b>N - DIETARY</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,104,117	0	1.00
2.00	CAFETERIA	11.00	297,133	521,926	0	2.00
	TOTALS		297,133	1,626,043		
<b>O - MAINTENANCE</b>						
1.00	MAINTENANCE & REPAIRS	6.00	126,733	219,705	0	1.00
2.00	OPERATION OF PLANT	7.00	621,504	0	0	2.00
	TOTALS		748,237	219,705		
<b>P - PATIENT SERVICE SUPPLIES</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	12,040	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	15,392	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	507,001	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	241,410	0	4.00
5.00	OPERATING ROOM	50.00	0	5,856,800	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	1,444,288	0	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	92,923	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,162	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,326,772	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	2,049,082	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	18,907	0	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	7,508	0	12.00
13.00	SPEECH PATHOLOGY	68.00	0	26,384	0	13.00
14.00	RENAL DIALYSIS	74.00	0	25	0	14.00
15.00	ASC (NON-DISTINCT PART)	75.00	0	32	0	15.00
16.00	CLINIC	90.00	0	21,501	0	16.00
	TOTALS		0	11,622,227		
<b>Q - BURN PATIENTS</b>						
1.00	ADULTS & PEDIATRICS	30.00	232,838	148,613	0	1.00
	TOTALS		232,838	148,613		
<b>R - EXTENDED RECOVERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	1,888,645	0	1.00
	TOTALS		0	1,888,645		
<b>S - FAMILY CENTER</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	28,295	60,053	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		28,295	60,053		
<b>T - INPATIENT CCPD COST</b>						
1.00	HOME PROGRAM DIALYSIS	94.00	0	144,041	0	1.00
	TOTALS		0	144,041		
<b>U - EPO</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,420	0	1.00
	TOTALS		0	34,420		
<b>V - IMPLANTABLE DEVICES</b>						
1.00	OPERATING ROOM	50.00	0	9,450,485	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	977,501	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0	119,791	0	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,523	0	4.00
5.00	CLINIC	90.00	0	831,997	0	5.00
	TOTALS		0	11,387,297		
<b>W - HEART CENTER</b>						
1.00	CORONARY CARE UNIT	32.00	631,803	266,485	0	1.00
	TOTALS		631,803	266,485		
<b>X - HEMATOLOGY ONCOLOGY CLINIC</b>						
1.00	NURSING ADMINISTRATION	13.00	0	1,152,716	0	1.00
	TOTALS		0	1,152,716		
500.00	Grand Total: Decreases		9,482,089	96,978,302		500.00

Provider CCN: 263301

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/19/2015 7:49 am

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - RENTAL EXPENSE</b>									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,593,351	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,767	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	520,158	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	12,293	3.00
4.00		0.00	0	0	CAFETERIA	11.00	0	13,368	4.00
5.00		0.00	0	0	NURSING	13.00	0	23,104	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	5,922	6.00
8.00		0.00	0	0	SOCIAL SERVICE	17.00	0	3,757	7.00
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	8,382	8.00
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	38,998	9.00
11.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	36,308	10.00
12.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	23,147	11.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	114,753	12.00
14.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	6,122	13.00
15.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	4,305	14.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	603	15.00
17.00		0.00	0	0	LABORATORY	60.00	0	9,833	16.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	108,824	17.00
19.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	11,251	18.00
20.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	2,883	19.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	430	20.00
22.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,042,557	21.00
23.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	558,831	22.00
24.00		0.00	0	0	ASC (NON-DIAGNOSTIC PART)	75.00	0	2,853	23.00
25.00		0.00	0	0	CLINIC	90.00	0	10,347	24.00
26.00		0.00	0	0	EMERGENCY	91.00	0	11,084	25.00
27.00		0.00	0	0	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	19,039	26.00
	TOTALS	0.00	0	3,593,351	RETAIL PHARMACY	194.01	0	432	27.00
					TOTALS		0	3,593,351	
<b>B - PATIENT CONVENIENCE CARE</b>									
1.00	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	52,773	ADULTS & PEDIATRICS	30.00	0	52,773	1.00
	TOTALS		0	52,773	TOTALS		0	52,773	
<b>C - PROPERTY INSURANCE</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	344,808	ADMINISTRATIVE & GENERAL	5.00	0	567,992	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	223,184		0.00	0	0	2.00
	TOTALS		0	567,992	TOTALS		0	567,992	
<b>D - OUTPATIENT TREATMENT ROOM</b>									
1.00	CLINIC	90.00	0	34,291	ADULTS & PEDIATRICS	30.00	0	34,291	1.00
	TOTALS		0	34,291	TOTALS		0	34,291	
<b>E - INTEREST EXPENSE</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,248,199	ADMINISTRATIVE & GENERAL	5.00	0	2,056,124	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	807,925		0.00	0	0	2.00
	TOTALS		0	2,056,124	TOTALS		0	2,056,124	
<b>F - DEPRECIATION</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,904,305	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	615	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17,753,648	ADMINISTRATIVE & GENERAL	5.00	0	18,573,844	2.00
3.00		0.00	0	0	MAINTENANCE & REPAIRS	6.00	0	685,809	3.00
4.00		0.00	0	0	OPERATION OF PLANT	7.00	0	480,949	4.00
5.00		0.00	0	0	HOUSEKEEPING	9.00	0	16,416	5.00
6.00		0.00	0	0	CAFETERIA	11.00	0	79,849	6.00
7.00		0.00	0	0	NURSING	13.00	0	383,913	7.00
8.00		0.00	0	0	ADMINISTRATION				
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	3,826	8.00
					SOCIAL SERVICE	17.00	0	18,151	9.00

	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		
10.00		0.00		0	0 I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	1,910	10.00
11.00		0.00		0	0 ADULTS & PEDIATRICS	30.00		0	705,269	11.00
12.00		0.00		0	0 INTENSIVE CARE UNIT	31.00		0	310,894	12.00
13.00		0.00		0	0 CORONARY CARE UNIT	32.00		0	568,395	13.00
14.00		0.00		0	0 NEONATAL INTENSIVE CARE UNIT	35.00		0	461,880	14.00
15.00		0.00		0	0 OPERATING ROOM	50.00		0	1,812,965	15.00
16.00		0.00		0	0 ANESTHESIOLOGY	53.00		0	240,490	16.00
17.00		0.00		0	0 RADIOLOGY-DIAGNOSTIC	54.00		0	1,180,590	17.00
18.00		0.00		0	0 RADIOLOGY-THERAPEUTIC	55.00		0	115,573	18.00
19.00		0.00		0	0 CT SCAN	57.00		0	363,417	19.00
20.00		0.00		0	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00		0	10,757	20.00
21.00		0.00		0	0 CARDIAC CATHETERIZATION	59.00		0	891,504	21.00
22.00		0.00		0	0 LABORATORY	60.00		0	393,619	22.00
23.00		0.00		0	0 BLOOD STORAGE, PROCESSING & TRANS.	63.00		0	18,584	23.00
24.00		0.00		0	0 RESPIRATORY THERAPY	65.00		0	238,352	24.00
25.00		0.00		0	0 PHYSICAL THERAPY	66.00		0	37,774	25.00
26.00		0.00		0	0 OCCUPATIONAL THERAPY	67.00		0	15,667	26.00
27.00		0.00		0	0 SPEECH PATHOLOGY	68.00		0	68,523	27.00
28.00		0.00		0	0 ELECTROENCEPHALOGRAPHY	70.00		0	195,530	28.00
29.00		0.00		0	0 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0	65,376	29.00
30.00		0.00		0	0 DRUGS CHARGED TO PATIENTS	73.00		0	66,360	30.00
31.00		0.00		0	0 RENAL DIALYSIS	74.00		0	42,674	31.00
32.00		0.00		0	0 ASC (NON-DIY INCT PART)	75.00		0	17,422	32.00
33.00		0.00		0	0 CLINIC	90.00		0	209,131	33.00
34.00		0.00		0	0 EMERGENCY	91.00		0	118,124	34.00
35.00		0.00		0	0 AMBULANCE SERVICES	95.00		0	249,548	35.00
36.00		0.00		0	0 VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00		0	14,253	36.00
	TOTALS			0	28,657,953	TOTALS		0	28,657,953	
G - PHERESIS AND INFUSION										
1.00	BLOOD STORAGE, PROCESSING & TRANS.	63.00	387,391	577,073	RENAL DIALYSIS	74.00	513,949	732,935		1.00
2.00	CLINIC	90.00	126,558	155,862		0.00	0	0		2.00
	TOTALS		513,949	732,935	TOTALS		513,949	732,935		
H - INFECTION SURVEILLANCE										
1.00	INTENSIVE CARE UNIT	31.00	16,212	26,928	ADULTS & PEDIATRICS	30.00	81,213	134,895		1.00
2.00	CORONARY CARE UNIT	32.00	13,513	22,445		0.00	0	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	51,488	85,522		0.00	0	0		3.00
	TOTALS		81,213	134,895	TOTALS		81,213	134,895		
I - LIBRARY										
1.00	INTENSIVE CARE UNIT	31.00	0	17,576	ADULTS & PEDIATRICS	30.00	0	88,047		1.00
2.00	CORONARY CARE UNIT	32.00	0	14,650		0.00	0	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	55,821		0.00	0	0		3.00
	TOTALS		0	88,047	TOTALS		0	88,047		
J - CENTRAL SERVICE										
1.00	CENTRAL SERVICES & SUPPLY	14.00	715,891	2,577,901	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	715,891	2,577,901		1.00
	TOTALS		715,891	2,577,901	TOTALS		715,891	2,577,901		
K - PHARMACY										
1.00	PHARMACY	15.00	6,232,730	2,510,260	DRUGS CHARGED TO PATIENTS	73.00	6,232,730	2,510,260		1.00
	TOTALS		6,232,730	2,510,260	TOTALS		6,232,730	2,510,260		
L - WU TEACHING SERVICE										
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	27,386,582	ADMINISTRATIVE & GENERAL	5.00	0	27,386,582		1.00
	TOTALS		0	27,386,582	TOTALS		0	27,386,582		
M - TELEPHONE										
1.00	ADMINISTRATIVE & GENERAL	5.00	0	34,953	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	264		1.00
2.00		0.00	0	0	0 MAINTENANCE & REPAIRS	6.00	0	93		2.00
3.00		0.00	0	0	0 OPERATION OF PLANT	7.00	0	64		3.00
4.00		0.00	0	0	0 HOUSEKEEPING	9.00	0	45		4.00
5.00		0.00	0	0	0 CAFETERIA	11.00	0	394		5.00

Provider CCN: 263301

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/19/2015 7:49 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
6.00	0.00	0	0	0	NURSING	13.00	0	1,680	6.00
7.00	0.00	0	0	0	ADMINISTRATION				
8.00	0.00	0	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	1,989	7.00
9.00	0.00	0	0	0	SOCIAL SERVICE	17.00	0	1,184	8.00
10.00	0.00	0	0	0	I&R SERVICES-OTHER	22.00	0	1,683	9.00
11.00	0.00	0	0	0	PRGM COSTS APPRVD				
12.00	0.00	0	0	0	ADULTS & PEDIATRICS	30.00	0	2,809	10.00
13.00	0.00	0	0	0	INTENSIVE CARE UNIT	31.00	0	301	11.00
14.00	0.00	0	0	0	CORONARY CARE UNIT	32.00	0	200	12.00
15.00	0.00	0	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,802	13.00
16.00	0.00	0	0	0	OPERATING ROOM	50.00	0	456	14.00
17.00	0.00	0	0	0	RECOVERY ROOM	51.00	0	117	15.00
18.00	0.00	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	385	16.00
19.00	0.00	0	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	48	17.00
20.00	0.00	0	0	0	CARDIAC CATHETERIZATION	59.00	0	177	18.00
21.00	0.00	0	0	0	LABORATORY	60.00	0	258	19.00
22.00	0.00	0	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	24	20.00
23.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	58	21.00
24.00	0.00	0	0	0	PHYSICAL THERAPY	66.00	0	896	22.00
25.00	0.00	0	0	0	OCCUPATIONAL THERAPY	67.00	0	24	23.00
26.00	0.00	0	0	0	SPEECH PATHOLOGY	68.00	0	510	24.00
27.00	0.00	0	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	81	25.00
28.00	0.00	0	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44	26.00
29.00	0.00	0	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	170	27.00
30.00	0.00	0	0	0	RENAL DIALYSIS	74.00	0	130	28.00
31.00	0.00	0	0	0	ASC (NON-DISTINCT PART)	75.00	0	2,060	29.00
32.00	0.00	0	0	0	CLINIC	90.00	0	2,528	30.00
33.00	0.00	0	0	0	EMERGENCY	91.00	0	341	31.00
34.00	0.00	0	0	0	AMBULANCE SERVICES	95.00	0	1,286	32.00
	0.00	0	0	0	VARIOUS	194.00	0	12,755	33.00
	0.00	0	0	0	NONREIMBURSABLE DEPARTMENTS				
	0.00	0	0	0	RETAIL PHARMACY	194.01	0	97	34.00
	TOTALS	0	34,953	TOTALS	0	34,953			
<b>N - DIETARY</b>									
1.00	CAFETERIA	11.00	0	1,104,117	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,104,117	1.00
2.00	DIETARY	10.00	297,133	521,926	CAFETERIA	11.00	297,133	521,926	2.00
	TOTALS		297,133	1,626,043	TOTALS		297,133	1,626,043	
<b>O - MAINTENANCE</b>									
1.00	ADMINISTRATIVE & GENERAL	5.00	748,237	219,705	MAINTENANCE & REPAIRS	6.00	126,733	219,705	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	621,504	0	2.00
	TOTALS		748,237	219,705	TOTALS		748,237	219,705	
<b>P - PATIENT SERVICE SUPPLIES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,622,227	ADULTS & PEDIATRICS	30.00	0	12,040	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	15,392	2.00
3.00		0.00	0	0	CORONARY CARE UNIT	32.00	0	507,001	3.00
4.00		0.00	0	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	241,410	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	5,856,800	5.00
6.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,444,288	6.00
7.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	92,923	7.00
8.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,162	8.00
9.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,326,772	9.00
10.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	2,049,082	10.00
11.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	18,907	11.00
12.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	7,508	12.00
13.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	26,384	13.00
14.00		0.00	0	0	RENAL DIALYSIS	74.00	0	25	14.00
15.00		0.00	0	0	ASC (NON-DISTINCT PART)	75.00	0	32	15.00
16.00		0.00	0	0	CLINIC	90.00	0	21,501	16.00
	TOTALS		0	11,622,227	TOTALS		0	11,622,227	

	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	
Q - BURN PATIENTS									
1.00	CLINIC	90.00	232,838	148,613	ADULTS & PEDIATRICS	30.00	232,838	148,613	1.00
	TOTALS		232,838	148,613	TOTALS		232,838	148,613	
R - EXTENDED RECOVERY									
1.00	RECOVERY ROOM	51.00	0	1,888,645	ADULTS & PEDIATRICS	30.00	0	1,888,645	1.00
	TOTALS		0	1,888,645	TOTALS		0	1,888,645	
S - FAMILY CENTER									
1.00	INTENSIVE CARE UNIT	31.00	5,631	11,951	ADMINISTRATIVE & GENERAL	5.00	28,295	60,053	1.00
2.00	CORONARY CARE UNIT	32.00	4,781	10,148		0.00	0	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	17,883	37,954		0.00	0	0	3.00
	TOTALS		28,295	60,053	TOTALS		28,295	60,053	
T - INPATIENT CCPD COST									
1.00	RENAL DIALYSIS	74.00	0	144,041	HOME PROGRAM DIALYSIS	94.00	0	144,041	1.00
	TOTALS		0	144,041	TOTALS		0	144,041	
U - EPO									
1.00	RENAL DIALYSIS	74.00	0	34,420	DRUGS CHARGED TO PATIENTS	73.00	0	34,420	1.00
	TOTALS		0	34,420	TOTALS		0	34,420	
V - IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,387,297	OPERATING ROOM	50.00	0	9,450,485	1.00
2.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	977,501	2.00
3.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	119,791	3.00
4.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,523	4.00
5.00		0.00	0	0	CLINIC	90.00	0	831,997	5.00
	TOTALS		0	11,387,297	TOTALS		0	11,387,297	
W - HEART CENTER									
1.00	ADULTS & PEDIATRICS	30.00	631,803	266,485	CORONARY CARE UNIT	32.00	631,803	266,485	1.00
	TOTALS		631,803	266,485	TOTALS		631,803	266,485	
X - HEMATOLOGY ONCOLOGY CLINIC									
1.00	CLINIC	90.00	0	1,152,716	NURSING ADMINISTRATION	13.00	0	1,152,716	1.00
	TOTALS		0	1,152,716	TOTALS		0	1,152,716	
500.00	Grand Total: Increases		9,482,089	96,978,302	Grand Total: Decreases		9,482,089	96,978,302	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	6,508,366	0	0	0	0	1.00
2.00	Land Improvements	25,562	112,675	0	112,675	0	2.00
3.00	Buildings and Fixtures	320,928,893	4,531,098	0	4,531,098	0	3.00
4.00	Building Improvements	19,939,367	12,821,813	0	12,821,813	0	4.00
5.00	Fixed Equipment	1,852,718	266,614	0	266,614	0	5.00
6.00	Movable Equipment	210,427,990	22,366,128	0	22,366,128	489,451	6.00
7.00	HIT designated Assets	1,744,712	5,299,565	0	5,299,565	0	7.00
8.00	Subtotal (sum of lines 1-7)	561,427,608	45,397,893	0	45,397,893	489,451	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	561,427,608	45,397,893	0	45,397,893	489,451	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	6,508,366	0				1.00
2.00	Land Improvements	138,237	0				2.00
3.00	Buildings and Fixtures	325,459,991	0				3.00
4.00	Building Improvements	32,761,180	0				4.00
5.00	Fixed Equipment	2,119,332	0				5.00
6.00	Movable Equipment	232,304,667	0				6.00
7.00	HIT designated Assets	7,044,277	0				7.00
8.00	Subtotal (sum of lines 1-7)	606,336,050	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	606,336,050	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	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	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	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: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet A-7 Part III Date/Time Prepared: 5/19/2015 7:49 am
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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	CAP REL COSTS-BLDG & FIXT	13,627,273	0	13,627,273	0.370363	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,167,126	0	23,167,126	0.629637	0	2.00
3.00	Total (sum of lines 1-2)	36,794,399	0	36,794,399	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,904,305	344,808	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,753,648	3,816,535	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,657,953	4,161,343	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	334,066	0	0	2,044,094	13,627,273	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	216,231	0	0	1,380,712	23,167,126	2.00
3.00	Total (sum of lines 1-2)	550,297	0	0	3,424,806	36,794,399	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:  
5/19/2015 7:49 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	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-914,133	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-591,694	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)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-9,565,372				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	973,718				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-3,980,339	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-351,963	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-38,793	CAFETERIA		11.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00		0			0.00	0 33.00
34.00		0			0.00	0 34.00

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	
34.03 OTHER OPERATING REVENUE	B	-7,119,982	ADMINISTRATIVE & GENERAL	5.00	0	34.03
34.04 OTHER OPERATING REVENUE	B	-22,134	HOUSEKEEPING	9.00	0	34.04
34.05 OTHER OPERATING REVENUE	B	-1,301,234	NURSING ADMINISTRATION	13.00	0	34.05
34.06 OTHER OPERATING REVENUE	B	-581,709	SOCIAL SERVICE	17.00	0	34.06
34.07 OTHER OPERATING REVENUE	B	-645,863	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.07
34.08 OTHER OPERATING REVENUE	B	-535,208	ADULTS & PEDIATRICS	30.00	0	34.08
34.09 OTHER OPERATING REVENUE	B	-270	INTENSIVE CARE UNIT	31.00	0	34.09
34.10 OTHER OPERATING REVENUE	B	-8,907	CORONARY CARE UNIT	32.00	0	34.10
34.11 OTHER OPERATING REVENUE	B	-75,278	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.11
34.12 OTHER OPERATING REVENUE	B	-6,748	OPERATING ROOM	50.00	0	34.12
34.13 OTHER OPERATING REVENUE	B	-42,538	RADIOLOGY-DIAGNOSTIC	54.00	0	34.13
34.14 OTHER OPERATING REVENUE	B	-6,731	LABORATORY	60.00	0	34.14
34.15 OTHER OPERATING REVENUE	B	-244	RESPIRATORY THERAPY	65.00	0	34.15
34.16 OTHER OPERATING REVENUE	B	-31,133	PHYSICAL THERAPY	66.00	0	34.16
34.17 OTHER OPERATING REVENUE	B	-15,158	OCCUPATIONAL THERAPY	67.00	0	34.17
34.18 OTHER OPERATING REVENUE	B	-7,437	SPEECH PATHOLOGY	68.00	0	34.18
34.19 OTHER OPERATING REVENUE	B	-160,114	DRUGS CHARGED TO PATIENTS	73.00	0	34.19
34.20 OTHER OPERATING REVENUE	B	-6,954	RENAL DIALYSIS	74.00	0	34.20
34.21 OTHER OPERATING REVENUE	B	-496	ASC (NON-DIAGNOSTIC PART)	75.00	0	34.21
34.22 OTHER OPERATING REVENUE	B	-225,978	CLINIC	90.00	0	34.22
35.00 OTHER OPERATING REVENUE	B	-15,295	AMBULANCE SERVICES	95.00	0	35.00
35.01 ENTERTAINMENT EXPENSE	B	-726	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.01
35.02 ENTERTAINMENT EXPENSE	B	-591,178	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03 ENTERTAINMENT EXPENSE	B	-49	MAINTENANCE & REPAIRS	6.00	0	35.03
35.04 ENTERTAINMENT EXPENSE	B	-20	OPERATION OF PLANT	7.00	0	35.04
35.05 ENTERTAINMENT EXPENSE	B	-760	HOUSEKEEPING	9.00	0	35.05
35.06 ENTERTAINMENT EXPENSE	B	-1,844	CAFETERIA	11.00	0	35.06
35.07 ENTERTAINMENT EXPENSE	B	-17,247	NURSING ADMINISTRATION	13.00	0	35.07
35.08 ENTERTAINMENT EXPENSE	B	-315	MEDICAL RECORDS & LIBRARY	16.00	0	35.08
35.09 ENTERTAINMENT EXPENSE	B	-601	SOCIAL SERVICE	17.00	0	35.09
35.10 ENTERTAINMENT EXPENSE	B	-14,603	ADULTS & PEDIATRICS	30.00	0	35.10
35.11 ENTERTAINMENT EXPENSE	B	-1,835	INTENSIVE CARE UNIT	31.00	0	35.11
35.12 ENTERTAINMENT EXPENSE	B	-2,883	CORONARY CARE UNIT	32.00	0	35.12
35.13 ENTERTAINMENT EXPENSE	B	-22,375	NEONATAL INTENSIVE CARE UNIT	35.00	0	35.13
35.14 ENTERTAINMENT EXPENSE	B	-12,993	OPERATING ROOM	50.00	0	35.14
35.15 ENTERTAINMENT EXPENSE	B	-80	RECOVERY ROOM	51.00	0	35.15
35.16 ENTERTAINMENT EXPENSE	B	-2,314	RADIOLOGY-DIAGNOSTIC	54.00	0	35.16
35.17 ENTERTAINMENT EXPENSE	B	-648	RADIOLOGY-THERAPEUTIC	55.00	0	35.17
35.18 ENTERTAINMENT EXPENSE	B	-829	LABORATORY	60.00	0	35.18
35.19 ENTERTAINMENT EXPENSE	B	-807	RESPIRATORY THERAPY	65.00	0	35.19
35.20 ENTERTAINMENT EXPENSE	B	-229	PHYSICAL THERAPY	66.00	0	35.20
35.21 ENTERTAINMENT EXPENSE	B	-89	SPEECH PATHOLOGY	68.00	0	35.21
35.22 ENTERTAINMENT EXPENSE	B	-108	ELECTROENCEPHALOGRAPHY	70.00	0	35.22
35.23 ENTERTAINMENT EXPENSE	B	-270	DRUGS CHARGED TO PATIENTS	73.00	0	35.23
35.24 ENTERTAINMENT EXPENSE	B	-2,327	RENAL DIALYSIS	74.00	0	35.24
35.25 ENTERTAINMENT EXPENSE	B	-1,612	ASC (NON-DIAGNOSTIC PART)	75.00	0	35.25
36.00 ENTERTAINMENT EXPENSE	B	-742	CLINIC	90.00	0	36.00
36.01 ENTERTAINMENT EXPENSE	B	-24,800	EMERGENCY	91.00	0	36.01
36.02 ENTERTAINMENT EXPENSE	B	-19,687	AMBULANCE SERVICES	95.00	0	36.02
37.00 FRA	A	27,006,683	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 PENSION EXPENSE	B	3,568,958	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 MALPRACTICE	B	-940,004	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CONTRIBUTIONS	B	-71,308,264	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01 CONTRIBUTIONS	B	-6,875	NURSING ADMINISTRATION	13.00	0	40.01
40.02 CONTRIBUTIONS	B	-23,600	SOCIAL SERVICE	17.00	0	40.02
40.03 CONTRIBUTIONS	B	-1,875	NEONATAL INTENSIVE CARE UNIT	35.00	0	40.03
40.04 CONTRIBUTIONS	B	-20,000	VARIOUS NONREIMBURSABLE DEPARTMENTS	194.00	0	40.04
41.00 LOBBYING	B	-116,784	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 ADVERTISING	B	-463,546	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 RESEARCH & DEVELOPMENT	B	-26,143	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 COST OF ED AT PARKLAND	A	155,462	ADMINISTRATIVE & GENERAL	5.00	0	44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-68,175,946				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.

Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8 Date/Time Prepared: 5/19/2015 7:49 am
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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	4.00	5.00

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: 263301

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

Worksheet A-8-1

Date/Time Prepared: 5/19/2015 7:49 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	2,044,094	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,380,712	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY-HO	778,572	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE-HO	4,595,408	0
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	22,795,817	16,909,762
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	12,481,080	24,343,962
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	1,433,524	1,997,875
4.04	5.00	ADMINISTRATIVE & GENERAL	BJH COH SPACE	270,296	0
4.05	50.00	OPERATING ROOM	OTHER EXPENSE-LI THOTRI PSY	13,995	7,737
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	251,558	329,774
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	2,187,004	3,725,600
4.08	63.00	BLOOD STORING, PROCESSING &	OTHER EXPENSE-AFFILIATE	187,893	140,603
4.09	95.00	AMBULANCE SERVICES	OTHER EXPENSE-AFFILIATE	27,422	18,344
5.00	0		0	48,447,375	47,473,657

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	BJC HEALTHCARE	0.01	BJC HEALTHCARE	0.01	6.00
7.00	G	JOINT VENTURE	0.01	TELEPHONE FAC	0.01	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:	JOINT VENTURE				100.00

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

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

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

Provider CCN: 263301

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

Worksheet A-8-1

Date/Time Prepared:  
5/19/2015 7:49 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	2,044,094	14		1.00
2.00	1,380,712	14		2.00
3.00	778,572	0		3.00
4.00	4,595,408	0		4.00
4.01	5,886,055	0		4.01
4.02	-11,862,882	0		4.02
4.03	-564,351	0		4.03
4.04	270,296	0		4.04
4.05	6,258	0		4.05
4.06	-78,216	0		4.06
4.07	-1,538,596	0		4.07
4.08	47,290	0		4.08
4.09	9,078	0		4.09
5.00	973,718			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	HOME OFFICE		6.00
7.00	COMMUNICATIONS		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: 263301

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

Worksheet A-8-2

Date/Time Prepared:  
5/19/2015 7:49 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	15,368	15,368	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	65,944	65,944	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,421,922	2,421,922	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	16,508	16,508	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	34,109	34,109	0	0	0	5.00
6.00	50.00	OPERATING ROOM	93,349	93,349	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	4,300,980	4,300,980	0	0	0	7.00
8.00	90.00	CLINIC	731,277	731,277	0	0	0	8.00
9.00	91.00	EMERGENCY	1,808,470	1,808,470	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	77,445	77,445	0	0	0	10.00
200.00			9,565,372	9,565,372	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	15,368		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	65,944		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,421,922		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	16,508		4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	34,109		5.00
6.00	50.00	OPERATING ROOM	0	0	0	93,349		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	4,300,980		7.00
8.00	90.00	CLINIC	0	0	0	731,277		8.00
9.00	91.00	EMERGENCY	0	0	0	1,808,470		9.00
10.00	95.00	AMBULANCE SERVICES	0	0	0	77,445		10.00
200.00			0	0	0	9,565,372		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,627,273	13,627,273			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	23,167,126		23,167,126		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,899,473	25,361	43,116	7,967,950	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	96,716,295	5,292,493	8,997,532	1,343,625	112,349,945
6.00 00600	MAINTENANCE & REPAIRS	533,146	109,359	185,916	10,059	838,480
7.00 00700	OPERATION OF PLANT	6,230,285	257,203	437,260	49,331	6,974,079
8.00 00800	LAUNDRY & LINEN SERVICE	167,264	45,188	76,822	0	289,274
9.00 00900	HOUSEKEEPING	5,296,986	0	0	153,952	5,450,938
10.00 01000	DIETARY	819,059	178,719	303,832	14,976	1,316,586
11.00 01100	CAFETERIA	3,242,673	335,795	570,871	112,873	4,262,212
13.00 01300	NURSING ADMINISTRATION	7,494,015	70,982	120,673	240,197	7,925,867
14.00 01400	CENTRAL SERVICES & SUPPLY	3,293,792	0	0	36,082	3,329,874
15.00 01500	PHARMACY	8,742,990	0	0	314,136	9,057,126
16.00 01600	MEDICAL RECORDS & LIBRARY	2,450,060	128,450	218,373	93,461	2,890,344
17.00 01700	SOCIAL SERVICE	2,207,767	114,634	194,885	82,037	2,599,323
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,120,956	78,117	132,803	457,390	36,789,266
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	25,142,825	2,037,194	3,463,343	932,311	31,575,673
31.00 03100	INTENSIVE CARE UNIT	11,851,965	269,419	458,027	414,125	12,993,536
32.00 03200	CORONARY CARE UNIT	8,568,376	376,378	639,864	305,637	9,890,255
35.00 02060	NEONATAL INTENSIVE CARE UNIT	25,887,980	665,688	1,131,708	960,692	28,646,068
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	15,418,454	557,692	948,107	349,238	17,273,491
51.00 05100	RECOVERY ROOM	3,490,209	88,300	150,115	61,238	3,789,862
53.00 05300	ANESTHESIOLOGY	398,765	0	0	16,587	415,352
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,050,150	216,188	367,532	146,782	4,780,652
55.00 05500	RADIOLOGY-THERAPEUTIC	1,222,643	49,101	83,475	24,747	1,379,966
57.00 05700	CT SCAN	146,683	11,978	20,363	2,258	181,282
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	852,233	41,728	70,941	27,440	992,342
59.00 05900	CARDIAC CATHETERIZATION	1,095,609	94,246	160,223	39,581	1,389,659
60.00 06000	LABORATORY	16,941,183	259,819	441,707	227,352	17,870,061
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,938,017	18,335	31,170	43,570	4,031,092
65.00 06500	RESPIRATORY THERAPY	6,252,806	75,976	129,164	196,130	6,654,076
66.00 06600	PHYSICAL THERAPY	3,691,065	303,278	515,589	131,343	4,641,275
67.00 06700	OCCUPATIONAL THERAPY	1,176,794	0	0	46,315	1,223,109
68.00 06800	SPEECH PATHOLOGY	1,757,338	66,030	112,256	67,456	2,003,080
69.00 06900	ELECTROCARDIOLOGY	1,877,499	0	0	0	1,877,499
70.00 07000	ELECTROENCEPHALOGRAPHY	873,297	36,215	61,568	24,777	995,857
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,416,064	281,203	478,060	0	12,175,327
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,387,297	0	0	0	11,387,297
73.00 07300	DRUGS CHARGED TO PATIENTS	17,569,284	126,894	215,726	0	17,911,904
74.00 07400	RENAL DIALYSIS	593,971	67,522	114,792	7,336	783,621
75.00 07500	ASC (NON-DISTINCT PART)	2,798,098	280,835	477,435	106,322	3,662,690
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	8,052,537	496,310	843,754	202,946	9,595,547
91.00 09100	EMERGENCY	9,050,889	370,065	629,131	302,361	10,352,446
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	720	0	0	0	720
95.00 09500	AMBULANCE SERVICES	4,514,375	29,750	50,577	182,353	4,777,055
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	193,247	0	0	0	193,247
106.00 10600	HEART ACQUISITION	1,241,316	0	0	0	1,241,316
107.00 10700	LIVER ACQUISITION	849,186	0	0	0	849,186
108.00 10800	LUNG ACQUISITION	493,264	0	0	0	493,264
112.00 08600	BONE MARROW ACQUISITION	691,166	0	0	0	691,166
118.00	SUBTOTALS (SUM OF LINES 1-117)	421,494,465	13,456,445	22,876,710	7,727,016	420,792,287
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,340	36,279	0	57,619
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,926	0	0	0	4,926
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	10,360,791	135,888	231,017	214,874	10,942,570
194.01 07951	RETAIL PHARMACY	3,454,966	13,600	23,120	26,060	3,517,746
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	435,315,148	13,627,273	23,167,126	7,967,950	435,315,148

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B Part I Date/Time Prepared: 5/19/2015 7:49 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	112,349,945				5.00
6.00	00600	MAINTENANCE & REPAIRS	291,682	1,130,162			6.00
7.00	00700	OPERATION OF PLANT	2,426,073	35,449	9,435,601		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	100,630	6,228	53,680	449,812	8.00
9.00	00900	HOUSEKEEPING	1,896,218	0	0	0	7,347,156
10.00	01000	DIETARY	458,001	24,632	212,307	0	166,261
11.00	01100	CAFETERIA	1,482,696	46,281	398,903	0	312,389
13.00	01300	NURSING ADMINISTRATION	2,757,171	9,783	84,322	0	66,034
14.00	01400	CENTRAL SERVICES & SUPPLY	1,158,363	0	0	0	0
15.00	01500	PHARMACY	3,150,702	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,005,464	17,703	152,591	0	119,497
17.00	01700	SOCIAL SERVICE	904,226	15,799	136,178	0	106,644
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,797,923	10,766	92,797	0	72,671
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	10,984,229	280,774	2,420,055	239,029	1,895,189
31.00	03100	INTENSIVE CARE UNIT	4,520,061	37,132	320,052	26,582	250,639
32.00	03200	CORONARY CARE UNIT	3,440,523	51,874	447,113	26,884	350,142
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,965,108	91,748	790,795	48,822	619,286
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,008,929	76,863	662,502	6,647	518,817
51.00	05100	RECOVERY ROOM	1,318,379	12,170	104,895	4,529	82,145
53.00	05300	ANESTHESIOLOGY	144,489	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,663,045	29,796	256,818	19,674	201,119
55.00	05500	RADIOLOGY-THERAPEUTIC	480,049	6,767	58,329	1,874	45,679
57.00	05700	CT SCAN	63,063	1,651	14,229	64	11,143
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	345,206	5,751	49,571	10,025	38,820
59.00	05900	CARDIAC CATHETERIZATION	483,421	12,989	111,958	6,261	87,676
60.00	06000	LABORATORY	6,216,458	35,809	308,649	0	241,708
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,402,296	2,527	21,780	0	17,057
65.00	06500	RESPIRATORY THERAPY	2,314,753	10,471	90,255	0	70,680
66.00	06600	PHYSICAL THERAPY	1,614,560	41,799	360,274	8,808	282,137
67.00	06700	OCCUPATIONAL THERAPY	425,483	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	696,811	9,101	78,440	0	61,428
69.00	06900	ELECTROCARDIOLOGY	653,126	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	346,429	4,991	43,021	733	33,691
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,235,431	38,756	334,050	0	261,601
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,961,299	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,231,014	17,489	150,741	0	118,048
74.00	07400	RENAL DIALYSIS	272,598	9,306	80,212	823	62,816
75.00	07500	ASC (NON-DISTINCT PART)	1,274,140	38,706	333,614	8,762	261,259
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,338,003	68,403	589,584	8,839	461,714
91.00	09100	EMERGENCY	3,601,305	51,004	439,613	31,442	344,269
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	250	0	0	0	0
95.00	09500	AMBULANCE SERVICES	1,661,794	4,100	35,342	0	27,677
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	67,225	0	0	0	0
106.00	10600	HEART ACQUISITION	431,817	0	0	0	0
107.00	10700	LIVER ACQUISITION	295,406	0	0	0	0
108.00	10800	LUNG ACQUISITION	171,592	0	0	0	0
112.00	08600	BONE MARROW ACQUISITION	240,436	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	107,297,877	1,106,618	9,232,670	449,798	7,188,236
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,044	2,941	25,350	0	19,852
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,714	0	0	14	0
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	3,806,592	18,729	161,426	0	126,416
194.01	07951	RETAIL PHARMACY	1,223,718	1,874	16,155	0	12,652
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	112,349,945	1,130,162	9,435,601	449,812	7,347,156

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,177,787					10.00
11.00	01100	1,527,707	8,030,188				11.00
13.00	01300	0	232,969	11,076,146			13.00
14.00	01400	0	0	0	4,488,237		14.00
15.00	01500	0	0	0	0	12,207,828	15.00
16.00	01600	0	168,035	0	0	0	16.00
17.00	01700	0	114,135	0	0	0	17.00
22.00	02200	0	683,220	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	170,877	1,488,089	2,868,279	0	0	30.00
31.00	03100	43,695	521,607	1,333,838	0	0	31.00
32.00	03200	40,527	391,688	1,003,301	0	0	32.00
35.00	02060	0	1,059,804	2,530,694	0	0	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	371,928	949,899	0	0	50.00
51.00	05100	0	67,306	202,967	0	0	51.00
53.00	05300	0	33,509	7,835	0	0	53.00
54.00	05400	0	203,901	0	0	0	54.00
55.00	05500	0	29,345	50,102	0	0	55.00
57.00	05700	0	2,518	0	0	0	57.00
58.00	05800	0	35,098	0	0	0	58.00
59.00	05900	0	44,449	85,872	0	0	59.00
60.00	06000	0	333,794	0	0	0	60.00
63.00	06300	0	29,200	0	0	0	63.00
65.00	06500	0	271,250	0	0	0	65.00
66.00	06600	0	173,029	27,606	0	0	66.00
67.00	06700	0	58,122	0	0	0	67.00
68.00	06800	0	86,829	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	47,892	0	0	0	70.00
71.00	07100	0	76,695	0	2,246,955	0	71.00
72.00	07200	0	0	0	2,241,282	0	72.00
73.00	07300	0	305,246	14	0	12,188,233	73.00
74.00	07400	0	38,242	95,408	0	19,595	74.00
75.00	07500	0	117,482	283,076	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	218,981	321,124	0	0	90.00
91.00	09100	0	358,835	679,796	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	192,273	440,620	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		1,782,806	7,755,471	10,880,431	4,488,237	12,207,828	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	394,981	245,246	195,715	0	0	194.00
194.01	07951	0	29,471	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		2,177,787	8,030,188	11,076,146	4,488,237	12,207,828	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,353,634					16.00
17.00 01700 SOCIAL SERVICE	0	3,876,305				17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	50,446,643			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	957,403	1,233,386	12,150,914	66,263,897	-12,150,914	30.00
31.00 03100 INTENSIVE CARE UNIT	239,080	308,089	3,952,921	24,547,232	-3,952,921	31.00
32.00 03200 CORONARY CARE UNIT	199,259	256,684	2,157,265	18,255,515	-2,157,265	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	759,280	978,072	5,340,758	50,830,435	-5,340,758	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	6,948,232	32,817,308	-6,948,232	50.00
51.00 05100 RECOVERY ROOM	0	0	0	5,582,253	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	601,185	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	856,420	8,011,425	-856,420	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	992,267	3,044,378	-992,267	55.00
57.00 05700 CT SCAN	0	0	580,272	854,222	-580,272	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	580,272	2,057,085	-580,272	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	560,786	2,783,071	-560,786	59.00
60.00 06000 LABORATORY	0	0	0	25,006,479	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,503,952	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	350,891	9,762,376	-350,891	65.00
66.00 06600 PHYSICAL THERAPY	0	0	29,369	7,178,857	-29,369	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,706,714	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,935,689	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,530,625	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	630,519	2,103,133	-630,519	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,368,815	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,589,878	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	36,922,689	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,362,621	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	82,017	0	1,329,796	7,391,542	-1,329,796	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	1,605,226	0	9,100,068	25,307,489	-9,100,068	90.00
91.00 09100 EMERGENCY	511,369	1,100,074	4,885,893	22,356,046	-4,885,893	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	970	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	7,138,861	0	95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	260,472	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	1,673,133	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	1,144,592	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	664,856	0	108.00
112.00 08600 BONE MARROW ACQUISITION	0	0	0	931,602	0	112.00
118.00	4,353,634	3,876,305	50,446,643	414,489,397	-50,446,643	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	125,806	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	6,654	0	192.00
194.00 07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0	0	15,891,675	0	194.00
194.01 07951 RETAIL PHARMACY	0	0	0	4,801,616	0	194.01
200.00				0	0	200.00
201.00				0	0	201.00
202.00	4,353,634	3,876,305	50,446,643	435,315,148	-50,446,643	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/19/2015 7:49 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	54,112,983	30.00
31.00	03100 INTENSIVE CARE UNIT	20,594,311	31.00
32.00	03200 CORONARY CARE UNIT	16,098,250	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	45,489,677	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	25,869,076	50.00
51.00	05100 RECOVERY ROOM	5,582,253	51.00
53.00	05300 ANESTHESIOLOGY	601,185	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,155,005	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,052,111	55.00
57.00	05700 CT SCAN	273,950	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,476,813	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,222,285	59.00
60.00	06000 LABORATORY	25,006,479	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,503,952	63.00
65.00	06500 RESPIRATORY THERAPY	9,411,485	65.00
66.00	06600 PHYSICAL THERAPY	7,149,488	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,706,714	67.00
68.00	06800 SPEECH PATHOLOGY	2,935,689	68.00
69.00	06900 ELECTROCARDIOLOGY	2,530,625	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,472,614	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,368,815	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,589,878	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,922,689	73.00
74.00	07400 RENAL DIALYSIS	1,362,621	74.00
75.00	07500 ASC (NON-DISTINCT PART)	6,061,746	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	16,207,421	90.00
91.00	09100 EMERGENCY	17,470,153	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	970	94.00
95.00	09500 AMBULANCE SERVICES	7,138,861	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	260,472	105.00
106.00	10600 HEART ACQUISITION	1,673,133	106.00
107.00	10700 LIVER ACQUISITION	1,144,592	107.00
108.00	10800 LUNG ACQUISITION	664,856	108.00
112.00	08600 BONE MARROW ACQUISITION	931,602	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	364,042,754	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,806	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,654	192.00
194.00	07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	15,891,675	194.00
194.01	07951 RETAIL PHARMACY	4,801,616	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	384,868,505	202.00

COST ALLOCATION STATISTICS

Provider CCN: 263301

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

Worksheet Non-CMS W

Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	21	ASSIGNED TIME	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	TIME SPENT	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,597	25,361	43,116	70,074	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	106,784	5,292,493	8,997,532	14,396,809	5.00
6.00 00600	MAINTENANCE & REPAIRS	3,871	109,359	185,916	299,146	6.00
7.00 00700	OPERATION OF PLANT	3,759	257,203	437,260	698,222	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	50	45,188	76,822	122,060	8.00
9.00 00900	HOUSEKEEPING	2,849	0	0	2,849	9.00
10.00 01000	DIETARY	0	178,719	303,832	482,551	10.00
11.00 01100	CAFETERIA	2,620	335,795	570,871	909,286	11.00
13.00 01300	NURSING ADMINISTRATION	10,747	70,982	120,673	202,402	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,076	128,450	218,373	351,899	16.00
17.00 01700	SOCIAL SERVICE	3,363	114,634	194,885	312,882	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,796	78,117	132,803	215,716	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	36,267	2,037,194	3,463,343	5,536,804	30.00
31.00 03100	INTENSIVE CARE UNIT	7,431	269,419	458,027	734,877	31.00
32.00 03200	CORONARY CARE UNIT	9,589	376,378	639,864	1,025,831	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	20,975	665,688	1,131,708	1,818,371	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	12,319	557,692	948,107	1,518,118	50.00
51.00 05100	RECOVERY ROOM	1,876	88,300	150,115	240,291	51.00
53.00 05300	ANESTHESIOLOGY	122	0	0	122	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,731	216,188	367,532	592,451	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,528	49,101	83,475	134,104	55.00
57.00 05700	CT SCAN	2,132	11,978	20,363	34,473	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	41,728	70,941	112,669	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	94,246	160,223	254,469	59.00
60.00 06000	LABORATORY	5,797	259,819	441,707	707,323	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	491	18,335	31,170	49,996	63.00
65.00 06500	RESPIRATORY THERAPY	2,576	75,976	129,164	207,716	65.00
66.00 06600	PHYSICAL THERAPY	10,323	303,278	515,589	829,190	66.00
67.00 06700	OCCUPATIONAL THERAPY	4	0	0	4	67.00
68.00 06800	SPEECH PATHOLOGY	1,168	66,030	112,256	179,454	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,684	36,215	61,568	99,467	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,878	281,203	478,060	762,141	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,909	126,894	215,726	349,529	73.00
74.00 07400	RENAL DIALYSIS	2,248	67,522	114,792	184,562	74.00
75.00 07500	ASC (NON-DISTINCT PART)	5,852	280,835	477,435	764,122	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	6,349	496,310	843,754	1,346,413	90.00
91.00 09100	EMERGENCY	9,816	370,065	629,131	1,009,012	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	3,791	29,750	50,577	84,118	95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	306,368	13,456,445	22,876,710	36,639,523	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,340	36,279	57,619	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	11,406	135,888	231,017	378,311	194.00
194.01 07951	RETAIL PHARMACY	674	13,600	23,120	37,394	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	318,448	13,627,273	23,167,126	37,112,847	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/19/2015 7:49 am			
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	14,408,658			5.00	
6.00	00600	MAINTENANCE & REPAIRS	37,408	336,642		6.00	
7.00	00700	OPERATION OF PLANT	311,142	10,559	1,020,357	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	12,906	1,855	5,805	142,626	8.00
9.00	00900	HOUSEKEEPING	243,188	0	0	247,390	9.00
10.00	01000	DIETARY	58,738	7,337	22,959	0	5,598
11.00	01100	CAFETERIA	190,154	13,786	43,137	0	10,519
13.00	01300	NURSING ADMINISTRATION	353,605	2,914	9,118	0	2,223
14.00	01400	CENTRAL SERVICES & SUPPLY	148,559	0	0	0	0
15.00	01500	PHARMACY	404,075	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	128,950	5,273	16,501	0	4,024
17.00	01700	SOCIAL SERVICE	115,966	4,706	14,726	0	3,591
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,641,200	3,207	10,035	0	2,447
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,408,717	83,635	261,704	75,793	63,815
31.00	03100	INTENSIVE CARE UNIT	579,694	11,061	34,610	8,428	8,439
32.00	03200	CORONARY CARE UNIT	441,244	15,452	48,350	8,524	11,790
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,278,016	27,329	85,516	15,480	20,852
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	770,640	22,895	71,642	2,108	17,469
51.00	05100	RECOVERY ROOM	169,081	3,625	11,343	1,436	2,766
53.00	05300	ANESTHESIOLOGY	18,531	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	213,284	8,875	27,772	6,238	6,772
55.00	05500	RADIOLOGY-THERAPEUTIC	61,566	2,016	6,308	594	1,538
57.00	05700	CT SCAN	8,088	492	1,539	20	375
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	44,272	1,713	5,361	3,179	1,307
59.00	05900	CARDIAC CATHETERIZATION	61,998	3,869	12,107	1,985	2,952
60.00	06000	LABORATORY	797,255	10,667	33,377	0	8,139
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	179,843	753	2,355	0	574
65.00	06500	RESPIRATORY THERAPY	296,865	3,119	9,760	0	2,380
66.00	06600	PHYSICAL THERAPY	207,066	12,451	38,960	2,793	9,500
67.00	06700	OCCUPATIONAL THERAPY	54,568	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	89,365	2,711	8,482	0	2,068
69.00	06900	ELECTROCARDIOLOGY	83,763	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	44,429	1,487	4,652	232	1,134
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	543,190	11,544	36,124	0	8,809
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	508,033	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	799,122	5,209	16,301	0	3,975
74.00	07400	RENAL DIALYSIS	34,960	2,772	8,674	261	2,115
75.00	07500	ASC (NON-DISTINCT PART)	163,407	11,529	36,077	2,778	8,797
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	428,096	20,375	63,757	2,803	15,547
91.00	09100	EMERGENCY	461,864	15,192	47,539	9,970	11,592
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	32	0	0	0	0
95.00	09500	AMBULANCE SERVICES	213,124	1,221	3,822	0	932
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	8,622	0	0	0	0
106.00	10600	HEART ACQUISITION	55,380	0	0	0	0
107.00	10700	LIVER ACQUISITION	37,886	0	0	0	0
108.00	10800	LUNG ACQUISITION	22,006	0	0	0	0
112.00	08600	BONE MARROW ACQUISITION	30,836	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,760,734	329,629	998,413	142,622	242,039
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,571	876	2,741	0	668
192.00	19200	PHYSICIANS' PRIVATE OFFICES	220	0	0	4	0
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	488,192	5,579	17,456	0	4,257
194.01	07951	RETAIL PHARMACY	156,941	558	1,747	0	426
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	14,408,658	336,642	1,020,357	142,626	247,390

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/19/2015 7:49 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	577,315					10.00
11.00	01100	404,985	1,572,859				11.00
13.00	01300	0	45,631	618,004			13.00
14.00	01400	0	0	0	148,876		14.00
15.00	01500	0	0	0	0	406,836	15.00
16.00	01600	0	32,913	0	0	0	16.00
17.00	01700	0	22,355	0	0	0	17.00
22.00	02200	0	133,821	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	45,298	291,473	160,039	0	0	30.00
31.00	03100	11,583	102,166	74,423	0	0	31.00
32.00	03200	10,743	76,719	55,980	0	0	32.00
35.00	02060	0	207,582	141,202	0	0	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	72,849	53,001	0	0	50.00
51.00	05100	0	13,183	11,325	0	0	51.00
53.00	05300	0	6,563	437	0	0	53.00
54.00	05400	0	39,938	0	0	0	54.00
55.00	05500	0	5,748	2,795	0	0	55.00
57.00	05700	0	493	0	0	0	57.00
58.00	05800	0	6,875	0	0	0	58.00
59.00	05900	0	8,706	4,791	0	0	59.00
60.00	06000	0	65,380	0	0	0	60.00
63.00	06300	0	5,719	0	0	0	63.00
65.00	06500	0	53,129	0	0	0	65.00
66.00	06600	0	33,891	1,540	0	0	66.00
67.00	06700	0	11,384	0	0	0	67.00
68.00	06800	0	17,007	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	9,380	0	0	0	70.00
71.00	07100	0	15,022	0	74,528	0	71.00
72.00	07200	0	0	0	74,348	0	72.00
73.00	07300	0	59,788	1	0	406,183	73.00
74.00	07400	0	7,490	5,323	0	653	74.00
75.00	07500	0	23,011	15,795	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	42,891	17,917	0	0	90.00
91.00	09100	0	70,284	37,930	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	37,660	24,585	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		472,609	1,519,051	607,084	148,876	406,836	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	104,706	48,036	10,920	0	0	194.00
194.01	07951	0	5,772	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		577,315	1,572,859	618,004	148,876	406,836	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/19/2015 7:49 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	22.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	540,381				16.00
17.00	01700	SOCIAL SERVICE	0	474,947			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,010,446		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	118,835	151,122		8,205,430	0 30.00
31.00	03100	INTENSIVE CARE UNIT	29,675	37,749		1,636,345	0 31.00
32.00	03200	CORONARY CARE UNIT	24,732	31,450		1,753,501	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	94,243	119,839		3,816,874	0 35.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0		2,531,792	0 50.00
51.00	05100	RECOVERY ROOM	0	0		453,588	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0		25,799	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		896,620	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		214,887	0 55.00
57.00	05700	CT SCAN	0	0		45,500	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		175,617	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		351,225	0 59.00
60.00	06000	LABORATORY	0	0		1,624,139	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		239,623	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0		574,693	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0		1,136,545	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		66,363	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0		299,680	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		83,763	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		160,999	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		1,451,358	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		582,381	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		1,640,108	0 73.00
74.00	07400	RENAL DIALYSIS	0	0		246,874	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	10,180	0		1,036,631	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	199,244	0		2,138,827	0 90.00
91.00	09100	EMERGENCY	63,472	134,787		1,864,300	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0		32	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0		367,065	0 95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		0	0 98.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0		8,622	0 105.00
106.00	10600	HEART ACQUISITION	0	0		55,380	0 106.00
107.00	10700	LIVER ACQUISITION	0	0		37,886	0 107.00
108.00	10800	LUNG ACQUISITION	0	0		22,006	0 108.00
112.00	08600	BONE MARROW ACQUISITION	0	0		30,836	0 112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	540,381	474,947	0	33,775,289	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		64,475	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		224	0 192.00
194.00	07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0		1,059,346	0 194.00
194.01	07951	RETAIL PHARMACY	0	0		203,067	0 194.01
200.00		Cross Foot Adjustments			2,010,446	2,010,446	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	540,381	474,947	2,010,446	37,112,847	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/19/2015 7:49 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	8,205,430	30.00
31.00	03100 INTENSIVE CARE UNIT	1,636,345	31.00
32.00	03200 CORONARY CARE UNIT	1,753,501	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	3,816,874	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	2,531,792	50.00
51.00	05100 RECOVERY ROOM	453,588	51.00
53.00	05300 ANESTHESIOLOGY	25,799	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	896,620	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	214,887	55.00
57.00	05700 CT SCAN	45,500	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	175,617	58.00
59.00	05900 CARDIAC CATHETERIZATION	351,225	59.00
60.00	06000 LABORATORY	1,624,139	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	239,623	63.00
65.00	06500 RESPIRATORY THERAPY	574,693	65.00
66.00	06600 PHYSICAL THERAPY	1,136,545	66.00
67.00	06700 OCCUPATIONAL THERAPY	66,363	67.00
68.00	06800 SPEECH PATHOLOGY	299,680	68.00
69.00	06900 ELECTROCARDIOLOGY	83,763	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	160,999	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,451,358	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	582,381	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,640,108	73.00
74.00	07400 RENAL DIALYSIS	246,874	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,036,631	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	2,138,827	90.00
91.00	09100 EMERGENCY	1,864,300	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	32	94.00
95.00	09500 AMBULANCE SERVICES	367,065	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	8,622	105.00
106.00	10600 HEART ACQUISITION	55,380	106.00
107.00	10700 LIVER ACQUISITION	37,886	107.00
108.00	10800 LUNG ACQUISITION	22,006	108.00
112.00	08600 BONE MARROW ACQUISITION	30,836	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,775,289	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,475	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	224	192.00
194.00	07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	1,059,346	194.00
194.01	07951 RETAIL PHARMACY	203,067	194.01
200.00	Cross Foot Adjustments	2,010,446	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	37,112,847	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	630,280				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		630,280			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,173	1,173	158,090,715		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	244,785	244,785	26,658,359	-112,349,945	5.00
6.00 00600	MAINTENANCE & REPAIRS	5,058	5,058	199,583	0	6.00
7.00 00700	OPERATION OF PLANT	11,896	11,896	978,764	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,090	2,090	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	3,054,544	0	9.00
10.00 01000	DIETARY	8,266	8,266	297,133	0	10.00
11.00 01100	CAFETERIA	15,531	15,531	2,239,509	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,283	3,283	4,765,728	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	715,891	0	14.00
15.00 01500	PHARMACY	0	0	6,232,730	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,854,355	0	16.00
17.00 01700	SOCIAL SERVICE	5,302	5,302	1,627,690	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,613	3,613	9,075,026	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	94,223	94,223	18,497,869	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,461	12,461	8,216,593	0	31.00
32.00 03200	CORONARY CARE UNIT	17,408	17,408	6,064,105	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	30,789	30,789	19,060,963	0	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	25,794	25,794	6,929,178	0	50.00
51.00 05100	RECOVERY ROOM	4,084	4,084	1,215,014	0	51.00
53.00 05300	ANESTHESIOLOGY	0	0	329,095	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,999	9,999	2,912,282	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,271	2,271	490,993	0	55.00
57.00 05700	CT SCAN	554	554	44,795	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	544,436	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,359	4,359	785,316	0	59.00
60.00 06000	LABORATORY	12,017	12,017	4,510,855	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	848	848	864,475	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,514	3,514	3,891,398	0	65.00
66.00 06600	PHYSICAL THERAPY	14,027	14,027	2,605,960	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	918,931	0	67.00
68.00 06800	SPEECH PATHOLOGY	3,054	3,054	1,338,380	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,675	1,675	491,591	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,006	13,006	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,869	5,869	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,123	3,123	145,553	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	12,989	12,989	2,109,512	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	22,955	22,955	4,026,629	0	90.00
91.00 09100	EMERGENCY	17,116	17,116	5,999,100	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	1,376	1,376	3,618,048	0	95.00
98.00 09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
112.00 08600	BONE MARROW ACQUISITION	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	622,379	622,379	153,310,383	-112,349,945	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	VARIOUS NONREIMBURSABLE DEPARTMENTS	6,285	6,285	4,263,284	0	194.00
194.01 07951	RETAIL PHARMACY	629	629	517,048	0	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	13,627,273	23,167,126	7,967,950		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.620983	36.756879	0.050401		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			70,074		14,408,658	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000443		0.044614	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	379,264					6.00
7.00	00700	11,896	367,368				7.00
8.00	00800	2,090	2,090	796,315			8.00
9.00	00900	0	0	0	365,278		9.00
10.00	01000	8,266	8,266	0	8,266	1,506,550	10.00
11.00	01100	15,531	15,531	0	15,531	1,056,838	11.00
13.00	01300	3,283	3,283	0	3,283	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	5,941	5,941	0	5,941	0	16.00
17.00	01700	5,302	5,302	0	5,302	0	17.00
22.00	02200	3,613	3,613	0	3,613	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	94,223	94,223	423,161	94,223	118,209	30.00
31.00	03100	12,461	12,461	47,058	12,461	30,227	31.00
32.00	03200	17,408	17,408	47,593	17,408	28,036	32.00
35.00	02060	30,789	30,789	86,431	30,789	0	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	25,794	25,794	11,768	25,794	0	50.00
51.00	05100	4,084	4,084	8,017	4,084	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	9,999	9,999	34,830	9,999	0	54.00
55.00	05500	2,271	2,271	3,318	2,271	0	55.00
57.00	05700	554	554	113	554	0	57.00
58.00	05800	1,930	1,930	17,748	1,930	0	58.00
59.00	05900	4,359	4,359	11,084	4,359	0	59.00
60.00	06000	12,017	12,017	0	12,017	0	60.00
63.00	06300	848	848	0	848	0	63.00
65.00	06500	3,514	3,514	0	3,514	0	65.00
66.00	06600	14,027	14,027	15,593	14,027	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	3,054	3,054	0	3,054	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	1,675	1,675	1,297	1,675	0	70.00
71.00	07100	13,006	13,006	0	13,006	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	5,869	5,869	0	5,869	0	73.00
74.00	07400	3,123	3,123	1,457	3,123	0	74.00
75.00	07500	12,989	12,989	15,512	12,989	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	22,955	22,955	15,648	22,955	0	90.00
91.00	09100	17,116	17,116	55,662	17,116	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	1,376	1,376	0	1,376	0	95.00
98.00	09850	0	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		371,363	359,467	796,290	357,377	1,233,310	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	987	987	0	987	0	190.00
192.00	19200	0	0	25	0	0	192.00
194.00	07950	6,285	6,285	0	6,285	273,240	194.00
194.01	07951	629	629	0	629	0	194.01
200.00							200.00
201.00							201.00
202.00		1,130,162	9,435,601	449,812	7,347,156	2,177,787	202.00
203.00		2.979882	25.684330	0.564867	20.113875	1.445546	203.00
204.00		336,642	1,020,357	142,626	247,390	577,315	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.887619	2.777479	0.179108	0.677265	0.383203	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	4,028,353					11.00
13.00	01300	116,869	1,614,490				13.00
14.00	01400	0	0	22,803,361			14.00
15.00	01500	0	0	0	18,386,748		15.00
16.00	01600	84,295	0	0	0	84,294	16.00
17.00	01700	57,256	0	0	0	0	17.00
22.00	02200	342,738	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	746,502	418,088	0	0	18,537	30.00
31.00	03100	261,665	194,424	0	0	4,629	31.00
32.00	03200	196,491	146,244	0	0	3,858	32.00
35.00	02060	531,652	368,881	0	0	14,701	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	186,578	138,460	0	0	0	50.00
51.00	05100	33,764	29,585	0	0	0	51.00
53.00	05300	16,810	1,142	0	0	0	53.00
54.00	05400	102,287	0	0	0	0	54.00
55.00	05500	14,721	7,303	0	0	0	55.00
57.00	05700	1,263	0	0	0	0	57.00
58.00	05800	17,607	0	0	0	0	58.00
59.00	05900	22,298	12,517	0	0	0	59.00
60.00	06000	167,448	0	0	0	0	60.00
63.00	06300	14,648	0	0	0	0	63.00
65.00	06500	136,073	0	0	0	0	65.00
66.00	06600	86,800	4,024	0	0	0	66.00
67.00	06700	29,157	0	0	0	0	67.00
68.00	06800	43,558	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	24,025	0	0	0	0	70.00
71.00	07100	38,474	0	11,416,064	0	0	71.00
72.00	07200	0	0	11,387,297	0	0	72.00
73.00	07300	153,127	2	0	18,357,235	0	73.00
74.00	07400	19,184	13,907	0	29,513	0	74.00
75.00	07500	58,935	41,262	0	0	1,588	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	109,852	46,808	0	0	31,080	90.00
91.00	09100	180,010	99,089	0	0	9,901	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	96,454	64,226	0	0	0	95.00
98.00	09850	0	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		3,890,541	1,585,962	22,803,361	18,386,748	84,294	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	123,028	28,528	0	0	0	194.00
194.01	07951	14,784	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		8,030,188	11,076,146	4,488,237	12,207,828	4,353,634	202.00
203.00		1.993417	6.860461	0.196823	0.663947	51.648207	203.00
204.00		1,572,859	618,004	148,876	406,836	540,381	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.390447	0.382786	0.006529	0.022127	6.410670	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS (TIME SPENT)	
		17.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE	11,311			17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	362,437		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	3,599	87,299		30.00
31.00 03100 INTENSIVE CARE UNIT	899	28,400		31.00
32.00 03200 CORONARY CARE UNIT	749	15,499		32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	2,854	38,371		35.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	49,920		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	6,153		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	7,129		55.00
57.00 05700 CT SCAN	0	4,169		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,169		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,029		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	2,521		65.00
66.00 06600 PHYSICAL THERAPY	0	211		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	4,530		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	9,554		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	65,380		90.00
91.00 09100 EMERGENCY	3,210	35,103		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00 10500 KIDNEY ACQUISITION	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0		108.00
112.00 08600 BONE MARROW ACQUISITION	0	0		112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,311	362,437		118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00 07950 VARIOUS NONREIMBURSABLE DEPARTMENTS	0	0		194.00
194.01 07951 RETAIL PHARMACY	0	0		194.01
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,876,305	50,446,643		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	342.702237	139.187343		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	474,947	2,010,446		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS (TIME SPENT)		
205.00   Unit cost multiplier (Wkst. B, Part II)	41.989833	5.547022		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263301

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 am

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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	54,112,983		54,112,983	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	20,594,311		20,594,311	0	0	31.00
32.00	03200 CORONARY CARE UNIT	16,098,250		16,098,250	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	45,489,677		45,489,677	0	0	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	25,869,076		25,869,076	0	0	50.00
51.00	05100 RECOVERY ROOM	5,582,253		5,582,253	0	0	51.00
53.00	05300 ANESTHESIOLOGY	601,185		601,185	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,155,005		7,155,005	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,052,111		2,052,111	0	0	55.00
57.00	05700 CT SCAN	273,950		273,950	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,476,813		1,476,813	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,222,285		2,222,285	0	0	59.00
60.00	06000 LABORATORY	25,006,479		25,006,479	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,503,952		5,503,952	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	9,411,485	0	9,411,485	0	0	65.00
66.00	06600 PHYSICAL THERAPY	7,149,488	0	7,149,488	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,706,714	0	1,706,714	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	2,935,689	0	2,935,689	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,530,625		2,530,625	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,472,614		1,472,614	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,368,815		19,368,815	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,589,878		17,589,878	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,922,689		36,922,689	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,362,621		1,362,621	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	6,061,746		6,061,746	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	16,207,421		16,207,421	0	0	90.00
91.00	09100 EMERGENCY	17,470,153		17,470,153	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,628,706		5,628,706	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	970		970	0	0	94.00
95.00	09500 AMBULANCE SERVICES	7,138,861		7,138,861	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0		0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	260,472		260,472		0	105.00
106.00	10600 HEART ACQUISITION	1,673,133		1,673,133		0	106.00
107.00	10700 LIVER ACQUISITION	1,144,592		1,144,592		0	107.00
108.00	10800 LUNG ACQUISITION	664,856		664,856		0	108.00
112.00	08600 BONE MARROW ACQUISITION	931,602		931,602		0	112.00
200.00	Subtotal (see instructions)	369,671,460	0	369,671,460	0	0	200.00
201.00	Less Observation Beds	5,628,706		5,628,706		0	201.00
202.00	Total (see instructions)	364,042,754	0	364,042,754	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/19/2015 7:49 am	
			Title XVIII		Hospital		Tefra	
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	44,620,925		44,620,925			30.00
31.00	03100	INTENSIVE CARE UNIT	26,930,688		26,930,688			31.00
32.00	03200	CORONARY CARE UNIT	18,128,715		18,128,715			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	82,181,558		82,181,558			35.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,479,165	26,998,225	63,477,390	0.407532	0.407532	50.00
51.00	05100	RECOVERY ROOM	2,275,042	6,961,225	9,236,267	0.604384	0.604384	51.00
53.00	05300	ANESTHESIOLOGY	7,767,738	10,584,060	18,351,798	0.032759	0.032759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,593,528	21,027,331	34,620,859	0.206667	0.206667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,630,402	3,536,203	6,166,605	0.332778	0.332778	55.00
57.00	05700	CT SCAN	5,388,621	6,713,415	12,102,036	0.022637	0.022637	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,156,041	25,356,706	33,512,747	0.044067	0.044067	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,564,666	4,693,852	7,258,518	0.306162	0.306162	59.00
60.00	06000	LABORATORY	70,513,478	48,642,170	119,155,648	0.209864	0.209864	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,244,128	5,757,146	20,001,274	0.275180	0.275180	63.00
65.00	06500	RESPIRATORY THERAPY	33,144,164	1,298,775	34,442,939	0.273249	0.273249	65.00
66.00	06600	PHYSICAL THERAPY	3,993,807	4,708,111	8,701,918	0.821599	0.821599	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,712,671	2,189,560	4,902,231	0.348150	0.348150	67.00
68.00	06800	SPEECH PATHOLOGY	985,715	4,546,182	5,531,897	0.530684	0.530684	68.00
69.00	06900	ELECTROCARDIOLOGY	4,463,930	536,025	4,999,955	0.506130	0.506130	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,873,019	1,895,382	5,768,401	0.255290	0.255290	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,306,878	23,442,065	82,748,943	0.234067	0.234067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,153,375	7,020,015	34,173,390	0.514724	0.514724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,100,664	38,324,212	118,424,876	0.311782	0.311782	73.00
74.00	07400	RENAL DIALYSIS	970,624	421,020	1,391,644	0.979145	0.979145	74.00
75.00	07500	ASC (NON-DISTINCT PART)	10,568	7,339,428	7,349,996	0.824728	0.824728	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	762,751	9,704,590	10,467,341	1.548380	1.548380	90.00
91.00	09100	EMERGENCY	10,725,509	37,100,947	47,826,456	0.365282	0.365282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	367,871	3,917,128	4,284,999	1.313584	1.313584	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	787,591	787,591	0.001232	0.001232	94.00
95.00	09500	AMBULANCE SERVICES	5,043,829	2,290,894	7,334,723	0.973297	0.973297	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	484,085	0	484,085			105.00
106.00	10600	HEART ACQUISITION	2,350,632	0	2,350,632			106.00
107.00	10700	LIVER ACQUISITION	1,548,250	0	1,548,250			107.00
108.00	10800	LUNG ACQUISITION	979,635	0	979,635			108.00
112.00	08600	BONE MARROW ACQUISITION	1,536,578	0	1,536,578			112.00
200.00		Subtotal (see instructions)	575,989,250	305,792,258	881,781,508			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	575,989,250	305,792,258	881,781,508			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/19/2015 7:49 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital Tefra
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 BONE MARROW ACQUISITION			112.00
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: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/19/2015 7:49 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		54,112,983	0	54,112,983	30.00	
31.00	03100 INTENSIVE CARE UNIT		20,594,311	0	20,594,311	31.00	
32.00	03200 CORONARY CARE UNIT		16,098,250	0	16,098,250	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT		45,489,677	0	45,489,677	35.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		25,869,076	0	25,869,076	50.00	
51.00	05100 RECOVERY ROOM		5,582,253	0	5,582,253	51.00	
53.00	05300 ANESTHESIOLOGY		601,185	0	601,185	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,155,005	0	7,155,005	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		2,052,111	0	2,052,111	55.00	
57.00	05700 CT SCAN		273,950	0	273,950	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,476,813	0	1,476,813	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,222,285	0	2,222,285	59.00	
60.00	06000 LABORATORY		25,006,479	0	25,006,479	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		5,503,952	0	5,503,952	63.00	
65.00	06500 RESPIRATORY THERAPY	0	9,411,485	0	9,411,485	65.00	
66.00	06600 PHYSICAL THERAPY	0	7,149,488	0	7,149,488	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,706,714	0	1,706,714	67.00	
68.00	06800 SPEECH PATHOLOGY	0	2,935,689	0	2,935,689	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,530,625	0	2,530,625	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,472,614	0	1,472,614	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,368,815	0	19,368,815	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		17,589,878	0	17,589,878	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		36,922,689	0	36,922,689	73.00	
74.00	07400 RENAL DIALYSIS		1,362,621	0	1,362,621	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		6,061,746	0	6,061,746	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		16,207,421	0	16,207,421	90.00	
91.00	09100 EMERGENCY		17,470,153	0	17,470,153	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,628,706	0	5,628,706	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		970	0	970	94.00	
95.00	09500 AMBULANCE SERVICES		7,138,861	0	7,138,861	95.00	
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS		0	0	0	98.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION		260,472		260,472	105.00	
106.00	10600 HEART ACQUISITION		1,673,133		1,673,133	106.00	
107.00	10700 LIVER ACQUISITION		1,144,592		1,144,592	107.00	
108.00	10800 LUNG ACQUISITION		664,856		664,856	108.00	
112.00	08600 BONE MARROW ACQUISITION		931,602		931,602	112.00	
200.00	Subtotal (see instructions)	0	369,671,460	0	369,671,460	200.00	
201.00	Less Observation Beds		5,628,706		5,628,706	201.00	
202.00	Total (see instructions)	0	364,042,754	0	364,042,754	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/19/2015 7:49 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	44,620,925		44,620,925			30.00
31.00	03100	INTENSIVE CARE UNIT	26,930,688		26,930,688			31.00
32.00	03200	CORONARY CARE UNIT	18,128,715		18,128,715			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	82,181,558		82,181,558			35.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,479,165	26,998,225	63,477,390	0.407532	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,275,042	6,961,225	9,236,267	0.604384	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	7,767,738	10,584,060	18,351,798	0.032759	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,593,528	21,027,331	34,620,859	0.206667	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,630,402	3,536,203	6,166,605	0.332778	0.000000	55.00
57.00	05700	CT SCAN	5,388,621	6,713,415	12,102,036	0.022637	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,156,041	25,356,706	33,512,747	0.044067	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,564,666	4,693,852	7,258,518	0.306162	0.000000	59.00
60.00	06000	LABORATORY	70,513,478	48,642,170	119,155,648	0.209864	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,244,128	5,757,146	20,001,274	0.275180	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	33,144,164	1,298,775	34,442,939	0.273249	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,993,807	4,708,111	8,701,918	0.821599	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,712,671	2,189,560	4,902,231	0.348150	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	985,715	4,546,182	5,531,897	0.530684	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,463,930	536,025	4,999,955	0.506130	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,873,019	1,895,382	5,768,401	0.255290	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,306,878	23,442,065	82,748,943	0.234067	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,153,375	7,020,015	34,173,390	0.514724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,100,664	38,324,212	118,424,876	0.311782	0.000000	73.00
74.00	07400	RENAL DIALYSIS	970,624	421,020	1,391,644	0.979145	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	10,568	7,339,428	7,349,996	0.824728	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	762,751	9,704,590	10,467,341	1.548380	0.000000	90.00
91.00	09100	EMERGENCY	10,725,509	37,100,947	47,826,456	0.365282	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	367,871	3,917,128	4,284,999	1.313584	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	787,591	787,591	0.001232	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	5,043,829	2,290,894	7,334,723	0.973297	0.000000	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0.000000	0.000000	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	484,085	0	484,085			105.00
106.00	10600	HEART ACQUISITION	2,350,632	0	2,350,632			106.00
107.00	10700	LIVER ACQUISITION	1,548,250	0	1,548,250			107.00
108.00	10800	LUNG ACQUISITION	979,635	0	979,635			108.00
112.00	08600	BONE MARROW ACQUISITION	1,536,578	0	1,536,578			112.00
200.00		Subtotal (see instructions)	575,989,250	305,792,258	881,781,508			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	575,989,250	305,792,258	881,781,508			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/19/2015 7:49 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000		98.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 BONE MARROW ACQUISITION			112.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/19/2015 7:49 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	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	8,205,430	0	8,205,430	36,561	224.43	30.00
31.00	INTENSIVE CARE UNIT	1,636,345		1,636,345	8,180	200.04	31.00
32.00	CORONARY CARE UNIT	1,753,501		1,753,501	6,818	257.19	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	3,816,874		3,816,874	25,979	146.92	35.00
200.00	Total (lines 30-199)	15,412,150		15,412,150	77,538		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	224	50,272				
31.00	INTENSIVE CARE UNIT	41	8,202				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
200.00	Total (lines 30-199)	265	58,474				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 263301

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		Title XVIII			Hospital	Tefra		
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,531,792	63,477,390	0.039885	238,751	9,523	50.00
51.00	05100	RECOVERY ROOM	453,588	9,236,267	0.049109	11,213	551	51.00
53.00	05300	ANESTHESIOLOGY	25,799	18,351,798	0.001406	47,198	66	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	896,620	34,620,859	0.025898	62,753	1,625	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	214,887	6,166,605	0.034847	4,183	146	55.00
57.00	05700	CT SCAN	45,500	12,102,036	0.003760	10,671	40	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	175,617	33,512,747	0.005240	28,136	147	58.00
59.00	05900	CARDIAC CATHETERIZATION	351,225	7,258,518	0.048388	0	0	59.00
60.00	06000	LABORATORY	1,624,139	119,155,648	0.013630	552,576	7,532	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	239,623	20,001,274	0.011980	145,675	1,745	63.00
65.00	06500	RESPIRATORY THERAPY	574,693	34,442,939	0.016685	108,295	1,807	65.00
66.00	06600	PHYSICAL THERAPY	1,136,545	8,701,918	0.130609	17,013	2,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,363	4,902,231	0.013537	1,677	23	67.00
68.00	06800	SPEECH PATHOLOGY	299,680	5,531,897	0.054173	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83,763	4,999,955	0.016753	11,990	201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	160,999	5,768,401	0.027911	19,168	535	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,451,358	82,748,943	0.017539	310,941	5,454	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	582,381	34,173,390	0.017042	208,467	3,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,640,108	118,424,876	0.013849	541,911	7,505	73.00
74.00	07400	RENAL DIALYSIS	246,874	1,391,644	0.177397	64,867	11,507	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,036,631	7,349,996	0.141038	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,138,827	10,467,341	0.204333	9,919	2,027	90.00
91.00	09100	EMERGENCY	1,864,300	47,826,456	0.038981	24,884	970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	853,509	4,284,999	0.199185	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	32	787,591	0.000041	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	18,694,853	695,685,719		2,420,288	57,179	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/19/2015 7:49 am
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Cost Center Description			Title XVIII			Hospital		Tefra		
			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	0	0	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0			35.00
200.00		Total (lines 30-199)	0	0	0	0	0			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	36,561	0.00	224	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	8,180	0.00	41	0	0			31.00
32.00	03200	CORONARY CARE UNIT	6,818	0.00	0	0	0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	25,979	0.00	0	0	0			35.00
200.00		Total (lines 30-199)	77,538		265	0	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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0						35.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/19/2015 7:49 am
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Cost Center Description		Title XVIII				Hospital		Tefra	
		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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263301

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Tefra		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	63,477,390	0.000000	0.000000	238,751	50.00
51.00	05100	RECOVERY ROOM	0	9,236,267	0.000000	0.000000	11,213	51.00
53.00	05300	ANESTHESIOLOGY	0	18,351,798	0.000000	0.000000	47,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,620,859	0.000000	0.000000	62,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,166,605	0.000000	0.000000	4,183	55.00
57.00	05700	CT SCAN	0	12,102,036	0.000000	0.000000	10,671	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	33,512,747	0.000000	0.000000	28,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,258,518	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	119,155,648	0.000000	0.000000	552,576	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	20,001,274	0.000000	0.000000	145,675	63.00
65.00	06500	RESPIRATORY THERAPY	0	34,442,939	0.000000	0.000000	108,295	65.00
66.00	06600	PHYSICAL THERAPY	0	8,701,918	0.000000	0.000000	17,013	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,902,231	0.000000	0.000000	1,677	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,531,897	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,999,955	0.000000	0.000000	11,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,768,401	0.000000	0.000000	19,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	82,748,943	0.000000	0.000000	310,941	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,173,390	0.000000	0.000000	208,467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	118,424,876	0.000000	0.000000	541,911	73.00
74.00	07400	RENAL DIALYSIS	0	1,391,644	0.000000	0.000000	64,867	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,349,996	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	10,467,341	0.000000	0.000000	9,919	90.00
91.00	09100	EMERGENCY	0	47,826,456	0.000000	0.000000	24,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,284,999	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	787,591	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	695,685,719			2,420,288	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/19/2015 7:49 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	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital Tefra							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	1,794	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	322	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	52,908	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,747	0	0	0	55.00
57.00	05700 CT SCAN	0	16,579	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	48,178	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,058	0	0	0	59.00
60.00	06000 LABORATORY	0	69,171	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	17,089	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	5,906	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	1,068	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,139	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,879	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	195,424	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	169,094	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	185,476	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	26,841	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,209	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	835,882	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/19/2015 7:49 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	Tefra
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
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 PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
200.00		Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/19/2015 7:49 am
		Title XVIII	Hospital	Tefra

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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.407532	1,794	0	0	731 50.00
51.00	05100 RECOVERY ROOM	0.604384	322	0	0	195 51.00
53.00	05300 ANESTHESIOLOGY	0.032759	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206667	52,908	0	0	10,934 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.332778	15,747	0	0	5,240 55.00
57.00	05700 CT SCAN	0.022637	16,579	0	0	375 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.044067	48,178	0	0	2,123 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.306162	7,058	0	0	2,161 59.00
60.00	06000 LABORATORY	0.209864	69,171	0	0	14,517 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.275180	17,089	0	0	4,703 63.00
65.00	06500 RESPIRATORY THERAPY	0.273249	5,906	0	0	1,614 65.00
66.00	06600 PHYSICAL THERAPY	0.821599	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348150	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.530684	1,068	0	0	567 68.00
69.00	06900 ELECTROCARDIOLOGY	0.506130	12,139	0	0	6,144 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255290	2,879	0	0	735 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234067	195,424	0	0	45,742 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.514724	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.311782	169,094	0	0	52,720 73.00
74.00	07400 RENAL DIALYSIS	0.979145	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.824728	185,476	0	0	152,967 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	1.548380	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.365282	26,841	0	0	9,805 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.313584	8,209	0	0	10,783 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.001232		0		
95.00	09500 AMBULANCE SERVICES	0.973297		0		
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)		835,882	0	0	322,056 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00	Net Charges (line 200 +/- line 201)		835,882	0	0	322,056 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/19/2015 7:49 am
		Title XVIII	Hospital	Tefra

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			
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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
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 PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0	0	98.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/19/2015 7:49 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.407532	0	3,597,838	0	0	50.00
51.00	05100 RECOVERY ROOM	0.604384	0	415,737	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.032759	0	1,381,516	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206667	0	1,508,937	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.332778	0	473,451	0	0	55.00
57.00	05700 CT SCAN	0.022637	0	548,069	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.044067	0	2,146,097	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.306162	0	899,878	0	0	59.00
60.00	06000 LABORATORY	0.209864	0	3,939,289	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.275180	0	463,022	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.273249	0	142,935	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.821599	0	207,553	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348150	0	121,500	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.530684	0	288,956	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.506130	0	73,711	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255290	0	195,349	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234067	0	232,389	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.514724	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.311782	0	2,084,934	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.979145	0	357,848	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.824728	0	485,324	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1.548380	0	944,170	0	0	90.00
91.00	09100 EMERGENCY	0.365282	0	1,540,566	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.313584	0	597,307	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.001232	0	13,600	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.973297	0	331,121	0	0	95.00
98.00	09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	22,991,097	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	22,991,097	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/19/2015 7:49 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	1,466,234	0		50.00
51.00 05100 RECOVERY ROOM	251,265	0		51.00
53.00 05300 ANESTHESIOLOGY	45,257	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	311,847	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	157,554	0		55.00
57.00 05700 CT SCAN	12,407	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	94,572	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	275,508	0		59.00
60.00 06000 LABORATORY	826,715	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	127,414	0		63.00
65.00 06500 RESPIRATORY THERAPY	39,057	0		65.00
66.00 06600 PHYSICAL THERAPY	170,525	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	42,300	0		67.00
68.00 06800 SPEECH PATHOLOGY	153,344	0		68.00
69.00 06900 ELECTROCARDIOLOGY	37,307	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	49,871	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,395	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	650,045	0		73.00
74.00 07400 RENAL DIALYSIS	350,385	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	400,260	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	1,461,934	0		90.00
91.00 09100 EMERGENCY	562,741	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	784,613	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	17	0		94.00
95.00 09500 AMBULANCE SERVICES	322,279	0		95.00
98.00 09850 ANY OTHER REIMBURSABLE DEPARTMENTS	0	0		98.00
200.00 Subtotal (see instructions)	8,647,846	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	8,647,846	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/19/2015 7:49 am
Cost Center Description		Tefra		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,561	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,561	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)		32,758	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)		224	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
<b>SWING BED ADJUSTMENT</b>				
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)		54,112,983	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)		54,112,983	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		54,112,983	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,480.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		331,536	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)		331,536	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/19/2015 7:49 am		
Cost Center Description			Title XVIII		Hospital	Tefra	
	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	20,594,311	8,180	2,517.64	41	103,223	43.00	
44.00	16,098,250	6,818	2,361.14	0	0	44.00	
45.00						45.00	
46.00						46.00	
47.00	45,489,677	25,979	1,751.02	0	0	47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					769,637	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,204,396	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)					58,474	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					57,179	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					115,653	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,088,743	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					44	54.00
55.00	Target amount per discharge					25,345.63	55.00
56.00	Target amount (line 54 x line 55)					1,115,208	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					26,465	57.00
58.00	Bonus payment (see instructions)					3,970	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					13,553.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					23,845.53	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)					1,208,366	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)					3,803	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,480.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,628,706	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/19/2015 7:49 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	8,205,430	54,112,983	0.151635	5,628,706	853,509	90.00
91.00	Nursing School cost	0	54,112,983	0.000000	5,628,706	0	91.00
92.00	Allied health cost	0	54,112,983	0.000000	5,628,706	0	92.00
93.00	All other Medical Education	0	54,112,983	0.000000	5,628,706	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/19/2015 7:49 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,561	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,561	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)		32,758	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,806	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
<b>SWING BED ADJUSTMENT</b>				
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)		54,112,983	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)		54,112,983	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		54,112,983	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,480.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,113,216	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)		7,113,216	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/19/2015 7:49 am	
Cost Center Description			Title XIX		Hospital	Cost
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	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	20,594,311	8,180	2,517.64	2,080	5,236,691	43.00
44.00	16,098,250	6,818	2,361.14	1,311	3,095,455	44.00
45.00						45.00
46.00						46.00
47.00	45,489,677	25,979	1,751.02	4,853	8,497,700	47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				19,143,194	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				43,086,256	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)				3,803	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,480.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				5,628,706	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 263301

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

Worksheet D-1  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital		
				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	8,205,430	54,112,983	0.151635	5,628,706	853,509	90.00
91.00 Nursing School cost	0	54,112,983	0.000000	5,628,706	0	91.00
92.00 Allied health cost	0	54,112,983	0.000000	5,628,706	0	92.00
93.00 All other Medical Education	0	54,112,983	0.000000	5,628,706	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/19/2015 7:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		269,488	30.00
31.00	03100	INTENSIVE CARE UNIT		132,840	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.407532	238,751	50.00
51.00	05100	RECOVERY ROOM	0.604384	11,213	51.00
53.00	05300	ANESTHESIOLOGY	0.032759	47,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206667	62,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.332778	4,183	55.00
57.00	05700	CT SCAN	0.022637	10,671	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.044067	28,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.306162	0	59.00
60.00	06000	LABORATORY	0.209864	552,576	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.275180	145,675	63.00
65.00	06500	RESPIRATORY THERAPY	0.273249	108,295	65.00
66.00	06600	PHYSICAL THERAPY	0.821599	17,013	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.348150	1,677	67.00
68.00	06800	SPEECH PATHOLOGY	0.530684	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.506130	11,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255290	19,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234067	310,941	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514724	208,467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.311782	541,911	73.00
74.00	07400	RENAL DIALYSIS	0.979145	64,867	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.824728	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.548380	9,919	90.00
91.00	09100	EMERGENCY	0.365282	24,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.313584	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.001232	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		2,420,288	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,420,288	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/19/2015 7:49 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,139,528	30.00
31.00	03100	INTENSIVE CARE UNIT		6,850,017	31.00
32.00	03200	CORONARY CARE UNIT		3,081,908	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		15,223,219	35.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.407532	8,695,701	50.00
51.00	05100	RECOVERY ROOM	0.604384	240,362	51.00
53.00	05300	ANESTHESIOLOGY	0.032759	1,369,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206667	2,474,493	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.332778	564,256	55.00
57.00	05700	CT SCAN	0.022637	713,225	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.044067	1,043,745	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.306162	715,108	59.00
60.00	06000	LABORATORY	0.209864	12,099,304	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.275180	2,048,132	63.00
65.00	06500	RESPIRATORY THERAPY	0.273249	11,231,714	65.00
66.00	06600	PHYSICAL THERAPY	0.821599	599,884	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.348150	533,052	67.00
68.00	06800	SPEECH PATHOLOGY	0.530684	201,984	68.00
69.00	06900	ELECTROCARDIOLOGY	0.506130	806,329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255290	592,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234067	4,890,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514724	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.311782	15,190,949	73.00
74.00	07400	RENAL DIALYSIS	0.979145	394,761	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.824728	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.548380	124,003	90.00
91.00	09100	EMERGENCY	0.365282	1,239,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.313584	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.001232	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	09850	ANY OTHER REIMBURSABLE DEPARTMENTS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		65,768,888	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)		65,768,888	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 263301 Component CCN:		Period: From 01/01/2014 To 12/31/2014		Worksheet D-4 Date/Time Prepared: 5/19/2015 7:49 am	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	11,457	1,480.07	5	7,400	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,122	2,517.64	1	2,518	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,361.14	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,751.02	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		14,579		6	9,918	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.407532	64,311	26,209	8.00	
9.00	RECOVERY ROOM	51.00	0.604384	9,005	5,442	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.032759	13,200	432	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.206667	5,801	1,199	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.332778	981	326	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.022637	23,615	535	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.044067	5,770	254	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.306162	0	0	17.00	
18.00	LABORATORY	60.00	0.209864	0	0	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.275180	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.273249	1,116	305	23.00	
24.00	PHYSICAL THERAPY	66.00	0.821599	341	280	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.348150	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.530684	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.506130	8,339	4,221	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.255290	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.234067	30,653	7,175	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.514724	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.311782	13,836	4,314	31.00	
32.00	RENAL DIALYSIS	74.00	0.979145	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.824728	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.548380	0	0	37.00	
38.00	EMERGENCY	91.00	0.365282	1,601	585	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.313584	412	541	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			178,981	51,818	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	5	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			6	0	48.00	

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/19/2015 7:49 am

		Kidney		Hospital		Tefra	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	1,601	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	412	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		2,013		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	61,736		193,560			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	260,472		484,085			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	322,208		677,645			61.00
62.00	Total Usable Organs (see instructions)		14				62.00
63.00	Medicare Usable Organs (see instructions)		8				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.571429				64.00
65.00	Medicare Cost/Charges (see instructions)	184,119		387,226			65.00
66.00	Revenue for Organs Sold	13,838		13,838			66.00
67.00	Subtotal (Line 65 minus line 66)	170,281		373,388			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	170,281	0	373,388	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		5		4		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		1		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		4		73.00
74.00	Total (sum of lines 70 thru 73)		6		8		74.00
75.00	Organs Transplanted		6		4	484,085	75.00
76.00	Organs Sold to Other Hospitals		0		4	13,838	76.00
77.00	Organs Sold to OPOs		0		0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		6		8		84.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/19/2015 7:49 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,480.07	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,517.64	1	2,518	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,361.14	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,751.02	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		1	2,518	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	50.00	0.407532	2,968	1,210	8.00
9.00	RECOVERY ROOM	51.00	51.00	0.604384	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	53.00	0.032759	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	54.00	0.206667	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	55.00	0.332778	0	0	13.00
14.00	RADIOISOTOPE	56.00	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	57.00	0.022637	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	58.00	0.044067	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	59.00	0.306162	0	0	17.00
18.00	LABORATORY	60.00	60.00	0.209864	1,791	376	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	63.00	0.275180	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	65.00	0.273249	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	66.00	0.821599	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	67.00	0.348150	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	68.00	0.530684	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	69.00	0.506130	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	70.00	0.255290	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	71.00	0.234067	357	84	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	72.00	0.514724	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	73.00	0.311782	18	6	31.00
32.00	RENAL DIALYSIS	74.00	74.00	0.979145	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	75.00	0.824728	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	90.00	1.548380	0	0	37.00
38.00	EMERGENCY	91.00	91.00	0.365282	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	92.00	1.313584	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				5,134	1,676	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Date/Time Prepared: 5/19/2015 7:49 am

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

Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,194		5,134	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	1,144,592		1,141,047	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	1,148,786		1,146,181	61.00
62.00	Total Usable Organs (see instructions)		18		62.00
63.00	Medicare Usable Organs (see instructions)		1		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.055556		64.00
65.00	Medicare Cost/Charges (see instructions)	63,822		63,677	65.00
66.00	Revenue for Organs Sold	3,593		3,593	66.00
67.00	Subtotal (line 65 minus line 66)	60,229		60,084	67.00
68.00	Organs Furnished Part B	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	60,229	0	60,084	69.00

Cost Center Description	Living Related	Cadaveric	Revenue	
	1.00	2.00	3.00	
PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	1	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	72.00
73.00	Organs Purchased from OPOs	0	17	73.00
74.00	Total (sum of lines 70 thru 73)	0	18	74.00
75.00	Organs Transplanted	0	17	1,502,465
76.00	Organs Sold to Other Hospitals	0	0	0
77.00	Organs Sold to OPOs	0	1	5,133
78.00	Organs Sold to Transplant Hospitals	0	0	0
79.00	Organs Sold to Military or VA Hospitals	0	0	0
80.00	Organs Sold Outside the U.S.	0	0	0
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	0
82.00	Organs Used for Research	0	0	0
83.00	Unusable/Discarded Organs	0	0	0
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	18	0

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/19/2015 7:49 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,480.07	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,517.64	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,361.14	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,751.02	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.407532	0	8.00
9.00	RECOVERY ROOM		51.00	0.604384	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.032759	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.206667	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.332778	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	14.00
15.00	CT SCAN		57.00	0.022637	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.044067	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.306162	0	17.00
18.00	LABORATORY		60.00	0.209864	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.275180	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.273249	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.821599	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.348150	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.530684	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.506130	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.255290	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.234067	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.514724	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.311782	0	31.00
32.00	RENAL DIALYSIS		74.00	0.979145	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.824728	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	36.00
37.00	CLINIC		90.00	1.548380	0	37.00
38.00	EMERGENCY		91.00	0.365282	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.313584	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)				0	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
			0	1.00	2.00	3.00
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Date/Time Prepared: 5/19/2015 7:49 am

		Heart		Hospital		Tefra	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0		49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0		50.00
51.00	CLINIC	23.00	0	0.000000	0		51.00
52.00	EMERGENCY	24.00	0	0.000000	0		52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0		53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0		54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0		55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,673,133		2,350,632			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,673,133		2,350,632			61.00
62.00	Total Usable Organs (see instructions)		19				62.00
63.00	Medicare Usable Organs (see instructions)		0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	0		0			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	0		0			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	19			73.00
74.00	Total (sum of lines 70 thru 73)		0	19			74.00
75.00	Organs Transplanted		0	19	2,350,632		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	19			84.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/19/2015 7:49 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,480.07	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,517.64	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,361.14	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,751.02	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.407532	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.604384	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.032759	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.206667	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.332778	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.022637	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.044067	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.306162	0	0	17.00
18.00	LABORATORY	60.00	0.209864	0	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.275180	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.273249	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.821599	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.348150	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.530684	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.506130	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.255290	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.234067	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.514724	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.311782	0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.979145	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.824728	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	1.548380	0	0	37.00
38.00	EMERGENCY	91.00	0.365282	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.313584	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)				0	41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/19/2015 7:49 am

		Lung		Hospital		Tefra	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	664,856		979,635		0	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	664,856		979,635		0	61.00
62.00	Total Usable Organs (see instructions)		14			0	62.00
63.00	Medicare Usable Organs (see instructions)		0			0	63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			0	64.00
65.00	Medicare Cost/Charges (see instructions)	0		0		0	65.00
66.00	Revenue for Organs Sold	0		0		0	66.00
67.00	Subtotal (line 65 minus line 66)	0		0		0	67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0		0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		0	72.00
73.00	Organs Purchased from OPOs		0	14		0	73.00
74.00	Total (sum of lines 70 thru 73)		0	14		0	74.00
75.00	Organs Transplanted		0	14		979,635	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	0		0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	14		0	84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/19/2015 7:49 am
		Title XVII	Hospital	Tefra
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		322,056	2.00
3.00	PPS payments		126,529	3.00
4.00	Outlier payment (see instructions)		32,341	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		286,630	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		55.43	7.00
8.00	Transitional corridor payment (see instructions)		127,760	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		286,630	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		26,931	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)		259,699	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		5,539	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)		265,238	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		265,238	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		265,238	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)		265,238	40.00
40.01	Sequestration adjustment (see instructions)		5,305	40.01
41.00	Interim payments		234,760	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		25,173	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 263301

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2015 7:49 am

		Title XVIII		Hospital		Tefra	
		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		1,275,772		234,760		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	05/31/2014	63,900		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)		63,900		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)		1,339,672		234,760		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		44,709		25,173		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,384,381		259,933		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: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/19/2015 7:49 am
		Title XVIII	Hospital	Tefra
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		10,416	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		265	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		73,735	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		881,781,508	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		0	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)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	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)		0	32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part I Date/Time Prepared: 5/19/2015 7:49 am
		Title XVIII	Hospital	Tefra
		1.00		
<b>PART I - MEDICARE PART A SERVICES - TEFRA</b>				
1.00	Inpatient hospital services (see instructions)			1,208,366 1.00
2.00	Organ acquisition			230,510 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			1,438,876 4.00
5.00	Primary payer payments			7,058 5.00
6.00	Subtotal (line 4 less line 5).			1,431,818 6.00
7.00	Deductibles			36,448 7.00
8.00	Subtotal (line 6 minus line 7)			1,395,370 8.00
9.00	Coinsurance			7,296 9.00
10.00	Subtotal (line 8 minus line 9)			1,388,074 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			1,388,074 14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			24,560 15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			1,412,634 18.00
18.01	Sequestration adjustment (see instructions)			28,253 18.01
19.00	Interim payments			1,339,672 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program line 18 minus lines 18.01, 19 and 20			44,709 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/19/2015 7:49 am
		Title XIX	Hospital	Cost
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	43,086,256		1.00
2.00	Medical and other services		8,647,846	2.00
3.00	Organ acquisition (certified transplant centers only)	870,278		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	43,956,534	8,647,846	4.00
5.00	Inpatient primary payer payments	24,330,310		5.00
6.00	Outpatient primary payer payments		7,720,135	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	19,626,224	927,711	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	32,294,672		8.00
9.00	Ancillary service charges	65,768,888	22,991,097	9.00
10.00	Organ acquisition charges, net of revenue	870,278		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	98,933,838	22,991,097	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	98,933,838	22,991,097	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	54,977,304	14,343,251	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	43,956,534	8,647,846	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	43,956,534	8,647,846	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	19,626,224	927,711	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	19,626,224	927,711	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	19,626,224	927,711	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	2,655,125		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	22,281,349	927,711	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	22,281,349	927,711	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00
<b>OVERRIDES</b>				
109.00	Override Ancillary service charges (line 9)	0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/19/2015 7:49 am	
		Title XVII I	Hospital	Tefra	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			181.48	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	90.21	66.42	156.63	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.	58.05	42.74	100.79	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	58.05	42.74		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.96	42.99		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	56.58	43.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.53	43.17		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	57.53	43.17		17.00
18.00	Per resident amount	83,165.90	83,165.90		18.00
19.00	Approved amount for resident costs	4,784,534	3,590,272	8,374,806	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)			64.69	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)			8,374,806	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	265	0		26.00
27.00	Total Inpatient Days (see instructions)	73,735	73,735		27.00
28.00	Ratio of inpatient days to total inpatient days	0.003594	0.000000		28.00
29.00	Program direct GME amount	30,099	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			30,099	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/19/2015 7:49 am
		Title XVIII	Hospital	Tefra
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,179,235	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		1,204,396	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		230,510	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		7,058	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,427,848	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		322,056	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		322,056	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,749,904	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.815958	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.184042	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		30,099	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		24,560	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,539	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/19/2015 7:49 am	
		Title XIX	Hospital	Cost	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			181.48	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	90.21	66.42	156.63	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.	58.05	42.74	100.79	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	58.05	42.74		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.96	42.99		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	56.58	43.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.53	43.17		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	57.53	43.17		17.00
18.00	Per resident amount	83,165.90	83,165.90		18.00
19.00	Approved amount for resident costs	4,784,534	3,590,272	8,374,806	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)			64.69	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)			8,374,806	25.00
		Inpatient Part A 1.00	Managed care 2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	13,050	12,026		26.00
27.00	Total Inpatient Days (see instructions)	73,735	73,735		27.00
28.00	Ratio of inpatient days to total inpatient days	0.176985	0.163098		28.00
29.00	Program direct GME amount	1,482,215	1,365,914		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		193,004		30.00
31.00	Net Program direct GME amount			2,655,125	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/19/2015 7:49 am
		Title XIX	Hospital	Cost
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
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
<b>Part B Reasonable Cost</b>				
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
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		2,655,125	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: 263301

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

Worksheet G

Date/Time Prepared:  
5/19/2015 7:49 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	119,576	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	96,743,694	0	0	0	4.00
5.00	Other receivable	11,225,127	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,842,855	0	0	0	6.00
7.00	Inventory	10,493,036	0	0	0	7.00
8.00	Prepaid expenses	564,894	0	0	0	8.00
9.00	Other current assets	7,559,122	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)	123,862,594	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,508,366	0	0	0	12.00
13.00	Land improvements	138,238	0	0	0	13.00
14.00	Accumulated depreciation	-29,587	0	0	0	14.00
15.00	Buildings	369,608,288	0	0	0	15.00
16.00	Accumulated depreciation	-227,370,549	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	2,119,332	0	0	0	19.00
20.00	Accumulated depreciation	-873,665	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	222,662,263	0	0	0	23.00
24.00	Accumulated depreciation	-178,259,986	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	194,502,700	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	318,365,294	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,029,087	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,128,335	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	36,130,849	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	61,288,271	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	591,001	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	591,001	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	61,879,272	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	256,486,022				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)	256,486,022	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	318,365,294	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 263301

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

Worksheet G-1

Date/Time Prepared:  
5/19/2015 7:49 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		220,350,830		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		36,506,390			2.00
3.00	Total (sum of line 1 and line 2)		256,857,220		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		256,857,220		0	11.00
12.00	TEMP RESTRICTED INCOME	371,198		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)		371,198		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		256,486,022		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TEMP RESTRICTED INCOME		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: 263301

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/19/2015 7:49 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	42,507,912		42,507,912	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	42,507,912		42,507,912	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,930,688		26,930,688	11.00
12.00	CORONARY CARE UNIT	20,241,728		20,241,728	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	82,181,558		82,181,558	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	129,353,974		129,353,974	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	171,861,886		171,861,886	17.00
18.00	Ancillary services	387,227,404	251,991,108	639,218,512	18.00
19.00	Outpatient services	11,856,131	50,722,665	62,578,796	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	5,043,829	2,290,894	7,334,723	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	CLINIC, RETAIL PHARMACY	409,350	4,874,354	5,283,704	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	576,398,600	309,879,021	886,277,621	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		503,491,094		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		503,491,094		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 263301

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

Worksheet G-3

Date/Time Prepared:  
5/19/2015 7:49 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	886,277,621	1.00
2.00	Less contractual allowances and discounts on patients' accounts	373,092,768	2.00
3.00	Net patient revenues (line 1 minus line 2)	513,184,853	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	503,491,094	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,693,759	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	3,394,904	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	3,613,275	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	2,351,639	20.00
21.00	Rental of vending machines	47,582	21.00
22.00	Rental of hospital space	32,546	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID HIT	875,465	24.00
24.01	OTHER NOT LISTED ABOVE	13,966,063	24.01
25.00	Total other income (sum of lines 6-24)	24,281,474	25.00
26.00	Total (line 5 plus line 25)	33,975,233	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	1,301,639	27.00
27.01	CHANGE IN UNRESTRICTED NET ASSETS	-3,832,796	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	-2,531,157	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	36,506,390	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

Period:

Worksheet I-1

Component CCN: 262309

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

Date/Time Prepared:  
5/19/2015 7:49 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	116,975	HOURS OF SERVICE	3,234.00	1.55	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	214	HOURS OF SERVICE	18.00	0.01	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	99,984	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	28,297	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	245,470				9.00
10.00	EMPLOYEE BENEFITS	31,708	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	269,454	REQUISITIONS			14.00
15.00	DRUGS	34,420	REQUISITIONS			15.00
16.00	OTHER	12,919	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	593,971				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	67,522	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	114,792	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	7,336	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	272,598	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	152,334	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	19,595	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	134,473	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,362,621				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,362,621				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-2
		Component CCN: 262309		Date/Time Prepared: 5/19/2015 7:49 am
		Renal Dialysis		

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	219,856	114,792	116,975	214	39,044	54,015	1.00
MAINTENANCE								
2.00	Hemodialysis	99,051	51,656	52,700	95	17,589	24,334	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	120,805	63,136	64,275	119	21,455	29,681	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						34,420	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	219,856	114,792	116,975	214	39,044	54,015	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	269,454	0	814,350	548,271	1,362,621		1.00
MAINTENANCE								
2.00	Hemodialysis	121,390	0	366,815	246,963	613,778		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	148,064	0	447,535	301,308	748,843		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	269,454	0	814,350	548,271	1,362,621		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,362,621		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301  
Component CCN: 262309

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

Worksheet 1-3  
Date/Time Prepared:  
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		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	219,856	114,792	116,975	214	39,044	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	1,407	0.45	1,457.00	8.00	110,585	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	383	1,716	0.55	1,777.00	10.00	12.00
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	13.00
14.00	EPO	0	0	0	0	0	14.00
15.00	ARANESP	0	0	0	0	0	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	3,123	1.00	3,234.00	18.00	245,470	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	70.398975	114,792.000000	36.170377	11.888889	0.159058	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	54,015	269,454	0	814,350	548,271	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	13,296	121,390	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	16,217	148,064	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	29,513	269,454	0		814,350	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.830210	1.000000	0.000000		0.673262	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 263301  
Component CCN: 262309

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

Worksheet 1-4  
Date/Time Prepared:  
5/19/2015 7:49 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	315	613,778	1,948.50	97	189,005
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	315	613,778		97	189,005
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	315				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	28,932	298.27			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	28,932				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))					12.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet I-1 Date/Time Prepared: 5/19/2015 7:49 am
		Home Program Dialysis	Tefra

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES		0 HOURS OF SERVICE	0.00	0.00	1.00
2.00	LICENSED PRACTICAL NURSES		0 HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		0 HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		0 HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		0 HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		0 HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		0 ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		0 ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	0				9.00
10.00	EMPLOYEE BENEFITS		0 SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		0 PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	181	REQUISITIONS			14.00
15.00	DRUGS		0 REQUISITIONS			15.00
16.00	OTHER	539	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	720				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		0 SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		0 PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT		0 SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	250	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING		0 SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		0 REQUISITIONS			24.00
25.00	PHARMACY		0 REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS		0 ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	970				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		0 CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		0 CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		0 CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	970				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 263301

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

Worksheet 1-2  
Date/Time Prepared:  
5/19/2015 7:49 am

Home Program  
Dialysis

Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Bui l di ng	Equi pment	RNs	Other			
		1. 00	2. 00	3. 00	4. 00			
1.00	Total Renal Department Costs	0	0	0	0	0	0	1.00
<b>MAINTENANCE</b>								
2.00	Hemodi al ysi s	0	0	0	0	0	0	2.00
3.00	Intermi t tent Peri toneal	0	0	0	0	0	0	3.00
<b>TRAINING</b>								
4.00	Hemodi al ysi s	0	0	0	0	0	0	4.00
5.00	Intermi t tent Peri toneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
<b>HOME</b>								
8.00	Hemodi al ysi s	0	0	0	0	0	0	8.00
9.00	Intermi t tent Peri toneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpati ent Di al ysi s	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	0	0	0	0	0	0	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medi cal Suppl i es	Routi ne Anci ll ary Servi ces	Subtotal (sum of col s. 1-8)	Overhead	Total (col . 9 + col . 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	181	0	181	789	970		1.00
<b>MAINTENANCE</b>								
2.00	Hemodi al ysi s	0	0	0	0	0		2.00
3.00	Intermi t tent Peri toneal	0	0	0	0	0		3.00
<b>TRAINING</b>								
4.00	Hemodi al ysi s	0	0	0	0	0		4.00
5.00	Intermi t tent Peri toneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
<b>HOME</b>								
8.00	Hemodi al ysi s	0	0	0	0	0		8.00
9.00	Intermi t tent Peri toneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	181	0	181	789	970		11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpati ent Di al ysi s	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	181	0	181	789	970		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					970		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-3 Date/Time Prepared: 5/19/2015 7:49 am
		Home Program Dialysis	Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00		
1.00	Total Renal Department Costs	0	1.00	0	0	0	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis		0	0.00	0.00	0.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
<b>TRAINING</b>							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCPD		0	0.00	0.00	0.00	7.00
<b>HOME</b>							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCPD		0	0.00	1.00	0.00	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		0	0.00	1.00	0.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	0.000000	0.000000	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	0	181	0	181	789	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	0	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	182	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0					14.00
15.00	ARANESP	0					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	0	182	0		181	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.994505	0.000000		4.359116	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-4 Date/Time Prepared: 5/19/2015 7:49 am
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	Rate 0	Home Program Dialysis	Tefra
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		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	412	970	2.35	193	454	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	0	970		0	454	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	1,236					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	0	0.00				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	148,113	767.42				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	148,113					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 263301	Period: From 01/01/2014 To 12/31/2014	Worksheet 1-5 Date/Time Prepared: 5/19/2015 7:49 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	189,459		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	177,045	177,045	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	141,636	141,636	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	614,748		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	614,748		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00