

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: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/29/2015 1:38 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date:	Time:
	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.		
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 MONROE CLINIC ( 520028 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	169,715	341,117	-14,945	1,139,936	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	169,715	341,117	-14,945	1,139,936	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 1:38 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 515 22ND AVENUE			PO Box:							
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN			
		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		MONROE CLINIC	520028	99952	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		MONROE CLINIC HOMECARE	527157	99952		05/21/1985	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		MONROE CLINIC HOSPICE	521523	99952		09/01/1988				
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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		Y		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						0	0	0	0	0
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						0	0	0	0	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 1:38 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y		Y		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)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				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		71.00	
<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		76.00	
				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)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
<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.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	434,468	50,000		0118.01
					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	Y		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	Y		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.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 1:38 pm			
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
		1.00					
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N			145.00		
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 1:38 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014
			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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/29/2015 1:38 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/06/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 520028

Period:  
From 01/01/2014  
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Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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.	RI CHARD		DONKLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343		RDONKLE@RWHC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 520028

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

		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)		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)	05/06/2015	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.	FINANCIAL CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/29/2015 1:38 pm
		Title V 1.00	Title XIX 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 1.00	Outpatient 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 1.00	Title XIX 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: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	89	32,485	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)		89	32,485	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		95	34,675	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		95				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: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,722	255	7,672			1.00
2.00 HMO and other (see instructions)	883	377				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,722	255	7,672			7.00
8.00 INTENSIVE CARE UNIT	577	0	975			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		66	541			13.00
14.00 Total (see instructions)	4,299	321	9,188	0.99	992.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	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	7,967	0	11,550	0.00	21.84	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.99	1,014.24	27.00
28.00 Observation Bed Days		0	273			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: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,411	80	2,663	1.00
2.00 HMO and other (see instructions)			231	170		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,411	80	2,663	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/29/2015 1:38 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	79,955,154	0	79,955,154	2,109,619.20	37.90	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		29,327,433	0	29,327,433	214,724.20	136.58	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	61,166	61,166	2,059.20	29.70	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,779,686	0	3,779,686	122,657.60	30.81	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		332,444	0	332,444	5,573.25	59.65	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		14,454,816	0	14,454,816			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,120,107	0	1,120,107			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		4,317,657	0	4,317,657			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	829,903	1,390,577	2,220,480	36,545.60	60.76	26.00
27.00	Administrative & General	5.00	11,363,990	-1,390,577	9,973,413	302,224.00	33.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,129,191	0	1,129,191	47,756.80	23.64	29.00
30.00	Operation of Plant	7.00	252,244	0	252,244	6,260.80	40.29	30.00
31.00	Laundry & Linen Service	8.00	155,356	0	155,356	12,292.80	12.64	31.00
32.00	Housekeeping	9.00	570,203	0	570,203	47,860.80	11.91	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	789,369	0	789,369	57,948.80	13.62	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	103,809	0	103,809	2,891.20	35.91	38.00
39.00	Central Services and Supply	14.00	386,158	0	386,158	24,710.40	15.63	39.00
40.00	Pharmacy	15.00	1,704,460	0	1,704,460	43,908.80	38.82	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 387,075	0	387,075	25,750.40	15.03	41.00
42.00	Social Service	17.00 142,993	0	142,993	5,512.00	25.94	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2015 1:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	50,627,721	-61,166	50,566,555	1,892,835.80	26.71	1.00
2.00	Excluded area salaries (see instructions)	3,779,686	0	3,779,686	122,657.60	30.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,848,035	-61,166	46,786,869	1,770,178.20	26.43	3.00
4.00	Subtotal other wages & related costs (see inst.)	332,444	0	332,444	5,573.25	59.65	4.00
5.00	Subtotal wage-related costs (see inst.)	14,454,816	0	14,454,816	0.00	30.90	5.00
6.00	Total (sum of lines 3 thru 5)	61,635,295	-61,166	61,574,129	1,775,751.45	34.67	6.00
7.00	Total overhead cost (see instructions)	17,814,751	0	17,814,751	613,662.40	29.03	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2015 1:38 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,506,614	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,419,175	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	9,307,120	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	286,107	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	72,443	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	674,338	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	290,376	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,774,614	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	46,433	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	515,360	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>19,892,580</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 520028

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-4
		Component CCN: 527157		Date/Time Prepared: 5/29/2015 1:38 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	GREEN				0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	596	15	16	627	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	477.00	34.00	138.00	649.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.60	0.00	0.60	4.00
5.00	Other Administrative Personnel			3.73	0.00	3.73	5.00
6.00	Direct Nursing Service			10.00	0.00	10.00	6.00
7.00	Nursing Supervisor			2.00	0.00	2.00	7.00
8.00	Physical Therapy Service			2.58	0.20	2.78	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.69	0.00	1.69	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.01	0.01	0.02	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.23	0.00	1.23	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			5			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99952					20.00
20.01		99914					20.01
20.02		50185					20.02
20.03		31540					20.03
20.04		27500					20.04

		Full Episodes				
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,492	130	194	27	4,843	21.00
22.00	Skilled Nursing Visit Charges	782,906	23,930	25,509	4,601	836,946	22.00
23.00	Physical Therapy Visits	1,532	6	57	19	1,614	23.00
24.00	Physical Therapy Visit Charges	293,811	1,212	10,084	3,636	308,743	24.00
25.00	Occupational Therapy Visits	779	10	11	14	814	25.00
26.00	Occupational Therapy Visit Charges	179,336	2,320	2,320	3,248	187,224	26.00
27.00	Speech Pathology Visits	73	0	0	0	73	27.00
28.00	Speech Pathology Visit Charges	16,767	0	0	0	16,767	28.00
29.00	Medical Social Service Visits	54	2	2	2	60	29.00
30.00	Medical Social Service Visit Charges	12,150	450	450	450	13,500	30.00
31.00	Home Health Aide Visits	498	62	3	0	563	31.00
32.00	Home Health Aide Visit Charges	44,344	5,704	184	0	50,232	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,428	210	267	62	7,967	33.00
34.00	Other Charges	65,063	2,928	355	26	68,372	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,394,377	36,544	38,902	11,961	1,481,784	35.00
36.00	Total Number of Episodes (standard/non outlier)	506		70	4	580	36.00
37.00	Total Number of Outlier Episodes		5		0	5	37.00
38.00	Total Non-Routine Medical Supply Charges	44,978	1,878	910	5	47,771	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 520028  
Component CCN: 521523

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

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
5/29/2015 1:38 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	10,925	82	1,021	0	295	11,302	2.00
3.00	Inpatient Respite Care	8	0	0	0	0	8	3.00
4.00	General Inpatient Care	8	0	0	0	0	8	4.00
5.00	Total Hospice Days	10,941	82	1,021	0	295	11,318	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	192	5	19	0	16	213	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	56.98	16.40	53.74	0.00	18.44	53.14	8.00
9.00	Unduplicated Census Count	192	5	19	0	16	213	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/29/2015 1:38 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.354719	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,095,835	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		30,512,268	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,823,281	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		9,727,446	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,727,446	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,876,352	0	4,876,352	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,729,735	0	1,729,735	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,729,735	0	1,729,735	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,261,446	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		274,121	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,987,325	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,123,818	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,853,553	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,580,999	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		5,427,570	5,427,570	-658,687	4,768,883	1.00
2.00	00200		0	0	0	0	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	829,903	1,731,773	2,561,676	3,294,494	5,856,170	4.00
5.01	00550	3,232,156	6,499,772	9,731,928	-371,414	9,360,514	5.01
5.02	00540	154,275	81,949	236,224	218,391	454,615	5.02
5.03	00560	137,123	32,933	170,056	0	170,056	5.03
5.04	00570	215,646	85,211	300,857	0	300,857	5.04
5.05	00580	669,583	384,051	1,053,634	0	1,053,634	5.05
5.06	00590	6,955,207	16,467,656	23,422,863	-4,170,471	19,252,392	5.06
6.00	00600	1,129,191	3,825,223	4,954,414	-1,815,581	3,138,833	6.00
7.00	00700	252,244	130,766	383,010	1,383,473	1,766,483	7.00
8.00	00800	155,356	153,032	308,388	0	308,388	8.00
9.00	00900	570,203	711,957	1,282,160	-245,354	1,036,806	9.00
10.00	01000	789,369	803,868	1,593,237	0	1,593,237	10.00
11.00	01100	0	26	26	0	26	11.00
13.00	01300	103,809	89,238	193,047	0	193,047	13.00
14.00	01400	386,158	970,414	1,356,572	-339,277	1,017,295	14.00
15.00	01500	1,704,460	2,106,665	3,811,125	0	3,811,125	15.00
16.00	01600	387,075	213,684	600,759	0	600,759	16.00
17.00	01700	142,993	45,262	188,255	0	188,255	17.00
21.00	02100	0	0	0	70,968	70,968	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	142,976	46,611	189,587	0	189,587	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	4,725,977	1,898,530	6,624,507	-14,380	6,610,127	30.00
31.00	03100	964,982	337,424	1,302,406	-6,359	1,296,047	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	367,483	145,168	512,651	0	512,651	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,549,226	5,323,016	6,872,242	-3,036,069	3,836,173	50.00
51.00	05100	315,561	94,551	410,112	-677	409,435	51.00
52.00	05200	443,515	175,203	618,718	-22,339	596,379	52.00
53.00	05300	2,113,441	784,195	2,897,636	-51,714	2,845,922	53.00
54.00	05400	1,347,398	1,704,848	3,052,246	-489,773	2,562,473	54.00
57.00	05700	299,996	452,817	752,813	-78,819	673,994	57.00
58.00	05800	278,972	612,994	891,966	-53,284	838,682	58.00
59.00	05900	768,269	2,041,133	2,809,402	-1,388,173	1,421,229	59.00
60.00	06000	2,895,526	3,581,753	6,477,279	0	6,477,279	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	553,063	260,040	813,103	-18,477	794,626	65.00
66.00	06600	973,691	328,488	1,302,179	-5,474	1,296,705	66.00
67.00	06700	257,475	60,157	317,632	-518	317,114	67.00
68.00	06800	0	186,291	186,291	0	186,291	68.00
69.00	06900	210,822	169,122	379,944	-98	379,846	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	3,752,121	3,752,121	71.00
72.00	07200	0	0	0	1,914,201	1,914,201	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	1,120,074	282,001	1,402,075	-3,357	1,398,718	75.00
75.01	07501	346,855	423,306	770,161	-138,907	631,254	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	34,544,286	18,802,448	53,346,734	2,365,149	55,711,883	90.00
91.00	09100	4,085,278	1,066,271	5,151,549	-18,429	5,133,120	91.00
91.01	09101	198,827	74,718	273,545	-198	273,347	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	111,931	178,020	289,951	-70,968	218,983	100.00
101.00	10100	1,411,411	705,192	2,116,603	0	2,116,603	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	659,613	575,128	1,234,741	0	1,234,741	116.00
118.00		78,501,399	80,070,475	158,571,874	0	158,571,874	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet A Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,886	290,730	387,616	0	387,616	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	212	212	0	212	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,356,869	5,020,975	6,377,844	0	6,377,844	194.04
200.00		TOTAL (SUM OF LINES 118-199)	79,955,154	85,382,392	165,337,546	0	165,337,546	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	4,768,883	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,856,170	4.00
5.01	00550	DATA PROCESSING	0	9,360,514	5.01
5.02	00540	NONPATIENT TELEPHONES	0	454,615	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	170,056	5.03
5.04	00570	ADMINITTING	0	300,857	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,053,634	5.05
5.06	00590	OTHER ADMINISTRATION & GENERAL	-4,978,720	14,273,672	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,138,833	6.00
7.00	00700	OPERATION OF PLANT	-5,673	1,760,810	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-7,249	301,139	8.00
9.00	00900	HOUSEKEEPING	0	1,036,806	9.00
10.00	01000	DIETARY	-661,497	931,740	10.00
11.00	01100	CAFETERIA	0	26	11.00
13.00	01300	NURSING ADMINISTRATION	-702	192,345	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-10,658	1,006,637	14.00
15.00	01500	PHARMACY	-471	3,810,654	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-143	600,616	16.00
17.00	01700	SOCIAL SERVICE	0	188,255	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	70,968	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	189,587	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,193,289	4,416,838	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,296,047	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	512,651	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	3,836,173	50.00
51.00	05100	RECOVERY ROOM	0	409,435	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	596,379	52.00
53.00	05300	ANESTHESIOLOGY	-2,674,612	171,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,562,473	54.00
57.00	05700	CT SCAN	0	673,994	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	838,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,421,229	59.00
60.00	06000	LABORATORY	-814,155	5,663,124	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	794,626	65.00
66.00	06600	PHYSICAL THERAPY	0	1,296,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	317,114	67.00
68.00	06800	SPEECH PATHOLOGY	0	186,291	68.00
69.00	06900	ELECTROCARDIOLOGY	0	379,846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,752,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,914,201	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,398,718	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	631,254	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-26,219,651	29,492,232	90.00
91.00	09100	EMERGENCY	-1,899,754	3,233,366	91.00
91.01	09101	CARDIAC REHAB	0	273,347	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	218,983	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,116,603	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,234,741	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-39,466,574	119,105,300	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	387,616	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.00	07950	6.00	7.00	
194.00	07950	0	212	194.00
194.01	07951	0	0	194.01
194.02	07952	0	0	194.02
194.03	07953	0	0	194.03
194.04	07954	0	6,377,844	194.04
200.00		-39,466,574	125,870,972	200.00
TOTAL (SUM OF LINES 118-199)				

COST CENTERS USED IN COST REPORT

Provider CCN: 520028

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02 NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.02
5.03 PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04 ADMINISTRATION	00570	ADMINISTRATION	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	00590		5.06
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00 PARAMED PRGM- PHARMACY	02301		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
75.01 PROCTO/ENTERO/GASTRO	07501		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
91.01 CARDIAC REHAB	09101		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	09910		99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	10000		100.00
101.00 HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
116.00 HOSPICE	11600		116.00

COST CENTERS USED IN COST REPORT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet Non-CMS W Date/Time Prepared: 5/29/2015 1:38 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MONROE CLINIC INN	07950		194.00
194.01	5 WEST	07951		194.01
194.02	LIFELINE	07952		194.02
194.03	PHARMACY NURSING HOME	07953		194.03
194.04	FREESTANDING CLINIC	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:  
5/29/2015 1:38 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - TO RECLASSIFY PHONE COSTS</b>						
1.00	NONPATIENT TELEPHONES	5.02	0	371,414	1.00	
	TOTALS		0	371,414		
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO	72.00	0	1,914,201	1.00	
	PATIENT					
2.00		0.00	0	0	2.00	
	TOTALS		0	1,914,201		
<b>C - TO RECLASS M/S COSTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	3,752,145	1.00	
	PATIENTS					
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
	TOTALS		0	3,752,145		
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46,433	1.00	
	TOTALS		0	46,433		
<b>E - TO RECLASSIFY WORKERS COMP</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	137,139	1.00	
	TOTALS		0	137,139		
<b>F - TO RECLASSIFY RETIREMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,720,345	1.00	
	TOTALS		0	1,720,345		
<b>G - INTEREST EXPENSE</b>						
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	145,867	1.00	
	FIXT					
	TOTALS		0	145,867		
<b>I - TO RECLASSIFY RENTAL SPD</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	24	1.00	
	TOTALS		0	24		
<b>J - TO RECLASS CLINIC DEPRECIATION</b>						
1.00	CLINIC	90.00	0	804,554	1.00	
	TOTALS		0	804,554		
<b>L - TO RECLASS CLINIC HSKPG</b>						
1.00	CLINIC	90.00	0	245,354	1.00	
	TOTALS		0	245,354		
<b>M - TO RECLASS PROP TAXES</b>						
1.00	CLINIC	90.00	0	600,706	1.00	
	TOTALS		0	600,706		
<b>O - TO RECLASS UTILITIES TO PLANT</b>						
1.00	OPERATION OF PLANT	7.00	0	1,815,581	1.00	
	TOTALS		0	1,815,581		
<b>P - TO RECLASS GAIN SHARE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,390,577	0	1.00	
	TOTALS		1,390,577	0		
<b>Q - TO RECLASS PROPERTY INSURANCE</b>						
1.00	CLINIC	90.00	0	129,404	1.00	
	TOTALS		0	129,404		
<b>S - TO RECLASSIFY RESIDENT SALARIES</b>						
1.00	I&R SERVICES-SALARY &	21.00	0	70,968	1.00	
	FRINGES APPRVD					
	TOTALS		0	70,968		
<b>T - TO RECLASS CLINIC PHONE EXPENSE</b>						
1.00	CLINIC	90.00	0	153,023	1.00	
	TOTALS		0	153,023		

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:  
5/29/2015 1:38 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	U - TO RECLASSIFY CLINIC UTILITIES					
1.00	CLINIC		90.00	0	432,108	1.00
	TOTALS			0	432,108	
500.00	Grand Total: Increases			1,390,577	12,339,266	500.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - TO RECLASSIFY PHONE COSTS</b>							
1.00	DATA PROCESSING	5.01	0	371,414	0		1.00
	TOTALS		0	371,414			
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	1,349,589	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	564,612	0		2.00
	TOTALS		0	1,914,201			
<b>C - TO RECLASS M/S COSTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	339,301	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14,380	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,359	0		3.00
4.00	OPERATING ROOM	50.00	0	1,686,480	0		4.00
5.00	RECOVERY ROOM	51.00	0	677	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,339	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	51,714	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	489,773	0		8.00
9.00	CT SCAN	57.00	0	78,819	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	53,284	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	823,561	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	18,477	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	5,474	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	518	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	98	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	3,357	0		16.00
17.00	PROCTO/ENTERO/GASTRO	75.01	0	138,907	0		17.00
18.00	EMERGENCY	91.00	0	18,429	0		18.00
19.00	CARDIAC REHAB	91.01	0	198	0		19.00
	TOTALS		0	3,752,145			
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	46,433	0		1.00
	TOTALS		0	46,433			
<b>E - TO RECLASSIFY WORKERS COMP</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	137,139	0		1.00
	TOTALS		0	137,139			
<b>F - TO RECLASSIFY RETIREMENT</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,720,345	0		1.00
	TOTALS		0	1,720,345			
<b>G - INTEREST EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	145,867	11		1.00
	TOTALS		0	145,867			
<b>I - TO RECLASSIFY RENTAL SPD</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24	0		1.00
	TOTALS		0	24			
<b>J - TO RECLASS CLINIC DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	804,554	9		1.00
	TOTALS		0	804,554			
<b>L - TO RECLASS CLINIC HSKPG</b>							
1.00	HOUSEKEEPING	9.00	0	245,354	0		1.00
	TOTALS		0	245,354			
<b>M - TO RECLASS PROP TAXES</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	600,706	0		1.00
	TOTALS		0	600,706			
<b>O - TO RECLASS UTILITIES TO PLANT</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,815,581	0		1.00
	TOTALS		0	1,815,581			
<b>P - TO RECLASS GAIN SHARE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	1,390,577	0	0		1.00
	TOTALS		1,390,577	0			
<b>Q - TO RECLASS PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	129,404	12		1.00
	TOTALS		0	129,404			

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:  
5/29/2015 1:38 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
S - TO RECLASSIFY RESIDENT SALARIES						
1.00	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	70,968	0	1.00
	TOTALS		0	70,968		
T - TO RECLASS CLINIC PHONE EXPENSE						
1.00	NONPATIENT TELEPHONES	5.02	0	153,023	0	1.00
	TOTALS		0	153,023		
U - TO RECLASSIFY CLINIC UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	432,108	0	1.00
	TOTALS		0	432,108		
500.00	Grand Total: Decreases		1,390,577	12,339,266		500.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - TO RECLASSIFY PHONE COSTS</b>									
1.00	NONPATIENT TELEPHONES	5.02	0	371,414	DATA PROCESSING	5.01	0	371,414	1.00
	TOTALS		0	371,414	TOTALS		0	371,414	
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,914,201	OPERATING ROOM	50.00	0	1,349,589	1.00
2.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	564,612	2.00
	TOTALS		0	1,914,201	TOTALS		0	1,914,201	
<b>C - TO RECLASS M/S COSTS</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,752,145	CENTRAL SERVICES & SUPPLY	14.00	0	339,301	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	14,380	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	6,359	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	1,686,480	4.00
5.00		0.00	0	0	RECOVERY ROOM	51.00	0	677	5.00
6.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	22,339	6.00
7.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	51,714	7.00
8.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	489,773	8.00
9.00		0.00	0	0	CT SCAN	57.00	0	78,819	9.00
10.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	53,284	10.00
11.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	823,561	11.00
12.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	18,477	12.00
13.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	5,474	13.00
14.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	518	14.00
15.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	98	15.00
16.00		0.00	0	0	ASC (NON-DISTINCT PART)	75.00	0	3,357	16.00
17.00		0.00	0	0	PROCTO/ENTERO/GASTRO	75.01	0	138,907	17.00
18.00		0.00	0	0	EMERGENCY	91.00	0	18,429	18.00
19.00		0.00	0	0	CARDIAC REHAB	91.01	0	198	19.00
	TOTALS		0	3,752,145	TOTALS		0	3,752,145	
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46,433	OTHER ADMINISTRATIVE & GENERAL	5.06	0	46,433	1.00
	TOTALS		0	46,433	TOTALS		0	46,433	
<b>E - TO RECLASSIFY WORKERS COMP</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	137,139	OTHER ADMINISTRATIVE & GENERAL	5.06	0	137,139	1.00
	TOTALS		0	137,139	TOTALS		0	137,139	
<b>F - TO RECLASSIFY RETIREMENT</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,720,345	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,720,345	1.00
	TOTALS		0	1,720,345	TOTALS		0	1,720,345	
<b>G - INTEREST EXPENSE</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	145,867	OTHER ADMINISTRATIVE & GENERAL	5.06	0	145,867	1.00
	TOTALS		0	145,867	TOTALS		0	145,867	
<b>I - TO RECLASSIFY RENTAL SPD</b>									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	24	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24	1.00
	TOTALS		0	24	TOTALS		0	24	
<b>J - TO RECLASS CLINIC DEPRECIATION</b>									
1.00	CLINIC	90.00	0	804,554	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	804,554	1.00
	TOTALS		0	804,554	TOTALS		0	804,554	
<b>L - TO RECLASS CLINIC HSKPG</b>									
1.00	CLINIC	90.00	0	245,354	HOUSEKEEPING	9.00	0	245,354	1.00
	TOTALS		0	245,354	TOTALS		0	245,354	
<b>M - TO RECLASS PROP TAXES</b>									
1.00	CLINIC	90.00	0	600,706	OTHER ADMINISTRATIVE & GENERAL	5.06	0	600,706	1.00
	TOTALS		0	600,706	TOTALS		0	600,706	
<b>O - TO RECLASS UTILITIES TO PLANT</b>									
1.00	OPERATION OF PLANT	7.00	0	1,815,581	MAINTENANCE & REPAIRS	6.00	0	1,815,581	1.00
	TOTALS		0	1,815,581	TOTALS		0	1,815,581	
<b>P - TO RECLASS GAIN SHARE</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,390,577	0	OTHER ADMINISTRATIVE & GENERAL	5.06	1,390,577	0	1.00
	TOTALS		1,390,577	0	TOTALS		1,390,577	0	

RECLASSIFICATIONS

Provider CCN: 520028

Period:  
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To 12/31/2014

Worksheet A-6  
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Date/Time Prepared:  
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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	Q - TO RECLASS PROPERTY INSURANCE								
1.00	CLINIC	90.00	0	129,404	OTHER ADMINISTRATIVE & GENERAL	5.06	0	129,404	1.00
	TOTALS		0	129,404	TOTALS		0	129,404	
	S - TO RECLASSIFY RESIDENT SALARIES								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	70,968	I&R SERVICES - NOT APPRVD. PRGM.	100.00	0	70,968	1.00
	TOTALS		0	70,968	TOTALS		0	70,968	
	T - TO RECLASS CLINIC PHONE EXPENSE								
1.00	CLINIC	90.00	0	153,023	NONPATIENT TELEPHONES	5.02	0	153,023	1.00
	TOTALS		0	153,023	TOTALS		0	153,023	
	U - TO RECLASSIFY CLINIC UTILITIES								
1.00	CLINIC	90.00	0	432,108	OPERATION OF PLANT	7.00	0	432,108	1.00
	TOTALS		0	432,108	TOTALS		0	432,108	
500.00	Grand Total : Increases		1,390,577	12,339,266	Grand Total : Decreases		1,390,577	12,339,266	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,294,964	75,338	0	75,338	0 1.00
2.00	Land Improvements	6,137,655	51,002	0	51,002	0 2.00
3.00	Buildings and Fixtures	88,006,153	1,890,008	0	1,890,008	0 3.00
4.00	Building Improvements	43,795,673	52,238	0	52,238	0 4.00
5.00	Fixed Equipment	9,008,904	0	0	0	0 5.00
6.00	Movable Equipment	75,048,739	2,569,919	0	2,569,919	2,484,426 6.00
7.00	HIT designated Assets	3,731,958	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	227,024,046	4,638,505	0	4,638,505	2,484,426 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	227,024,046	4,638,505	0	4,638,505	2,484,426 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	1,370,302	0			0 1.00
2.00	Land Improvements	6,188,657	0			0 2.00
3.00	Buildings and Fixtures	89,896,161	0			0 3.00
4.00	Building Improvements	43,847,911	0			0 4.00
5.00	Fixed Equipment	9,008,904	0			0 5.00
6.00	Movable Equipment	75,134,232	0			0 6.00
7.00	HIT designated Assets	3,731,958	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	229,178,125	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	229,178,125	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,427,570	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,427,570	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	5,427,570				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,427,570				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Part III  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	150,262,943	0	150,262,943	0.661256	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	76,975,717	0	76,975,717	0.338744	0	2.00
3.00	Total (sum of lines 1-2)	227,238,660	0	227,238,660	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,623,016	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,623,016	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	145,867	0	0	0	4,768,883	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	145,867	0	0	0	4,768,883	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 520028

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

Worksheet A-8

Date/Time Prepared:  
5/29/2015 1:38 pm

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 #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-10,658	CENTRAL SERVICES & SUPPLY	14.00	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	-30,377,668			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	0			0	12.00
13.00 Laundry and linen service	B	-7,249	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-661,497	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-471	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-143	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	-5,673	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant				0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 520028      Period: From 01/01/2014 To 12/31/2014      Worksheet A-8  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 HOSPITALIST MID LEVEL SALARIES	A	-161,066	ADULTS & PEDIATRICS	30.00	0 33.00
34.00 HOSPITALIST MID LEVEL FRINGES	A	-49,608	ADULTS & PEDIATRICS	30.00	0 34.00
35.00 INVESTMENT INCOME	B	-3,856,477	OTHER ADMINISTRATIVE & GENERAL	5.06	0 35.00
35.01 OUTREACH REVENUE	B	-702	NURSING ADMINISTRATION	13.00	0 35.01
36.00 ADVERTISING EXPENSE	A	-46,123	OTHER ADMINISTRATIVE & GENERAL	5.06	0 36.00
37.00 MISC REVENUE	B	-19,620	OTHER ADMINISTRATIVE & GENERAL	5.06	0 37.00
38.00 MID LEVEL SALARIES	A	-2,976,786	CLINIC	90.00	0 38.00
39.00 MID LEVEL FRINGE BENEFITS	A	-916,850	CLINIC	90.00	0 39.00
40.00 E/R MID LEVEL	A	-287,449	CLINIC	90.00	0 40.00
41.00 E/R MID LEVEL FRINGES	A	-88,534	CLINIC	90.00	0 41.00
42.00		0		0.00	0 42.00
43.00		0		0.00	0 43.00
44.00		0		0.00	0 44.00
45.00		0		0.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-39,466,574			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2015 1:38 pm

	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	91.00	EMERGENCY	1,661,448	1,661,448	0	0	0	1.00
2.00	91.00	EMERGENCY	180,326	180,326	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	509,971	509,971	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	546,529	546,529	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	2,075,707	2,075,707	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	199,504	199,504	0	0	0	6.00
7.00	60.00	LABORATORY	746,103	746,103	0	0	0	7.00
8.00	60.00	LABORATORY	68,052	68,052	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,289,611	1,289,611	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	132,599	132,599	0	0	0	10.00
11.00	90.00	CLINIC	19,332,219	19,332,219	0	0	0	11.00
12.00	90.00	CLINIC	2,605,025	2,605,025	0	0	0	12.00
13.00	91.00	EMERGENCY	57,980	57,980	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	399,401	399,401	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	560,405	560,405	0	0	0	15.00
16.00	90.00	CLINIC	12,788	12,788	0	0	0	16.00
200.00			30,377,668	30,377,668	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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
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	91.00	EMERGENCY	0	0	0	1,661,448		1.00
2.00	91.00	EMERGENCY	0	0	0	180,326		2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	509,971		3.00
4.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	0	0	546,529		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	2,075,707		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	199,504		6.00
7.00	60.00	LABORATORY	0	0	0	746,103		7.00
8.00	60.00	LABORATORY	0	0	0	68,052		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,289,611		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	132,599		10.00
11.00	90.00	CLINIC	0	0	0	19,332,219		11.00
12.00	90.00	CLINIC	0	0	0	2,605,025		12.00
13.00	91.00	EMERGENCY	0	0	0	57,980		13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	399,401		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	560,405		15.00
16.00	90.00	CLINIC	0	0	0	12,788		16.00
200.00			0	0	0	30,377,668		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,768,883	4,768,883				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,856,170	73,247	0	5,929,417		4.00
5.01 00550 DATA PROCESSING	9,360,514	37,896	0	246,542	9,644,952	5.01
5.02 00540 NONPATIENT TELEPHONES	454,615	3,780	0	11,768	81,050	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	170,056	5,707	0	10,459	243,150	5.03
5.04 00570 ADMINISTRATION	300,857	22,702	0	16,449	243,150	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,053,634	39,975	0	51,074	972,600	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	14,273,672	127,169	0	424,459	2,593,602	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,138,833	77,040	0	86,132	0	6.00
7.00 00700 OPERATION OF PLANT	1,760,810	1,939,168	0	19,241	162,100	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	301,139	67,818	0	11,850	0	8.00
9.00 00900 HOUSEKEEPING	1,036,806	39,559	0	43,494	162,100	9.00
10.00 01000 DIETARY	931,740	107,364	0	60,211	162,100	10.00
11.00 01100 CAFETERIA	26	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	192,345	17,713	0	7,918	81,050	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,006,637	60,725	0	29,455	243,150	14.00
15.00 01500 PHARMACY	3,810,654	24,706	0	130,013	243,150	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	600,616	154,558	0	29,525	324,200	16.00
17.00 01700 SOCIAL SERVICE	188,255	9,348	0	10,907	81,050	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	70,968	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02301 PARAMED ED PRGM- PHARMACY	189,587	1,361	0	10,906	81,050	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	4,416,838	497,009	0	360,488	405,250	30.00
31.00 03100 INTENSIVE CARE UNIT	1,296,047	69,266	0	73,607	81,050	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	512,651	9,902	0	28,031	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,836,173	185,210	0	118,172	324,200	50.00
51.00 05100 RECOVERY ROOM	409,435	26,041	0	24,070	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	596,379	21,165	0	33,830	0	52.00
53.00 05300 ANESTHESIOLOGY	171,310	0	0	161,209	81,050	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,562,473	122,155	0	102,777	324,200	54.00
57.00 05700 CT SCAN	673,994	20,359	0	22,883	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	838,682	61,077	0	21,279	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,421,229	47,156	0	58,602	162,100	59.00
60.00 06000 LABORATORY	5,663,124	103,257	0	220,865	810,500	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	794,626	11,137	0	42,187	81,050	65.00
66.00 06600 PHYSICAL THERAPY	1,296,705	65,336	0	74,271	162,100	66.00
67.00 06700 OCCUPATIONAL THERAPY	317,114	19,175	0	19,640	81,050	67.00
68.00 06800 SPEECH PATHOLOGY	186,291	8,164	0	0	81,050	68.00
69.00 06900 ELECTROCARDIOLOGY	379,846	0	0	16,081	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,752,121	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,914,201	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,398,718	88,416	0	85,437	81,050	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	631,254	24,239	0	26,457	81,050	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	29,492,232	0	0	2,634,944	0	90.00
91.00 09100 EMERGENCY	3,233,366	170,684	0	311,617	324,200	91.00
91.01 09101 CARDIAC REHAB	273,347	53,128	0	15,166	81,050	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	218,983	2,016	0	8,538	81,050	100.00
101.00 10100 HOME HEALTH AGENCY	2,116,603	115,314	0	107,660	162,100	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	1,234,741	2,494	0	50,314	162,100	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1-117)	119,105,300	4,532,536	0	5,818,528	9,239,702	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	387,616	26,041	0	7,390	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	70,551	0	0	0	192.00
194.00	07950 MONROE CLINIC INN	212	84,347	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	6,377,844	55,408	0	103,499	405,250	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	125,870,972	4,768,883	0	5,929,417	9,644,952	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B Part I Date/Time Prepared: 5/29/2015 1:38 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540	551,213					5.02
5.03	00560	8,106	437,478				5.03
5.04	00570	8,106	41	591,305			5.04
5.05	00580	32,424	269	0	2,149,976		5.05
5.06	00590	86,465	2,367	0	0	17,507,734	5.06
6.00	00600	8,106	3,378	0	0	3,313,489	6.00
7.00	00700	10,808	39	0	0	3,892,166	7.00
8.00	00800	5,404	1,184	0	0	387,395	8.00
9.00	00900	5,404	2,427	0	0	1,289,790	9.00
10.00	01000	8,106	795	0	0	1,270,316	10.00
11.00	01100	0	1	0	0	27	11.00
13.00	01300	18,914	28	0	0	317,968	13.00
14.00	01400	8,106	8,942	0	0	1,357,015	14.00
15.00	01500	10,808	26,917	0	0	4,246,248	15.00
16.00	01600	13,510	26	0	0	1,122,435	16.00
17.00	01700	5,404	15	0	0	294,979	17.00
21.00	02100	0	0	0	0	70,968	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	2,702	1	0	0	285,607	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	91,872	2,107	29,168	91,032	5,893,764	30.00
31.00	03100	10,808	683	6,557	20,463	1,558,481	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,702	0	2,456	7,666	563,408	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	16,212	79,463	130,792	408,357	5,098,579	50.00
51.00	05100	5,404	86	8,884	27,726	501,646	51.00
52.00	05200	2,702	0	8,507	26,550	689,133	52.00
53.00	05300	5,404	1,618	40,222	125,530	586,343	53.00
54.00	05400	24,318	10,517	39,750	124,059	3,310,249	54.00
57.00	05700	2,702	2,350	58,743	183,334	964,365	57.00
58.00	05800	2,702	1,144	39,625	123,668	1,088,177	58.00
59.00	05900	10,808	32,521	37,044	115,612	1,885,072	59.00
60.00	06000	32,424	2,212	39,496	389,168	7,261,046	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	10,808	1,259	19,286	60,191	1,020,544	65.00
66.00	06600	16,212	746	15,861	82,470	1,713,701	66.00
67.00	06700	5,404	106	5,422	22,427	470,338	67.00
68.00	06800	2,702	29	3,354	10,468	292,058	68.00
69.00	06900	5,404	1,213	20,848	65,065	488,457	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	3,752,121	71.00
72.00	07200	0	0	0	0	1,914,201	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	5,404	551	12,531	39,108	1,711,215	75.00
75.01	07501	2,702	4,410	0	0	770,112	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	149,366	0	0	32,276,542	90.00
91.00	09100	18,914	2,520	71,435	222,947	4,355,683	91.00
91.01	09101	2,702	149	1,323	4,131	430,996	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	2,702	23	0	0	313,312	100.00
101.00	10100	10,808	1,113	0	0	2,513,598	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	5,404	2,729	0	0	1,457,782	116.00
118.00		529,597	343,345	591,304	2,149,972	118,237,060	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	5,404	4,911	0	0	431,362	190.00
192.00	19200	2,702	0	0	0	73,253	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
194.00	07950 MONROE CLINIC INN	0	4	1	4	84,568	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	13,510	89,218	0	0	7,044,729	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	551,213	437,478	591,305	2,149,976	125,870,972	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B Part I Date/Time Prepared: 5/29/2015 1:38 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	17,507,734					5.06
6.00	00600	535,344	3,848,833				6.00
7.00	00700	628,838	3,169,526	7,690,530			7.00
8.00	00800	62,589	141,693	213,559	805,236		8.00
9.00	00900	208,385	53,496	124,573	16,832	1,693,076	9.00
10.00	01000	205,239	55,906	338,091	33,513	31,159	10.00
11.00	01100	4	0	0	0	0	11.00
13.00	01300	51,372	2,410	55,780	0	0	13.00
14.00	01400	219,246	48,195	191,223	10,650	8,903	14.00
15.00	01500	686,045	19,037	77,798	0	24,927	15.00
16.00	01600	181,346	4,097	486,706	0	10,272	16.00
17.00	01700	47,658	241	29,437	0	0	17.00
21.00	02100	11,466	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	46,144	0	4,285	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	952,226	80,244	1,565,090	386,610	470,370	30.00
31.00	03100	251,796	19,760	218,121	50,459	142,442	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	91,027	0	31,183	0	49,307	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	823,752	53,737	583,230	25,804	142,442	50.00
51.00	05100	81,048	7,229	82,004	71,087	8,903	51.00
52.00	05200	111,340	0	66,650	0	50,094	52.00
53.00	05300	94,733	241	0	0	0	53.00
54.00	05400	534,820	20,483	384,667	18,273	26,982	54.00
57.00	05700	155,808	2,410	64,111	0	20,339	57.00
58.00	05800	175,811	2,169	192,334	0	20,339	58.00
59.00	05900	304,562	3,615	148,495	0	47,526	59.00
60.00	06000	1,173,131	32,531	325,158	5,458	42,733	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	164,884	7,952	35,071	7,580	14,244	65.00
66.00	06600	276,874	23,615	205,743	25,348	21,366	66.00
67.00	06700	75,990	0	60,382	0	21,366	67.00
68.00	06800	47,186	0	25,708	0	0	68.00
69.00	06900	78,918	0	0	0	20,339	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	606,211	0	0	0	0	71.00
72.00	07200	309,268	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	276,472	27,712	278,424	0	71,221	75.00
75.01	07501	124,423	4,579	76,330	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	5,214,789	0	0	105,839	213,663	90.00
91.00	09100	703,726	33,736	537,487	37,127	213,663	91.00
91.01	09101	69,634	5,301	167,300	0	6,232	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	50,620	0	6,348	0	0	100.00
101.00	10100	406,109	7,470	363,125	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	235,527	1,446	7,855	0	0	116.00
118.00		16,274,361	3,828,831	6,946,268	794,580	1,678,832	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	69,693	4,579	82,004	0	0	190.00
192.00	19200	11,835	0	222,168	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.00	07950 MONROE CLINIC INN	13,663	1,928	265,609	10,656	14,244	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	1,138,182	13,495	174,481	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	17,507,734	3,848,833	7,690,530	805,236	1,693,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
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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
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,934,224					10.00
11.00	01100	0	31				11.00
13.00	01300	0	0	427,530			13.00
14.00	01400	0	1	0	1,835,233		14.00
15.00	01500	0	1	28,687	0	5,082,743	15.00
16.00	01600	0	1	0	0	0	16.00
17.00	01700	0	0	3,601	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,585,599	4	98,712	62,766	43	30.00
31.00	03100	203,701	1	18,386	26,618	133	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	1	32,601	149,413	0	50.00
51.00	05100	0	0	4,892	2,958	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	7,855	75,583	0	53.00
54.00	05400	0	1	29,584	5,915	144	54.00
57.00	05700	0	0	5,612	0	5,411	57.00
58.00	05800	0	0	6,102	0	0	58.00
59.00	05900	0	1	13,399	1,120,046	0	59.00
60.00	06000	0	3	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	1	12,923	12,159	0	65.00
66.00	06600	0	1	20,207	23,661	0	66.00
67.00	06700	0	0	5,490	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	4,036	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	4,652,130	73.00
75.00	07500	141,233	1	20,724	14,678	0	75.00
75.01	07501	0	0	6,305	202,868	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	9	0	0	0	90.00
91.00	09100	3,691	3	59,412	80,731	9,777	91.00
91.01	09101	0	0	4,498	876	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	2,310	0	0	100.00
101.00	10100	0	1	29,434	40,311	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	1	12,760	16,650	415,105	116.00
118.00		1,934,224	31	427,530	1,835,233	5,082,743	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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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	
194.00 07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,934,224	31	427,530	1,835,233	5,082,743	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
From 01/01/2014  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	1,804,857					16.00
17.00 01700 SOCIAL SERVICE	14,794	390,710				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	82,434			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0	0	0	336,036	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	517,787	325,593	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	51,779	38,305	0	0	114,252	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	14,794	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	562,166	0	57,704	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	14,794	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	36,985	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	51,779	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	7,397	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	51,779	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	73,970	0	0	0	184,820	73.00
75.00 07500 ASC (NON-DISTINCT PART)	147,939	0	0	0	0	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	73,970	0	9,892	0	36,964	90.00
91.00 09100 EMERGENCY	184,924	19,152	14,838	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	3,830	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	3,830	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,804,857	390,710	82,434	0	336,036	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
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To 12/31/2014

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00			21.00
<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	0	0	0	0	192.00
194.00 07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01 07951	5 WEST	0	0	0	0	0	194.01
194.02 07952	LIFELINE	0	0	0	0	0	194.02
194.03 07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954	FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,804,857	390,710	82,434	0	336,036	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550 DATA PROCESSING				5.01
5.02	00540 NONPATIENT TELEPHONES				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02301 PARAMED ED PRGM- PHARMACY				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	11,938,808	0	11,938,808	30.00
31.00	03100 INTENSIVE CARE UNIT	2,694,234	0	2,694,234	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	749,719	0	749,719	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	7,529,429	-57,704	7,471,725	50.00
51.00	05100 RECOVERY ROOM	759,767	0	759,767	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	932,011	0	932,011	52.00
53.00	05300 ANESTHESIOLOGY	801,740	0	801,740	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,382,897	0	4,382,897	54.00
57.00	05700 CT SCAN	1,218,056	0	1,218,056	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,484,932	0	1,484,932	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,522,716	0	3,522,716	59.00
60.00	06000 LABORATORY	8,840,060	0	8,840,060	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,282,755	0	1,282,755	65.00
66.00	06600 PHYSICAL THERAPY	2,362,295	0	2,362,295	66.00
67.00	06700 OCCUPATIONAL THERAPY	633,566	0	633,566	67.00
68.00	06800 SPEECH PATHOLOGY	364,952	0	364,952	68.00
69.00	06900 ELECTROCARDIOLOGY	591,750	0	591,750	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,358,332	0	4,358,332	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,223,469	0	2,223,469	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,910,920	0	4,910,920	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,689,619	0	2,689,619	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	1,184,617	0	1,184,617	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	37,931,668	-9,892	37,921,776	90.00
91.00	09100 EMERGENCY	6,253,950	-14,838	6,239,112	91.00
91.01	09101 CARDIAC REHAB	684,837	0	684,837	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	372,590	0	372,590	100.00
101.00	10100 HOME HEALTH AGENCY	3,363,878	0	3,363,878	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
116.00	11600 HOSPICE	2,150,956	0	2,150,956	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	116,214,523	-82,434	116,132,089	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	587,638	0	587,638	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	307,256	0	307,256	192.00
194.00	07950	MONROE CLINIC INN	390,668	0	390,668	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	8,370,887	0	8,370,887	194.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	125,870,972	-82,434	125,788,538	202.00

COST ALLOCATION STATISTICS

Provider CCN: 520028

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	DATA PROCESSING	7	NO OF	CRTS	5.01
5.02	NONPATIENT TELEPHONES	8	NO OF	EXTENSIONS	5.02
5.03	PURCHASING RECEIVING AND STORES	9	SUPPLY	COST	5.03
5.04	ADMINISTRATIVE	30	GROSS	REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	-11	ACCUM.	COST	5.06
6.00	MAINTENANCE & REPAIRS	12	MAINT	HOURS	6.00
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	14	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	15	HOURS OF	SERVICE	9.00
10.00	DIETARY	16	MEALS	SERVED	10.00
11.00	CAFETERIA	17	NO OF	FTE'S	11.00
13.00	NURSING ADMINISTRATION	19	NURSING	FTE'S	13.00
14.00	CENTRAL SERVICES & SUPPLY	20	COSTED	REQUIS.	14.00
15.00	PHARMACY	21	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	22	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	23	TIME	SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	ACCUM.	COST	22.00
23.00	PARAMEDICAL PRGM- PHARMACY	31	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT				1. 00
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	73,247	0	73,247
5. 01	00550	DATA PROCESSING	0	37,896	0	37,896
5. 02	00540	NONPATIENT TELEPHONES	0	3,780	0	3,780
5. 03	00560	PURCHASING RECEIVING AND STORES	0	5,707	0	5,707
5. 04	00570	ADMITTING	0	22,702	0	22,702
5. 05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	39,975	0	39,975
5. 06	00590	OTHER ADMINISTRATION & GENERAL	0	127,169	0	127,169
6. 00	00600	MAINTENANCE & REPAIRS	0	77,040	0	77,040
7. 00	00700	OPERATION OF PLANT	0	1,939,168	0	1,939,168
8. 00	00800	LAUNDRY & LINEN SERVICE	0	67,818	0	67,818
9. 00	00900	HOUSEKEEPING	0	39,559	0	39,559
10. 00	01000	DIETARY	0	107,364	0	107,364
11. 00	01100	CAFETERIA	0	0	0	0
13. 00	01300	NURSING ADMINISTRATION	0	17,713	0	17,713
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	60,725	0	60,725
15. 00	01500	PHARMACY	0	24,706	0	24,706
16. 00	01600	MEDICAL RECORDS & LIBRARY	0	154,558	0	154,558
17. 00	01700	SOCIAL SERVICE	0	9,348	0	9,348
21. 00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22. 00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23. 00	02301	PARAMED PRGM- PHARMACY	0	1,361	0	1,361
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00	03000	ADULTS & PEDIATRICS	0	497,009	0	497,009
31. 00	03100	INTENSIVE CARE UNIT	0	69,266	0	69,266
41. 00	04100	SUBPROVIDER - I RF	0	0	0	0
42. 00	04200	SUBPROVIDER	0	0	0	0
43. 00	04300	NURSERY	0	9,902	0	9,902
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00	05000	OPERATING ROOM	0	185,210	0	185,210
51. 00	05100	RECOVERY ROOM	0	26,041	0	26,041
52. 00	05200	DELIVERY ROOM & LABOR ROOM	0	21,165	0	21,165
53. 00	05300	ANESTHESIOLOGY	0	0	0	0
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	122,155	0	122,155
57. 00	05700	CT SCAN	0	20,359	0	20,359
58. 00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	61,077	0	61,077
59. 00	05900	CARDIAC CATHETERIZATION	0	47,156	0	47,156
60. 00	06000	LABORATORY	0	103,257	0	103,257
60. 01	06001	BLOOD LABORATORY	0	0	0	0
65. 00	06500	RESPIRATORY THERAPY	0	11,137	0	11,137
66. 00	06600	PHYSICAL THERAPY	0	65,336	0	65,336
67. 00	06700	OCCUPATIONAL THERAPY	0	19,175	0	19,175
68. 00	06800	SPEECH PATHOLOGY	0	8,164	0	8,164
69. 00	06900	ELECTROCARDIOLOGY	0	0	0	0
70. 00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
75. 00	07500	ASC (NON-DISTINCT PART)	0	88,416	0	88,416
75. 01	07501	PROCTO/ENTERO/GASTRO	0	24,239	0	24,239
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88. 00	08800	RURAL HEALTH CLINIC	0	0	0	0
89. 00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90. 00	09000	CLINIC	0	0	0	0
91. 00	09100	EMERGENCY	0	170,684	0	170,684
91. 01	09101	CARDIAC REHAB	0	53,128	0	53,128
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99. 10	09910	CORF	0	0	0	0
100. 00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	2,016	0	2,016
101. 00	10100	HOME HEALTH AGENCY	0	115,314	0	115,314
<b>SPECIAL PURPOSE COST CENTERS</b>						
109. 00	10900	PANCREAS ACQUISITION	0	0	0	0
110. 00	11000	INTESTINAL ACQUISITION	0	0	0	0
111. 00	11100	ISLET ACQUISITION	0	0	0	0
113. 00	11300	INTEREST EXPENSE	0	0	0	0
116. 00	11600	HOSPICE	0	2,494	0	2,494
118. 00		SUBTOTALS (SUM OF LINES 1-117)	0	4,532,536	0	4,532,536

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,041	0	26,041	91	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	70,551	0	70,551	0	192.00
194.00 07950 MONROE CLINIC INN	0	84,347	0	84,347	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	55,408	0	55,408	1,278	194.04
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)	0	4,768,883	0	4,768,883	73,247	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550	40,941					5.01
5.02	00540	344	4,269				5.02
5.03	00560	1,032	63	6,931			5.03
5.04	00570	1,032	63	1	24,001		5.04
5.05	00580	4,129	251	4	0	44,990	5.05
5.06	00590	11,012	670	37	0	0	5.06
6.00	00600	0	63	53	0	0	6.00
7.00	00700	688	84	1	0	0	7.00
8.00	00800	0	42	19	0	0	8.00
9.00	00900	688	42	38	0	0	9.00
10.00	01000	688	63	13	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	344	146	0	0	0	13.00
14.00	01400	1,032	63	141	0	0	14.00
15.00	01500	1,032	84	426	0	0	15.00
16.00	01600	1,376	105	0	0	0	16.00
17.00	01700	344	42	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	344	21	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,720	706	33	1,186	1,902	30.00
31.00	03100	344	84	11	267	428	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	21	0	100	160	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,376	126	1,257	5,271	8,597	50.00
51.00	05100	0	42	1	361	579	51.00
52.00	05200	0	21	0	346	555	52.00
53.00	05300	344	42	26	1,636	2,623	53.00
54.00	05400	1,376	188	166	1,617	2,592	54.00
57.00	05700	0	21	37	2,389	3,831	57.00
58.00	05800	0	21	18	1,612	2,584	58.00
59.00	05900	688	84	515	1,507	2,416	59.00
60.00	06000	3,440	251	35	1,606	8,132	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	344	84	20	784	1,258	65.00
66.00	06600	688	126	12	645	1,723	66.00
67.00	06700	344	42	2	221	469	67.00
68.00	06800	344	21	0	136	219	68.00
69.00	06900	0	42	19	848	1,360	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	344	42	9	510	817	75.00
75.01	07501	344	21	70	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	2,374	0	0	90.00
91.00	09100	1,376	146	40	2,905	4,659	91.00
91.01	09101	344	21	2	54	86	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	344	21	0	0	0	100.00
101.00	10100	688	84	18	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	688	42	43	0	0	116.00
118.00		39,221	4,101	5,441	24,001	44,990	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	42	78	0	0	190.00
192.00	19200	0	21	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.00	07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	1,720	105	1,412	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	40,941	4,269	6,931	24,001	44,990	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	144,130					5.06
6.00	00600	4,407	82,627				6.00
7.00	00700	5,177	68,043	2,013,399			7.00
8.00	00800	515	3,042	55,910	127,492		8.00
9.00	00900	1,715	1,148	32,613	2,665	79,005	9.00
10.00	01000	1,690	1,200	88,513	5,306	1,454	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	423	52	14,603	0	0	13.00
14.00	01400	1,805	1,035	50,063	1,686	415	14.00
15.00	01500	5,648	409	20,368	0	1,163	15.00
16.00	01600	1,493	88	127,421	0	479	16.00
17.00	01700	392	5	7,707	0	0	17.00
21.00	02100	94	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	380	0	1,122	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,839	1,723	409,744	61,213	21,950	30.00
31.00	03100	2,073	424	57,105	7,989	6,647	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	749	0	8,164	0	2,301	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,781	1,154	152,691	4,086	6,647	50.00
51.00	05100	667	155	21,469	11,255	415	51.00
52.00	05200	917	0	17,449	0	2,338	52.00
53.00	05300	780	5	0	0	0	53.00
54.00	05400	4,403	440	100,707	2,893	1,259	54.00
57.00	05700	1,283	52	16,784	0	949	57.00
58.00	05800	1,447	47	50,353	0	949	58.00
59.00	05900	2,507	78	38,876	0	2,218	59.00
60.00	06000	9,657	698	85,127	864	1,994	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,357	171	9,182	1,200	665	65.00
66.00	06600	2,279	507	53,864	4,013	997	66.00
67.00	06700	626	0	15,808	0	997	67.00
68.00	06800	388	0	6,730	0	0	68.00
69.00	06900	650	0	0	0	949	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	4,990	0	0	0	0	71.00
72.00	07200	2,546	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	2,276	595	72,892	0	3,323	75.00
75.01	07501	1,024	98	19,983	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	42,935	0	0	16,757	9,970	90.00
91.00	09100	5,793	724	140,715	5,878	9,970	91.00
91.01	09101	573	114	43,800	0	291	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	417	0	1,662	0	0	100.00
101.00	10100	3,343	160	95,067	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	1,939	31	2,057	0	0	116.00
118.00		133,978	82,198	1,818,549	125,805	78,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	574	98	21,469	0	0	190.00
192.00	19200	97	0	58,164	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.00	07950 MONROE CLINIC INN	112	41	69,537	1,687	665	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	9,369	290	45,680	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	144,130	82,627	2,013,399	127,492	79,005	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 520028		Peri od: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description		DI ETARY	CAFETERIA	NURSI NG ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00540	NONPATIENT TELEPHONES					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	207,035				10.00
11.00	01100	CAFETERIA	0	0			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	33,379		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	117,329	14.00
15.00	01500	PHARMACY	0	0	2,240	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	281	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	169,719	0	7,708	4,013	30.00
31.00	03100	INTENSIVE CARE UNIT	21,804	0	1,435	1,702	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	2,545	9,552	50.00
51.00	05100	RECOVERY ROOM	0	0	382	189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	613	4,832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,310	378	54.00
57.00	05700	CT SCAN	0	0	438	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	476	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,046	71,607	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,009	777	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,578	1,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	429	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	315	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	15,117	0	1,618	938	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	492	12,970	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	395	0	4,639	5,161	91.00
91.01	09101	CARDIAC REHAB	0	0	351	56	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	180	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,298	2,577	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	996	1,064	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	207,035	0	33,379	117,329	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.00	07950 MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	207,035	0	33,379	117,329	57,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/29/2015 1:38 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00540 NONPATIENT TELEPHONES						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	285,885					16.00
17.00 01700 SOCIAL SERVICE	2,343	20,597				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	94			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0	0			3,363	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	82,016	17,164				30.00
31.00 03100 INTENSIVE CARE UNIT	8,202	2,019				31.00
41.00 04100 SUBPROVIDER - I RF	0	0				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	2,343	0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	89,046	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,343	0				52.00
53.00 05300 ANESTHESIOLOGY	5,858	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,202	0				54.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	0	0				60.00
60.01 06001 BLOOD LABORATORY	0	0				60.01
65.00 06500 RESPIRATORY THERAPY	1,172	0				65.00
66.00 06600 PHYSICAL THERAPY	8,202	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,717	0				73.00
75.00 07500 ASC (NON-DISTINCT PART)	23,433	0				75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0				75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	11,717	0				90.00
91.00 09100 EMERGENCY	29,291	1,010				91.00
91.01 09101 CARDIAC REHAB	0	0				91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0				99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0				100.00
101.00 10100 HOME HEALTH AGENCY	0	202				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0				111.00
113.00 11300 INTEREST EXPENSE	0	0				113.00
116.00 11600 HOSPICE	0	202				116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	285,885	20,597	0	0	0118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			16.00	17.00			21.00	22.00
<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	MONROE CLINIC INN	0	0			194.00	
194.01	07951	5 WEST	0	0			194.01	
194.02	07952	LIFELINE	0	0			194.02	
194.03	07953	PHARMACY NURSING HOME	0	0			194.03	
194.04	07954	FREESTANDING CLINIC	0	0			194.04	
200.00		Cross Foot Adjustments			94	0	3,363	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	285,885	20,597	94	0	3,363	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00550				5.01
5.02	00540				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
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				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02301				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	1,290,097	0	1,290,097	30.00
31.00	03100	180,711	0	180,711	31.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	24,086	0	24,086	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	475,798	0	475,798	50.00
51.00	05100	61,853	0	61,853	51.00
52.00	05200	45,552	0	45,552	52.00
53.00	05300	18,750	0	18,750	53.00
54.00	05400	249,957	0	249,957	54.00
57.00	05700	46,487	0	46,487	57.00
58.00	05800	118,847	0	118,847	58.00
59.00	05900	169,422	0	169,422	59.00
60.00	06000	217,789	0	217,789	60.00
60.01	06001	0	0	0	60.01
65.00	06500	29,681	0	29,681	65.00
66.00	06600	142,400	0	142,400	66.00
67.00	06700	38,356	0	38,356	67.00
68.00	06800	16,002	0	16,002	68.00
69.00	06900	4,382	0	4,382	69.00
70.00	07000	0	0	0	70.00
71.00	07100	4,990	0	4,990	71.00
72.00	07200	2,546	0	2,546	72.00
73.00	07300	64,512	0	64,512	73.00
75.00	07500	211,385	0	211,385	75.00
75.01	07501	59,568	0	59,568	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	116,312	0	116,312	90.00
91.00	09100	387,345	0	387,345	91.00
91.01	09101	99,007	0	99,007	91.01
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	0	0	0	99.10
100.00	10000	4,745	0	4,745	100.00
101.00	10100	221,081	0	221,081	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
116.00	11600	14,888	0	14,888	116.00
118.00		4,316,549	0	4,316,549	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,393	0	48,393	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	128,833	0	128,833	192.00
194.00	07950	MONROE CLINIC INN	156,389	0	156,389	194.00
194.01	07951	5 WEST	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	115,262	0	115,262	194.04
200.00		Cross Foot Adjustments	3,457	0	3,457	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,768,883	0	4,768,883	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	378,529	0			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,814	0	77,734,674		4.00
5.01 00550	DATA PROCESSING	3,008	0	3,232,156	119	5.01
5.02 00540	NONPATIENT TELEPHONES	300	0	154,275	1	2,040 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	453	0	137,123	3	30 5.03
5.04 00570	ADMINISTRATIVE	1,802	0	215,646	3	30 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,173	0	669,583	12	120 5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	10,094	0	5,564,630	32	320 5.06
6.00 00600	MAINTENANCE & REPAIRS	6,115	0	1,129,191	0	30 6.00
7.00 00700	OPERATION OF PLANT	153,921	0	252,244	2	40 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,383	0	155,356	0	20 8.00
9.00 00900	HOUSEKEEPING	3,140	0	570,203	2	20 9.00
10.00 01000	DIETARY	8,522	0	789,369	2	30 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,406	0	103,809	1	70 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,820	0	386,158	3	30 14.00
15.00 01500	PHARMACY	1,961	0	1,704,460	3	40 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,268	0	387,075	4	50 16.00
17.00 01700	SOCIAL SERVICE	742	0	142,993	1	20 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02301	PARAMED ED PRGM- PHARMACY	108	0	142,976	1	10 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	39,450	0	4,725,977	5	340 30.00
31.00 03100	INTENSIVE CARE UNIT	5,498	0	964,982	1	40 31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	786	0	367,483	0	10 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	14,701	0	1,549,226	4	60 50.00
51.00 05100	RECOVERY ROOM	2,067	0	315,561	0	20 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,680	0	443,515	0	10 52.00
53.00 05300	ANESTHESIOLOGY	0	0	2,113,441	1	20 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,696	0	1,347,398	4	90 54.00
57.00 05700	CT SCAN	1,616	0	299,996	0	10 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,848	0	278,972	4	10 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,743	0	768,269	2	40 59.00
60.00 06000	LABORATORY	8,196	0	2,895,526	10	120 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	884	0	553,063	1	40 65.00
66.00 06600	PHYSICAL THERAPY	5,186	0	973,691	2	60 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,522	0	257,475	1	20 67.00
68.00 06800	SPEECH PATHOLOGY	648	0	0	1	10 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	210,822	0	20 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	7,018	0	1,120,074	1	20 75.00
75.01 07501	PROCTO/ENTERO/GASTRO	1,924	0	346,855	1	10 75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	34,544,286	0	0 90.00
91.00 09100	EMERGENCY	13,548	0	4,085,278	4	70 91.00
91.01 09101	CARDIAC REHAB	4,217	0	198,827	1	10 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	160	0	111,931	1	10 100.00
101.00 10100	HOME HEALTH AGENCY	9,153	0	1,411,411	2	40 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	198	0	659,613	2	20 116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
118.00	SUBTOTALS (SUM OF LINES 1-117)		359,769	0	76,280,919	114	1,960	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	0	96,886	0	20	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	10	192.00
194.00	07950	MONROE CLINIC INN	6,695	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	0	1,356,869	5	50	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		4,768,883	0	5,929,417	9,644,952	551,213	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		12.598461	0.000000	0.076278	81,050.016807	270.202451	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				73,247	40,941	4,269	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000942	344.042017	2.092647	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared: 5/29/2015 1:38 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	22,186,921					5.03
5.04	00570	ADMITTING	2,085	207,343,659				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,623	0	241,539,340			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	120,019	0	0	-17,507,734	108,363,238	5.06
6.00	00600	MAINTENANCE & REPAIRS	171,309	0	0	0	3,313,489	6.00
7.00	00700	OPERATION OF PLANT	1,967	0	0	0	3,892,166	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60,039	0	0	0	387,395	8.00
9.00	00900	HOUSEKEEPING	123,087	0	0	0	1,289,790	9.00
10.00	01000	DIETARY	40,332	0	0	0	1,270,316	10.00
11.00	01100	CAFETERIA	26	0	0	0	27	11.00
13.00	01300	NURSING ADMINISTRATION	1,440	0	0	0	317,968	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	453,480	0	0	0	1,357,015	14.00
15.00	01500	PHARMACY	1,365,114	0	0	0	4,246,248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,305	0	0	0	1,122,435	16.00
17.00	01700	SOCIAL SERVICE	775	0	0	0	294,979	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	70,968	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	31	0	0	0	285,607	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	106,882	10,227,168	10,227,168	0	5,893,764	30.00
31.00	03100	INTENSIVE CARE UNIT	34,626	2,298,940	2,298,940	0	1,558,481	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	861,265	861,265	0	563,408	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,029,994	45,873,864	45,873,864	0	5,098,579	50.00
51.00	05100	RECOVERY ROOM	4,383	3,114,962	3,114,962	0	501,646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,982,786	2,982,786	0	689,133	52.00
53.00	05300	ANESTHESIOLOGY	82,048	14,102,930	14,102,930	0	586,343	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	533,360	13,937,653	13,937,653	0	3,310,249	54.00
57.00	05700	CT SCAN	119,180	20,597,004	20,597,004	0	964,365	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58,037	13,893,727	13,893,727	0	1,088,177	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,649,300	12,988,665	12,988,665	0	1,885,072	59.00
60.00	06000	LABORATORY	112,197	13,848,545	43,721,788	0	7,261,046	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	63,828	6,762,320	6,762,320	0	1,020,544	65.00
66.00	06600	PHYSICAL THERAPY	37,858	5,561,404	9,265,227	0	1,713,701	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,364	1,901,011	2,519,626	0	470,338	67.00
68.00	06800	SPEECH PATHOLOGY	1,492	1,176,002	1,176,002	0	292,058	68.00
69.00	06900	ELECTROCARDIOLOGY	61,520	7,309,889	7,309,889	0	488,457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,752,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,914,201	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	27,963	4,393,608	4,393,608	0	1,711,215	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	223,654	0	0	0	770,112	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,575,244	0	0	0	32,276,542	90.00
91.00	09100	EMERGENCY	127,797	25,047,382	25,047,382	0	4,355,683	91.00
91.01	09101	CARDIAC REHAB	7,564	464,054	464,054	0	430,996	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	1,163	0	0	0	313,312	100.00
101.00	10100	HOME HEALTH AGENCY	56,446	0	0	0	2,513,598	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	138,422	0	0	0	1,457,782	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,412,954	207,343,179	241,538,860	-17,507,734	100,729,326	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	249,055	0	0	0	431,362	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	73,253	192.00
194.00	07950	MONROE CLINIC INN	212	480	480	0	84,568	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,524,700	0	0	0	7,044,729	194.04
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)	437,478	591,305	2,149,976		17,507,734	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.019718	0.002852	0.008901		0.161565	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,931	24,001	44,990		144,130	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000312	0.000116	0.000186		0.001330	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	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
5.01	00550						5.01
5.02	00540						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	15,972					6.00
7.00	00700	13,153	193,849				7.00
8.00	00800	588	5,383	512,116			8.00
9.00	00900	222	3,140	10,705	49,446		9.00
10.00	01000	232	8,522	21,314	910	27,774	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	10	1,406	0	0	0	13.00
14.00	01400	200	4,820	6,773	260	0	14.00
15.00	01500	79	1,961	0	728	0	15.00
16.00	01600	17	12,268	0	300	0	16.00
17.00	01700	1	742	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02301	0	108	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	333	39,450	245,877	13,737	22,768	30.00
31.00	03100	82	5,498	32,091	4,160	2,925	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	786	0	1,440	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	223	14,701	16,411	4,160	0	50.00
51.00	05100	30	2,067	45,210	260	0	51.00
52.00	05200	0	1,680	0	1,463	0	52.00
53.00	05300	1	0	0	0	0	53.00
54.00	05400	85	9,696	11,621	788	0	54.00
57.00	05700	10	1,616	0	594	0	57.00
58.00	05800	9	4,848	0	594	0	58.00
59.00	05900	15	3,743	0	1,388	0	59.00
60.00	06000	135	8,196	3,471	1,248	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	33	884	4,821	416	0	65.00
66.00	06600	98	5,186	16,121	624	0	66.00
67.00	06700	0	1,522	0	624	0	67.00
68.00	06800	0	648	0	0	0	68.00
69.00	06900	0	0	0	594	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	115	7,018	0	2,080	2,028	75.00
75.01	07501	19	1,924	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	67,312	6,240	0	90.00
91.00	09100	140	13,548	23,612	6,240	53	91.00
91.01	09101	22	4,217	0	182	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	160	0	0	0	100.00
101.00	10100	31	9,153	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	6	198	0	0	0	116.00
118.00		15,889	175,089	505,339	49,030	27,774	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	19	2,067	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.00	19200	0	5,600	0	0	0	192.00
194.00	07950	8	6,695	6,777	416	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	56	4,398	0	0	0	194.04
200.00							200.00
201.00							201.00
202.00							202.00
202.00		3,848,833	7,690,530	805,236	1,693,076	1,934,224	202.00
203.00							203.00
203.00		240.973767	39.672787	1.572370	34.240909	69.641535	203.00
204.00							204.00
204.00		82,627	2,013,399	127,492	79,005	207,035	204.00
205.00							205.00
205.00		5.173241	10.386430	0.248951	1.597804	7.454274	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	53,149					11.00
13.00	01300	NURSING ADMINISTRATION	139	31,461				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,188	0	1,675,400			14.00
15.00	01500	PHARMACY	2,111	2,111	0	1,410,979		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,238	0	0	0	1,220	16.00
17.00	01700	SOCIAL SERVICE	265	265	0	0	10	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02301	PARAMED PRGM- PHARMACY	229	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,264	7,264	57,300	12	350	30.00
31.00	03100	INTENSIVE CARE UNIT	1,353	1,353	24,300	37	35	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	10	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,399	2,399	136,400	0	380	50.00
51.00	05100	RECOVERY ROOM	360	360	2,700	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	10	52.00
53.00	05300	ANESTHESIOLOGY	578	578	69,000	0	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,177	2,177	5,400	40	35	54.00
57.00	05700	CT SCAN	413	413	0	1,502	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	449	449	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	986	986	1,022,500	0	0	59.00
60.00	06000	LABORATORY	4,592	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	951	951	11,100	0	5	65.00
66.00	06600	PHYSICAL THERAPY	1,487	1,487	21,600	0	35	66.00
67.00	06700	OCCUPATIONAL THERAPY	404	404	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	297	297	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,291,440	50	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,525	1,525	13,400	0	100	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	464	464	185,200	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,946	0	0	0	50	90.00
91.00	09100	EMERGENCY	4,372	4,372	73,700	2,714	125	91.00
91.01	09101	CARDIAC REHAB	331	331	800	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	170	170	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,166	2,166	36,800	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	939	939	15,200	115,234	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,793	31,461	1,675,400	1,410,979	1,220	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)		
		11.00	13.00	14.00	15.00	16.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	356	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0	0	194.04
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)	31	427,530	1,835,233	5,082,743	1,804,857	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000583	13.589206	1.095400	3.602281	1,479.390984	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	33,379	117,329	57,682	285,885	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.060964	0.070030	0.040881	234.331967	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00550 DATA PROCESSING					5.01
5.02 00540 NONPATIENT TELEPHONES					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
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	1,020				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000		22.00
23.00 02301 PARAMED PRGM- PHARMACY	0			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	850	0	1,000	0	30.00
31.00 03100 INTENSIVE CARE UNIT	100	0	0	34	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	700	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	55	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	120	0	11	90.00
91.00 09100 EMERGENCY	50	180	0	0	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	10	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600 HOSPICE	10	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)				
		17.00	21.00			22.00	23.00
118.00	SUBTOTALS (SUM OF LINES 1-117)					118.00	
	1,020	1,000	1,000	100			
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00	
194.00	07950	MONROE CLINIC INN	0	0	0	194.00	
194.01	07951	5 WEST	0	0	0	194.01	
194.02	07952	LIFELINE	0	0	0	194.02	
194.03	07953	PHARMACY NURSING HOME	0	0	0	194.03	
194.04	07954	FREESTANDING CLINIC	0	0	0	194.04	
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)	390,710	82,434	0	336,036	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	383.049020	82.434000	0.000000	3,360.360000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,597	94	0	3,363	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.193137	0.094000	0.000000	33.630000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	11,938,808		11,938,808	0	11,938,808	30.00
31.00	03100 INTENSIVE CARE UNIT	2,694,234		2,694,234	0	2,694,234	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	749,719		749,719	0	749,719	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,471,725		7,471,725	0	7,471,725	50.00
51.00	05100 RECOVERY ROOM	759,767		759,767	0	759,767	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	932,011		932,011	0	932,011	52.00
53.00	05300 ANESTHESIOLOGY	801,740		801,740	0	801,740	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,382,897		4,382,897	0	4,382,897	54.00
57.00	05700 CT SCAN	1,218,056		1,218,056	0	1,218,056	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,484,932		1,484,932	0	1,484,932	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,522,716		3,522,716	0	3,522,716	59.00
60.00	06000 LABORATORY	8,840,060		8,840,060	0	8,840,060	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,282,755	0	1,282,755	0	1,282,755	65.00
66.00	06600 PHYSICAL THERAPY	2,362,295	0	2,362,295	0	2,362,295	66.00
67.00	06700 OCCUPATIONAL THERAPY	633,566	0	633,566	0	633,566	67.00
68.00	06800 SPEECH PATHOLOGY	364,952	0	364,952	0	364,952	68.00
69.00	06900 ELECTROCARDIOLOGY	591,750		591,750	0	591,750	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,358,332		4,358,332	0	4,358,332	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,223,469		2,223,469	0	2,223,469	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,910,920		4,910,920	0	4,910,920	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,689,619		2,689,619	0	2,689,619	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	1,184,617		1,184,617	0	1,184,617	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	37,921,776		37,921,776	0	37,921,776	90.00
91.00	09100 EMERGENCY	6,239,112		6,239,112	0	6,239,112	91.00
91.01	09101 CARDIAC REHAB	684,837		684,837	0	684,837	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	410,232		410,232	0	410,232	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	372,590		372,590	0	372,590	100.00
101.00	10100 HOME HEALTH AGENCY	3,363,878		3,363,878	0	3,363,878	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	2,150,956		2,150,956	0	2,150,956	116.00
200.00	Subtotal (see instructions)	116,542,321	0	116,542,321	0	116,542,321	200.00
201.00	Less Observation Beds	410,232		410,232	0	410,232	201.00
202.00	Total (see instructions)	116,132,089	0	116,132,089	0	116,132,089	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	8,948,292		8,948,292		30.00
31.00	03100	INTENSIVE CARE UNIT	2,288,364		2,288,364		31.00
41.00	04100	SUBPROVIDER - IIRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	850,937		850,937		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,960,934	23,358,426	31,319,360	0.238566	50.00
51.00	05100	RECOVERY ROOM	933,235	2,168,617	3,101,852	0.244940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,514,326	468,460	2,982,786	0.312463	52.00
53.00	05300	ANESTHESIOLOGY	669,280	1,979,189	2,648,469	0.302718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,006,448	7,936,235	12,942,683	0.338639	54.00
57.00	05700	CT SCAN	3,679,709	16,915,687	20,595,396	0.059142	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,729,252	11,164,475	13,893,727	0.106878	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,808,568	6,373,822	9,182,390	0.383638	59.00
60.00	06000	LABORATORY	7,560,723	33,762,821	41,323,544	0.213923	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	2,670,895	2,231,665	4,902,560	0.261650	65.00
66.00	06600	PHYSICAL THERAPY	1,453,633	6,057,408	7,511,041	0.314510	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,134,497	1,186,564	2,321,061	0.272964	67.00
68.00	06800	SPEECH PATHOLOGY	156,697	980,349	1,137,046	0.320965	68.00
69.00	06900	ELECTROCARDIOLOGY	1,898,195	5,411,694	7,309,889	0.080952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,042,751	16,572,562	26,615,313	0.163753	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,523,968	3,017,523	4,541,491	0.489590	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,897,298	14,482,459	31,379,757	0.156500	73.00
75.00	07500	ASC (NON-DISTINCT PART)	18,817	4,374,791	4,393,608	0.612166	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	430,110	6,333,639	6,763,749	0.175142	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	402,906	57,761,919	58,164,825	0.651971	90.00
91.00	09100	EMERGENCY	2,371,509	13,528,533	15,900,042	0.392396	91.00
91.01	09101	CARDIAC REHAB	20,155	443,899	464,054	1.475770	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	76,693	1,181,572	1,258,265	0.326030	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	2,372,473	2,372,473		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,278,863	2,278,863		116.00
200.00		Subtotal (see instructions)	85,048,192	242,343,645	327,391,837		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	85,048,192	242,343,645	327,391,837		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 1:38 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.238566		50.00
51.00	05100 RECOVERY ROOM	0.244940		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.312463		52.00
53.00	05300 ANESTHESIOLOGY	0.302718		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.338639		54.00
57.00	05700 CT SCAN	0.059142		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.106878		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.383638		59.00
60.00	06000 LABORATORY	0.213923		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.261650		65.00
66.00	06600 PHYSICAL THERAPY	0.314510		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.272964		67.00
68.00	06800 SPEECH PATHOLOGY	0.320965		68.00
69.00	06900 ELECTROCARDIOLOGY	0.080952		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.163753		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.489590		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.156500		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.612166		75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.175142		75.01
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.651971		90.00
91.00	09100 EMERGENCY	0.392396		91.00
91.01	09101 CARDIAC REHAB	1.475770		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.326030		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,290,097	0	1,290,097	7,945	162.38	30.00
31.00	INTENSIVE CARE UNIT	180,711		180,711	975	185.34	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	24,086		24,086	541	44.52	43.00
200.00	Total (lines 30-199)	1,494,894		1,494,894	9,461		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,722	604,378				
31.00	INTENSIVE CARE UNIT	577	106,941				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	4,299	711,319				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/29/2015 1:38 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	475,798	31,319,360	0.015192	6,546,180	99,450	50.00
51.00	05100	RECOVERY ROOM	61,853	3,101,852	0.019941	367,406	7,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,552	2,982,786	0.015272	645	10	52.00
53.00	05300	ANESTHESIOLOGY	18,750	2,648,469	0.007080	570,389	4,038	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	249,957	12,942,683	0.019313	4,898,419	94,603	54.00
57.00	05700	CT SCAN	46,487	20,595,396	0.002257	1,855,713	4,188	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	118,847	13,893,727	0.008554	2,487,365	21,277	58.00
59.00	05900	CARDIAC CATHETERIZATION	169,422	9,182,390	0.018451	2,164,795	39,943	59.00
60.00	06000	LABORATORY	217,789	41,323,544	0.005270	3,786,422	19,954	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	29,681	4,902,560	0.006054	1,458,217	8,828	65.00
66.00	06600	PHYSICAL THERAPY	142,400	7,511,041	0.018959	887,762	16,831	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,356	2,321,061	0.016525	745,899	12,326	67.00
68.00	06800	SPEECH PATHOLOGY	16,002	1,137,046	0.014073	110,653	1,557	68.00
69.00	06900	ELECTROCARDIOLOGY	4,382	7,309,889	0.000599	387,626	232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,990	26,615,313	0.000187	1,046,949	196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,546	4,541,491	0.000561	573,693	322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,512	31,379,757	0.002056	3,002,709	6,174	73.00
75.00	07500	ASC (NON-DISTINCT PART)	211,385	4,393,608	0.048112	6,892	332	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	59,568	6,763,749	0.008807	254,555	2,242	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	116,312	58,164,825	0.002000	25	0	90.00
91.00	09100	EMERGENCY	387,345	15,900,042	0.024361	1,227,434	29,902	91.00
91.01	09101	CARDIAC REHAB	99,007	464,054	0.213352	11,593	2,473	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	44,329	1,258,265	0.035230	47,921	1,688	92.00
200.00		Total (lines 50-199)	2,625,270	310,652,908		32,439,262	373,892	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/29/2015 1:38 pm
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Cost Center Description		Title XVIII					Hospital	
		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)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	114,252	0	114,252	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	114,252	0	114,252	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	7,945	0.00	3,722	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	975	117.18	577	67,613	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	04300	NURSERY	541	0.00	0	0	43.00	
200.00		Total (lines 30-199)	9,461		4,299	67,613	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	
41.00	04100	SUBPROVIDER - IRF	0	0			41.00	
42.00	04200	SUBPROVIDER	0	0			42.00	
43.00	04300	NURSERY	0	0			43.00	
200.00		Total (lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 1:38 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		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	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
57.00	05700 CT SCAN	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	184,820	0	184,820	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	07501 PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	36,964	0	36,964	90.00	
91.00	09100 EMERGENCY	0	0	0	0	0	91.00	
91.01	09101 CARDIAC REHAB	0	0	0	0	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00	Total (Lines 50-199)	0	0	221,784	0	221,784	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 1:38 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	31,319,360	0.000000	0.000000	6,546,180	50.00
51.00	05100 RECOVERY ROOM	0	3,101,852	0.000000	0.000000	367,406	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,982,786	0.000000	0.000000	645	52.00
53.00	05300 ANESTHESIOLOGY	0	2,648,469	0.000000	0.000000	570,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,942,683	0.000000	0.000000	4,898,419	54.00
57.00	05700 CT SCAN	0	20,595,396	0.000000	0.000000	1,855,713	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,893,727	0.000000	0.000000	2,487,365	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,182,390	0.000000	0.000000	2,164,795	59.00
60.00	06000 LABORATORY	0	41,323,544	0.000000	0.000000	3,786,422	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	4,902,560	0.000000	0.000000	1,458,217	65.00
66.00	06600 PHYSICAL THERAPY	0	7,511,041	0.000000	0.000000	887,762	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,321,061	0.000000	0.000000	745,899	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,137,046	0.000000	0.000000	110,653	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,309,889	0.000000	0.000000	387,626	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,615,313	0.000000	0.000000	1,046,949	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,541,491	0.000000	0.000000	573,693	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	184,820	31,379,757	0.005890	0.005890	3,002,709	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,393,608	0.000000	0.000000	6,892	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	6,763,749	0.000000	0.000000	254,555	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	36,964	58,164,825	0.000636	0.000636	25	90.00
91.00	09100 EMERGENCY	0	15,900,042	0.000000	0.000000	1,227,434	91.00
91.01	09101 CARDIAC REHAB	0	464,054	0.000000	0.000000	11,593	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,258,265	0.000000	0.000000	47,921	92.00
200.00	Total (lines 50-199)	221,784	310,652,908			32,439,262	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 1:38 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	9,252,280	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	465,626	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,719,531	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,723,641	0	0	0	54.00
57.00	05700 CT SCAN	0	5,647,359	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,420,213	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,130,454	0	0	0	59.00
60.00	06000 LABORATORY	0	6,992,350	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	128,154	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,120,617	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	778,554	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,249,883	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,686	3,354,648	19,759	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	2,151,330	0	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	2,054,989	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	19,157,155	12,184	0	0	90.00
91.00	09100 EMERGENCY	0	3,467,303	0	0	0	91.00
91.01	09101 CARDIAC REHAB	0	196,933	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	597,338	0	0	0	92.00
200.00	Total (lines 50-199)	17,686	73,608,358	31,943	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 1:38 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	CARDIAC REHAB	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.238566	9,252,280	0	0	2,207,279	50.00
51.00	05100	RECOVERY ROOM	0.244940	465,626	0	0	114,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.312463	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.302718	1,719,531	0	0	520,533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.338639	4,723,641	0	0	1,599,609	54.00
57.00	05700	CT SCAN	0.059142	5,647,359	0	0	333,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.106878	3,420,213	0	0	365,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.383638	6,130,454	0	0	2,351,875	59.00
60.00	06000	LABORATORY	0.213923	6,992,350	9,351	0	1,495,824	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.261650	128,154	0	0	33,531	65.00
66.00	06600	PHYSICAL THERAPY	0.314510	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272964	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.320965	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080952	1,120,617	0	0	90,716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.163753	778,554	0	0	127,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.489590	2,249,883	0	0	1,101,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156500	3,354,648	0	0	525,002	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.612166	2,151,330	0	0	1,316,971	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.175142	2,054,989	0	0	359,915	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.651971	19,157,155	0	208,935	12,489,910	90.00
91.00	09100	EMERGENCY	0.392396	3,467,303	0	0	1,360,556	91.00
91.01	09101	CARDIAC REHAB	1.475770	196,933	0	0	290,628	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.326030	597,338	0	0	194,750	92.00
200.00		Subtotal (see instructions)		73,608,358	9,351	208,935	26,879,702	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		73,608,358	9,351	208,935	26,879,702	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 1:38 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	2,000	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	136,220		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CARDIAC REHAB	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	2,000	136,220		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,000	136,220		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2015 1:38 pm
Cost Center Description				PPS
				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)		7,945	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,945	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)		7,672	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)		3,722	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)		11,938,808	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)		11,938,808	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)		11,938,808	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)		1,502.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,592,975	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)		5,592,975	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/29/2015 1:38 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,694,234	975	2,763.32	577	1,594,436	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,916,131	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,103,542	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)					778,932	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					391,578	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,170,510	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,933,032	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)					273	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,502.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					410,232	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,290,097	11,938,808	0.108059	410,232	44,329	90.00
91.00	Nursing School cost	0	11,938,808	0.000000	410,232	0	91.00
92.00	Allied health cost	0	11,938,808	0.000000	410,232	0	92.00
93.00	All other Medical Education	0	11,938,808	0.000000	410,232	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,298,772	30.00
31.00	03100	INTENSIVE CARE UNIT		1,286,955	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.238566	6,546,180	50.00
51.00	05100	RECOVERY ROOM	0.244940	367,406	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.312463	645	52.00
53.00	05300	ANESTHESIOLOGY	0.302718	570,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.338639	4,898,419	54.00
57.00	05700	CT SCAN	0.059142	1,855,713	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.106878	2,487,365	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.383638	2,164,795	59.00
60.00	06000	LABORATORY	0.213923	3,786,422	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.261650	1,458,217	65.00
66.00	06600	PHYSICAL THERAPY	0.314510	887,762	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272964	745,899	67.00
68.00	06800	SPEECH PATHOLOGY	0.320965	110,653	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080952	387,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.163753	1,046,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.489590	573,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156500	3,002,709	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.612166	6,892	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.175142	254,555	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.651971	25	90.00
91.00	09100	EMERGENCY	0.392396	1,227,434	91.00
91.01	09101	CARDIAC REHAB	1.475770	11,593	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.326030	47,921	92.00
200.00		Total (sum of lines 50-94 and 96-98)		32,439,262	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)		32,439,262	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 1:38 pm	
		Title XVIII	Hospital	PPS	
		Before Geo Reclassification	On or After Geo Reclassification		
		0	1.00	1.01	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		7,243,951	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,483,833	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	0	1.04
2.00	Outlier payments for discharges. (see instructions)		302,701	0	2.00
2.01	Outlier reconciliation amount		0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	0	2.02
3.00	Managed Care Simulated Payments		0	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		94.25		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		1.13		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.13		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.99		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.99		12.00
13.00	Total allowable FTE count for the prior year.		0.93		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.18		14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.03		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		1.03		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.010928		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.011537		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.010928		21.00
22.00	IME payment adjustment (see instructions)		57,939	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.14		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0	0	28.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 1:38 pm	
		Title XVIII	Hospital		PPS
		0	Before Geo Reclassification 1.00	On or After Geo Reclassification 1.01	2.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		57,939	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	0	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00		30.00
31.00	Percentage of Medicaid patient days (see instructions)		0.00		31.00
32.00	Sum of lines 30 and 31		0.00		32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	0	34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143		9,046,380,143 35.00
35.01	Factor 3 (see instructions)		0.000025446		0.000025446 35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0		0 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		0 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		0 36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part 1 excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		0 40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		0.00 42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		0 43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		0.000000 44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	0.00 45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		0 46.00
47.00	Subtotal (see instructions)		10,088,424	0	10,088,424 47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0	0 48.00
49.00	Total payment for inpatient operating costs (see instructions)		10,088,424		10,088,424 49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		807,559		807,559 50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		0 51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		11,250		11,250 52.00
53.00	Nursing and Allied Health Managed Care payment		0		0 53.00
54.00	Special add-on payments for new technologies		5,517		5,517 54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		0 55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		0 56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		67,613		67,613 57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		17,686		17,686 58.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 1:38 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
59.00	Total (sum of amounts on lines 49 through 58)		10,998,049		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,998,049		61.00
62.00	Deductibles billed to program beneficiaries		1,125,957		62.00
63.00	Coinurance billed to program beneficiaries		20,672		63.00
64.00	Allowable bad debts (see instructions)		178,770		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		116,201		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		168,510		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,967,621		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		21,206		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2014	230,416		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2015	129,003		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		10,348,246		71.00
71.01	Sequestration adjustment (see instructions)		206,965		71.01
72.00	Interim payments		9,971,566		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		169,715		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/29/2015 1:38 pm	
		Original .mcrcx Values		Adjusted .mcax Values		HFS Look Up	
		1.00		2.00		3.00	
				Override Value		Revised Value	
				4.00		5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	0.00	0.00			0.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	0.00	0.00			0.00	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	94.25	0.00			94.25	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	0	0			0	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	0	0			0	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	9,188	0			9,188	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	9,188	0			9,188	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	0.00	0.00			0.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/29/2015 1:38 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	12.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		12.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/29/2015 1:38 pm
		Title VIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	12.25	29.00
30.00	Line 28 or 29 as applicable	12.25	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 520028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2015 1:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,243,951	0	7,243,951	0	7,243,951	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,483,833	0	0	2,483,833	2,483,833	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	302,701	0	89,130	213,571	302,701	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.010928	0.010928	0.010928	0.010928		5.00
6.00	IME payment adjustment (see instructions)	22.00	57,939	0	43,145	14,794	57,939	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	57,939	0	43,145	14,794	57,939	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	10,088,424	0	7,376,226	2,712,198	10,088,424	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	10,088,424	0	7,376,226	2,712,198	10,088,424	15.00
16.00	Payment for inpatient program capital	50.00	807,559	0	588,645	218,914	807,559	16.00
17.00	Special add-on payments for new technologies	54.00	5,517	0	0	5,517	5,517	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 520028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2015 1:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	7,964,871	2,936,629	10,901,500	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	775,839	0	577,875	197,964	775,839	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	22,177	0	3,662	18,515	22,177	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0123	0.0123	0.0123	0.0123		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	9,543	0	7,108	2,435	9,543	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	807,559	0	588,645	218,914	807,559	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.028929	0.043929		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			230,416		230,416	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				129,003	129,003	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		138,220	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,847,759	2.00
3.00	PPS payments		20,757,186	3.00
4.00	Outlier payment (see instructions)		1,221,916	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		21,236,577	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		31,943	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		138,220	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		218,286	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)		218,286	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)		218,286	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		80,066	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)		138,220	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)		22,011,045	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)		4,490,838	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)		17,658,427	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		20,123	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)		17,678,550	30.00
31.00	Primary payer payments		922	31.00
32.00	Subtotal (line 30 minus line 31)		17,677,628	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)		242,954	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		157,920	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		227,232	36.00
37.00	Subtotal (see instructions)		17,835,548	37.00
38.00	MSP-LCC reconciliation amount from PS&R		31	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)		17,835,517	40.00
40.01	Sequestration adjustment (see instructions)		356,710	40.01
41.00	Interim payments		17,137,690	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		341,117	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: 520028

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		9,971,566		17,137,690	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,971,566		17,137,690	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		169,715		341,117	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,141,281		17,478,807	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: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVIII	Hospital	PPS
				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			2,663 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			4,299 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			883 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			8,647 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			327,391,837 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			4,876,352 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)			700,397 8.00
9.00	Sequestration adjustment amount (see instructions)			14,008 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			686,389 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			701,334 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)			-14,945 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/29/2015 1:38 pm	
		Title XVII	Hospital	PPS	
				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.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	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)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.99	0.00	0.99	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.99	0.00	0.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.99	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.93	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.03	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	1.03	0.00		17.00
18.00	Per resident amount	52,078.39	0.00		18.00
19.00	Approved amount for resident costs	53,641	0	53,641	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	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)			52,078.39	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)			53,641	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)	4,299	883		26.00
27.00	Total Inpatient Days (see instructions)	8,647	8,647		27.00
28.00	Ratio of inpatient days to total inpatient days	0.497167	0.102116		28.00
29.00	Program direct GME amount	26,669	5,478		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		774		30.00
31.00	Net Program direct GME amount			31,373	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVIII	Hospital	PPS
				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)		15,103,542	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)		15,103,542	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		27,017,922	42.00
43.00	Primary payer payments (see instructions)		922	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		27,017,000	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		42,120,542	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.358579	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.641421	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		31,373	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		11,250	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		20,123	50.00

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

Provider CCN: 520028

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

Worksheet G

Date/Time Prepared:  
5/29/2015 1:38 pm

		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	21,366,847	0	0	0	1.00
2.00	Temporary investments	2,155,177	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	65,517,000	0	0	0	4.00
5.00	Other receivable	1,427,610	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,075,710	0	0	0	6.00
7.00	Inventory	3,626,318	0	0	0	7.00
8.00	Prepaid expenses	2,298,175	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	53,315,417	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,570,352	0	0	0	12.00
13.00	Land improvements	6,259,119	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	141,130,503	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	76,856,278	0	0	0	23.00
24.00	Accumulated depreciation	-121,019,241	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	4,571,196	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	109,368,207	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	95,107,336	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	6,999,206	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	102,106,542	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	264,790,166	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,739,960	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,607,393	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	0	0	0	0	43.00
44.00	Other current liabilities	6,183,885	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,531,238	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	74,432,123	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	8,625,842	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	83,057,965	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	104,589,203	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	160,200,963				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)	160,200,963	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	264,790,166	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520028

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

Worksheet G-1

Date/Time Prepared:  
5/29/2015 1:38 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		148,911,326		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,472,066			2.00
3.00	Total (sum of line 1 and line 2)		161,383,392		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES	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)		161,383,392		0	11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES	1,182,429		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)		1,182,429		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		160,200,963		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	CHGS IN UNREALIZED GAIN/LOSSES		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	CHGS IN UNREALIZED GAIN/LOSSES		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: 520028

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2015 1:38 pm

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	9,799,229		9,799,229	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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)	9,799,229		9,799,229	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,288,364		2,288,364	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,288,364		2,288,364	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,087,593		12,087,593	17.00
18.00	Ancillary services	67,760,599		67,760,599	18.00
19.00	Outpatient services	0	247,543,645	247,543,645	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		2,372,473	2,372,473	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,278,863	2,278,863	26.00
27.00	PROF, CLINIC, OTHER	0	103,266,540	103,266,540	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	79,848,192	355,461,521	435,309,713	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		165,337,546		29.00
30.00		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	ROUNDING	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		165,337,543		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 520028

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

Worksheet G-3

Date/Time Prepared:  
5/29/2015 1:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	435,309,713	1.00
2.00	Less contractual allowances and discounts on patients' accounts	270,139,480	2.00
3.00	Net patient revenues (line 1 minus line 2)	165,170,233	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	165,337,543	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-167,310	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	7,771,741	24.00
24.01	INVESTMENT INCOME	3,494,108	24.01
24.02	EQUITY IN EARNINGS OF FTD	1,186,230	24.02
24.03	EQUITY IN EARNINGS OF AFFILIATES	443,997	24.03
25.00	Total other income (sum of lines 6-24)	12,896,076	25.00
26.00	Total (line 5 plus line 25)	12,728,766	26.00
27.00	LOSS ON DISPOSAL OF EQUIPMENT	24,512	27.00
27.01	OTHER LOSS	232,188	27.01
27.02		0	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	256,700	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,472,066	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520028

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

Worksheet H

HHA CCN: 527157

Date/Time Prepared: 5/29/2015 1:38 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	198,787	71,428	0	0	51,455	321,670	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	855,508	217,425	66,315	12,866	140,545	1,292,659	6.00
7.00	192,020	47,893	14,499	0	0	254,412	7.00
8.00	125,789	31,373	9,498	0	0	166,660	8.00
9.00	0	0	0	0	0	0	9.00
10.00	0	0	0	0	0	0	10.00
11.00	39,307	19,632	7,137	0	15,126	81,202	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,411,411	387,751	97,449	12,866	207,126	2,116,603	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	321,670	0	321,670			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,292,659	0	1,292,659			6.00
7.00	0	254,412	0	254,412			7.00
8.00	0	166,660	0	166,660			8.00
9.00	0	0	0	0			9.00
10.00	0	0	0	0			10.00
11.00	0	81,202	0	81,202			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	2,116,603	0	2,116,603			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/29/2015 1:38 pm
		HHA CCN: 527157	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	321,670	0	0	0	321,670	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	1,292,659	0	0	0	1,292,659	6.00	
7.00	Physical Therapy	254,412	0	0	0	254,412	7.00	
8.00	Occupational Therapy	166,660	0	0	0	166,660	8.00	
9.00	Speech Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	81,202	0	0	0	81,202	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	2,116,603	0	0	0	2,116,603	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	321,670					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	231,658	1,524,317				6.00	
7.00	Physical Therapy	45,593	300,005				7.00	
8.00	Occupational Therapy	29,867	196,527				8.00	
9.00	Speech Pathology	0	0				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	14,552	95,754				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		2,116,603				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm  
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-321,670	1,794,933
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	1,292,659	6.00
7.00	Physical Therapy	0	0	0	0	254,412	7.00
8.00	Occupational Therapy	0	0	0	0	166,660	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	81,202	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-321,670	1,794,933
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		321,670
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.179210

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028

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

Worksheet H-2 Part I

HHA CCN: 527157

Date/Time Prepared: 5/29/2015 1:38 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
	0	115,314	0	15,163	162,100	10,808	1.00
1.00 Administrative and General	0	115,314	0	15,163	162,100	10,808	1.00
2.00 Skilled Nursing Care	1,524,317	0	0	65,257	0	0	2.00
3.00 Physical Therapy	300,005	0	0	14,647	0	0	3.00
4.00 Occupational Therapy	196,527	0	0	9,595	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	95,754	0	0	2,998	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,116,603	115,314	0	107,660	162,100	10,808	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	303,385	49,016	7,470	1.00
2.00 Skilled Nursing Care	1,113	0	0	1,590,687	256,999	0	2.00
3.00 Physical Therapy	0	0	0	314,652	50,837	0	3.00
4.00 Occupational Therapy	0	0	0	206,122	33,302	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	98,752	15,955	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,113	0	0	2,513,598	406,109	7,470	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm  
PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	363,125	0	0	0	1	29,434	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	363,125	0	0	0	1	29,434	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		14.00	15.00	16.00	17.00	21.00	22.00		
1.00	Administrative and General	40,311	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	3,830	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	40,311	0	0	3,830	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028

Period:

Worksheet H-2

HHA CCN: 527157

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

Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Home Health  
Agency I

PPS

Cost Center Description	PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	792,742	0	792,742			1.00
2.00 Skilled Nursing Care	0	1,847,686	0	1,847,686	569,685	2,417,371	2.00
3.00 Physical Therapy	0	365,489	0	365,489	112,689	478,178	3.00
4.00 Occupational Therapy	0	239,424	0	239,424	73,820	313,244	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	3,830	0	3,830	1,181	5,011	6.00
7.00 Home Health Aide	0	114,707	0	114,707	35,367	150,074	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	3,363,878	0	3,363,878	792,742	3,363,878	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.308324		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/29/2015 1:38 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	9,153	0	198,787	2	40	0	1.00
2.00 Skilled Nursing Care	0	0	855,508	0	0	56,446	2.00
3.00 Physical Therapy	0	0	192,020	0	0	0	3.00
4.00 Occupational Therapy	0	0	125,789	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	39,307	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	9,153	0	1,411,411	2	40	56,446	20.00
21.00 Total cost to be allocated	115,314	0	107,660	162,100	10,808	1,113	21.00
22.00 Unit cost multiplier	12.598492	0.000000	0.076278	81,050.000000	270.200000	0.019718	22.00
Cost Center Description	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	303,385	31	9,153	1.00
2.00 Skilled Nursing Care	0	0	0	1,590,687	0	0	2.00
3.00 Physical Therapy	0	0	0	314,652	0	0	3.00
4.00 Occupational Therapy	0	0	0	206,122	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	98,752	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	2,513,598	31	9,153	20.00
21.00 Total cost to be allocated	0	0	0	406,109	7,470	363,125	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.161565	240.967742	39.672785	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	2,166	2,166	36,800	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	2,166	2,166	36,800	20.00
21.00	Total cost to be allocated	0	0	0	1	29,434	40,311	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000462	13.589104	1.095408	22.00
Cost Center Description		INTERNS & RESIDENTS						
		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)	PARAMEDICAL PRGM- PHARMACY (ASSIGNED TIME)	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	10	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	10	0	0	0	20.00
21.00	Total cost to be allocated	0	0	3,830	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	383.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/29/2015 1:38 pm	
				HHA CCN: 527157	Title XVIII		Home Health Agency I
						PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00 2,417,371		2,417,371	7,076	341.63	
2.00	Physical Therapy	3.00 478,178	0	478,178	2,449	195.25	
3.00	Occupational Therapy	4.00 313,244	0	313,244	1,181	265.24	
4.00	Speech Pathology	5.00 0	0	0	133	0.00	
5.00	Medical Social Services	6.00 5,011		5,011	95	52.75	
6.00	Home Health Aide	7.00 150,074		150,074	616	243.63	
7.00	Total (sum of lines 1-6)		0	3,363,878	11,550	7.00	
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles							
Cost Center Description							
Cost Limits		CBSA No. (1)	Part A				
0		1.00	2.00	3.00		4.00 5.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99952	0	4,617	8.00	
8.01	Skilled Nursing Care		99914	0	25	8.01	
8.02	Skilled Nursing Care		50185	0	20	8.02	
8.03	Skilled Nursing Care		31540	0	38	8.03	
8.04	Skilled Nursing Care		27500	0	143	8.04	
9.00	Physical Therapy		99952	0	1,577	9.00	
9.01	Physical Therapy		99914	0	11	9.01	
9.02	Physical Therapy		50185	0	6	9.02	
9.03	Physical Therapy		31540	0	10	9.03	
9.04	Physical Therapy		27500	0	10	9.04	
10.00	Occupational Therapy		99952	0	792	10.00	
10.01	Occupational Therapy		99914	0	4	10.01	
10.02	Occupational Therapy		50185	0	4	10.02	
10.03	Occupational Therapy		31540	0	3	10.03	
10.04	Occupational Therapy		27500	0	11	10.04	
11.00	Speech Pathology		99952	0	73	11.00	
11.01	Speech Pathology		99914	0	0	11.01	
11.02	Speech Pathology		50185	0	0	11.02	
11.03	Speech Pathology		31540	0	0	11.03	
11.04	Speech Pathology		27500	0	0	11.04	
12.00	Medical Social Services		99952	0	59	12.00	
12.01	Medical Social Services		99914	0	1	12.01	
12.02	Medical Social Services		50185	0	0	12.02	
12.03	Medical Social Services		31540	0	0	12.03	
12.04	Medical Social Services		27500	0	0	12.04	
13.00	Home Health Aide		99952	0	547	13.00	
13.01	Home Health Aide		99914	0	0	13.01	
13.02	Home Health Aide		50185	0	0	13.02	
13.03	Home Health Aide		31540	0	0	13.03	
13.04	Home Health Aide		27500	0	16	13.04	
14.00	Total (sum of lines 8-13)			0	7,967	14.00	
Cost Center Description							
From Wkst. H-2 Part I, col. 28, line		Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)	
0		1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00 0	0	0	0	0.000000	
16.00	Cost of Drugs	9.00 0	0	0	0	0.000000	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance		Subject to Deductibles & Coi nsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	4,843		0	1,654,514	1.00
2.00	Physical Therapy	0	1,614		0	315,134	2.00
3.00	Occupational Therapy	0	814		0	215,905	3.00
4.00	Speech Pathology	0	73		0	0	4.00
5.00	Medical Social Services	0	60		0	3,165	5.00
6.00	Home Health Aide	0	563		0	137,164	6.00
7.00	Total (sum of lines 1-6)	0	7,967		0	2,325,882	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance		Subject to Deductibles & Coi nsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
Cost Per Visit Computation			
1.00	Skilled Nursing Care	1,654,514	1.00
2.00	Physical Therapy	315,134	2.00
3.00	Occupational Therapy	215,905	3.00
4.00	Speech Pathology	0	4.00
5.00	Medical Social Services	3,165	5.00
6.00	Home Health Aide	137,164	6.00
7.00	Total (sum of lines 1-6)	2,325,882	7.00
Cost Center Description		12.00	
Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
8.04	Skilled Nursing Care		8.04
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
9.04	Physical Therapy		9.04
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
10.04	Occupational Therapy		10.04
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
11.04	Speech Pathology		11.04
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
12.04	Medical Social Services		12.04
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
13.04	Home Health Aide		13.04
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 520028

Period:

Worksheet H-3

HHA CCN: 527157

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

Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.314510	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.272964	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.320965	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.163753	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.156500	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,326,255
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	11,176
13.00	Total PPS Reimbursement - LUPA Episodes		0	26,682
14.00	Total PPS Reimbursement - PEP Episodes		0	5,200
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	2,052
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,371,365
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,371,365
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,371,365
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,371,365
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,371,365
31.01	Sequestration adjustment (see instructions)		0	27,427
32.00	Interim payments (see instructions)		0	1,343,938
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet H-5
	HHA CCN: 527157	Home Health Agency I	Date/Time Prepared: 5/29/2015 1:38 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,343,938	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,343,938	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,343,938	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet K
		Hospice CCN: 521523		Date/Time Prepared: 5/29/2015 1:38 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	21,375	0	0	0	0	5.00
6.00	Administrative and General	73,974	21,421	0	0	20,180	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	30,847	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	442,487	117,533	23,161	123,028	70,160	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	94	7	44	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	47,049	16,257	3,483	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	27,679	0	3,874	0	0	18.00
19.00	Home Health Aide and Homemaker	0	2,021	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	115,234	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	3,063	0	28.00
29.00	Labs and Diagnostics	0	0	0	41	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	46,955	16,244	3,483	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	5,047	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	659,613	173,483	34,045	156,979	210,621	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 520028

Period: From 01/01/2014

Worksheet K

Hospice CCN: 521523

To 12/31/2014

Date/Time Prepared: 5/29/2015 1:38 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	21,375	0	21,375	0	21,375	5.00
6.00	Administrative and General	115,575	0	115,575	0	115,575	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	30,847	0	30,847	0	30,847	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	776,369	0	776,369	0	776,369	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	145	0	145	0	145	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	66,789	0	66,789	0	66,789	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	31,553	0	31,553	0	31,553	18.00
19.00	Home Health Aide and Homemaker	2,021	0	2,021	0	2,021	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	115,234	0	115,234	0	115,234	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	3,063	0	3,063	0	3,063	28.00
29.00	Labs and Diagnostics	41	0	41	0	41	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	66,682	0	66,682	0	66,682	35.00
36.00	Volunteer Program Costs	5,047	0	5,047	0	5,047	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,234,741	0	1,234,741	0	1,234,741	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period:

Worksheet K-1

Hospice CCN: 521523

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

Date/Time Prepared:  
5/29/2015 1:38 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	52,599	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	83,174	359,313	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	52,599	0	83,174	359,313	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 521523

To 12/31/2014

Date/Time Prepared: 5/29/2015 1:38 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	21,375	21,375	5.00
6.00	Administrative and General		0	21,375	73,974	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	442,487	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	94	94	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	47,049	47,049	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		27,679	0	27,679	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	46,955	46,955	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	27,679	136,848	659,613	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 520028		Period: From 01/01/2014 To 12/31/2014		Worksheet K-2	
		Hospice CCN: 521523				Date/Time Prepared: 5/29/2015 1:38 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	16,656	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	22,093	95,440	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	16,656	0	22,093	95,440	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 520028

Period: From 01/01/2014

Worksheet K-2

Hospice CCN: 521523

To 12/31/2014

Date/Time Prepared: 5/29/2015 1:38 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	4,765	21,421	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	117,533	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	7	7	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	16,257	16,257	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		2,021	0	2,021	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	16,244	16,244	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,021	37,273	173,483	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 521523		Date/Time Prepared: 5/29/2015 1:38 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 521523		Date/Time Prepared: 5/29/2015 1:38 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	30,847	30,847	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	123,028	123,028	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	3,063	3,063	28.00
29.00	Labs and Diagnostics		0	41	41	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	156,979	156,979	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 520028  
 Hospice CCN: 521523

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

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
 5/29/2015 1:38 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	21,375	0	0	0	0	5.00
6.00	Administrative and General	115,575	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	30,847	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	776,369	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	145	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	66,789	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	31,553	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	2,021	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	115,234	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	3,063	0	0	0	0	28.00
29.00	Labs and Diagnostics	41	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	66,682	0	0	0	0	35.00
36.00	Volunteer Program Costs	5,047	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,234,741	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2014	Worksheet K-4
		Hospice CCN: 521523	To 12/31/2014	Part I
				Date/Time Prepared: 5/29/2015 1:38 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	21,375				5.00
6.00	Administrative and General	21,375	136,950	136,950		6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	30,847	3,848	34,695	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	776,369	96,852	873,221	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	145	18	163	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	66,789	8,332	75,121	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	31,553	3,936	35,489	18.00
19.00	Home Health Aide and Homemaker	0	2,021	252	2,273	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	115,234	14,376	129,610	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	3,063	382	3,445	28.00
29.00	Labs and Diagnostics	0	41	5	46	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	66,682	8,319	75,001	35.00
36.00	Volunteer Program Costs	0	5,047	630	5,677	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	21,375	1,234,741		1,234,741	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-4  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	198					1.00
2.00	Capital Related Costs-Movable Equip.	0	232				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	15,815		4.00
5.00	Volunteer Service Coordination	0	0	0	533	100	5.00
6.00	Administrative and General	198	232	0	0	100	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	8,820	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	2,456	0	15.00
16.00	Spiritual Counseling	0	0	0	375	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	3,601	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	30	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	21,375	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	213.750000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 521523

To 12/31/2014

Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-136,950	1,097,791	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	30,847	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	776,369	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	145	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	66,789	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	31,553	18.00
19.00	Home Health Aide and Homemaker	0	2,021	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	115,234	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	3,063	28.00
29.00	Labs and Diagnostics	0	41	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	66,682	35.00
36.00	Volunteer Program Costs	0	5,047	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		136,950	39.00
40.00	Unit Cost Multiplier		0.124751	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
1.00 Administrative and General		2,494	0	0	0	1.00
2.00 Inpatient - General Care	34,695	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	873,221	0	0	50,314	162,100	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	163	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	75,121	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	35,489	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	2,273	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	129,610	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specif y	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	3,445	0	0	0	0	23.00
24.00 Labs and Diagnostics	46	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	75,001	0	0	0	0	30.00
31.00 Volunteer Program Costs	5,677	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,234,741	2,494	0	50,314	162,100	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Hospice I				Subtotal	
		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	0	2,494	1.00
2.00	Inpatient - General Care	0	0	0	0	34,695	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	5,404	2,729	0	0	1,093,768	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	163	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	75,121	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	35,489	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	2,273	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	129,610	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	3,445	23.00
24.00	Labs and Diagnostics	0	0	0	0	46	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	75,001	30.00
31.00	Volunteer Program Costs	0	0	0	0	5,677	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,404	2,729	0	0	1,457,782	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	403	1,446	7,855	0	0	1.00
2.00	Inpatient - General Care	5,605	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	176,716	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	26	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	12,137	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	5,734	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	367	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	20,940	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	557	0	0	0	0	23.00
24.00	Labs and Diagnostics	7	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	12,118	0	0	0	0	30.00
31.00	Volunteer Program Costs	917	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	235,527	1,446	7,855	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

From 01/01/2014

Part I

To 12/31/2014

Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	1	12,760	16,650	415,105	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	1	12,760	16,650	415,105	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	3,830	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	3,830	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 521523

To 12/31/2014

Part I  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Hospice I					
		Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	12,198					1.00
2.00	Inpatient - General Care	40,300	0	40,300	230	40,530	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,715,000	0	1,715,000	9,781	1,724,781	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	189	0	189	1	190	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	91,088	0	91,088	519	91,607	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	41,223	0	41,223	235	41,458	13.00
14.00	Home Health Aide and Homemaker	2,640	0	2,640	15	2,655	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	150,550	0	150,550	859	151,409	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	4,002	0	4,002	23	4,025	23.00
24.00	Labs and Diagnostics	53	0	53	0	53	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	87,119	0	87,119	497	87,616	30.00
31.00	Volunteer Program Costs	6,594	0	6,594	38	6,632	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,150,956	0	2,150,956		2,150,956	34.00
35.00	Unit Cost Multiplier (see instructions)				0.005703		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	198	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	659,613	2	20	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	198	0	659,613	2	20	34.00
35.00 Total cost to be allocated	2,494	0	50,314	162,100	5,404	35.00
36.00 Unit Cost Multiplier (see instructions)	12.595960	0.000000	0.076278	81,050.000000	270.200000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Hospice I					
		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	0	0	0	0	2,494	1.00
2.00	Inpatient - General Care	0	0	0	0	34,695	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	138,422	0	0	0	1,093,768	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	163	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	75,121	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	35,489	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	2,273	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	129,610	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	3,445	23.00
24.00	Labs and Diagnostics	0	0	0	0	46	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	75,001	30.00
31.00	Volunteer Program Costs	0	0	0	0	5,677	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	138,422	0	0	0	1,457,782	34.00
35.00	Total cost to be allocated	2,729	0	0	0	235,527	35.00
36.00	Unit Cost Multiplier (see instructions)	0.019715	0.000000	0.000000		0.161565	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	6	198	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6	198	0	0	0	34.00
35.00	Total cost to be allocated	1,446	7,855	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	241.000000	39.671717	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description		Hospice I					
		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	939	939	15,200	115,234	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	939	939	15,200	115,234	0	34.00
35.00	Total cost to be allocated	1	12,760	16,650	415,105	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.001065	13.588924	1.095395	3.602279	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2015 1:38 pm

Cost Center Description	Hospice I					
	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)			
	17.00	21.00	22.00	23.00		
1.00 Administrative and General	0	0	0	0		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	10	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	0	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	10	0	0	0		34.00
35.00 Total cost to be allocated	3,830	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	383.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 520028 Hospice CCN: 521523	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part III Date/Time Prepared: 5/29/2015 1:38 pm	
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.314510	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.272964	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.320965	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.156500	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.213923	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.163753	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 520028

Period: From 01/01/2014

Worksheet K-6

Hospice CCN: 521523

To 12/31/2014

Date/Time Prepared: 5/29/2015 1:38 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,150,956	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				11,318	2.00
3.00	Average cost per diem (line 1 divided by line 2)				190.05	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	10,941				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,079,337				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		82			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		15,584			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,021				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	194,041				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			295		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			56,065		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 520028	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/29/2015 1:38 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		775,839	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		22,177	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		23.69	3.00
4.00	Number of interns & residents (see instructions)		1.03	4.00
5.00	Indirect medical education percentage (see instructions)		1.23	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		9,543	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		807,559	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00