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: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet S Parts I-III Date/Time Prepared: 8/18/2015 9:55 am

PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HERRIN HOSPITAL (140011) for the cost reporting period beginning 04/01/2014 and ending 03/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	19,413	102,331	37,324	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	20,555	563		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	39,968	102,894	37,324	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 8/18/2015 9:55 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 201 S. 14TH STREET	PO Box:			1.00
2.00	City: HERRIN	State: IL	Zip Code: 62948	County: WILLIAMSON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	HERRIN HOSPITAL	140011	16060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	HERRIN HOSPITAL ACUTE REHAB	14T011	16060	5	04/01/1998	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	04/01/2014	03/31/2015	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	2,494	1	0	0	34	228	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	905	6	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 8/18/2015 9:55 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		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.	2	09/15/2014	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.	1		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.	04/01/2014	03/31/2015	38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				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.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 8/18/2015 9:55 am

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 8/18/2015 9:55 am

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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 8/18/2015 9:55 am

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

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

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,022,145	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	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
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part I | Date/Time Prepared: 8/18/2015 9:55 am

		1.00	2.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H124	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: SOUTHERN ILLINOIS HEALTHCARE	Contractor's Name: NGS	Contractor's Number: 06101	141.00
142.00	Street: 1239 E MAIN STREET	PO Box: 3988		142.00
143.00	City: CARBONDALE	State: IL	Zip Code: 62902-3988	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

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

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet S-2 Part I Date/Time Prepared: 8/18/2015 9:55 am

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2014	09/30/2014	170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 8/18/2015 9:55 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	06/19/2015	Y 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N 19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N 20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 8/18/2015 9:55 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				Y	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
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUANNE	WARREN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SOUTHERN ILLINOIS HOSPITAL SERVICES		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6184575200	LUANNE.WARREN@SIH.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part II | Date/Time Prepared: 8/18/2015 9:55 am

		Part B Date			
		4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	06/19/2015			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT DIRECTOR		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: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-2 Part IX Date/Time Prepared: 8/18/2015 9:55 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 8/18/2015 9:55 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	77	28,105	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)		77	28,105	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	8	2,920	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						13.00
14.00	Total (see instructions)		85	31,025	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	29	10,585		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		114				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: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 8/18/2015 9:55 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,361	2,232	17,848			1.00
2.00	HMO and other (see instructions)	1,474	262				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	431	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)	11,361	2,232	17,848			7.00
8.00	INTENSIVE CARE UNIT	1,021	259	1,999			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)	12,382	2,491	19,847	0.00	713.92	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	4,716	911	7,187	0.00	55.76	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	769.68	27.00
28.00	Observation Bed Days		224	1,029			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: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part I | Date/Time Prepared: 8/18/2015 9:55 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,285	601	5,724	1.00
2.00	HMO and other (see instructions)			393	92		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	3,285	601	5,724	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	344	65	505	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 8/18/2015 9:55 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	39,231,423	0	39,231,423	1,600,869.63	24.51	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		0	0	0	0.00	0.00	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	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,956,436	-195,573	2,760,863	115,982.01	23.80	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		250,819	0	250,819	4,409.50	56.88	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		182,403	0	182,403	1,556.00	117.23	13.00
14.00	Home office salaries & wage-related costs		8,286,645	0	8,286,645	194,314.87	42.65	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,023,560	0	10,023,560			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		758,795	0	758,795			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		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	268,901	0	268,901	10,268.01	26.19	26.00
27.00	Administrative & General	5.00	2,995,618	0	2,995,618	125,571.50	23.86	27.00
28.00	Administrative & General under contract (see inst.)		101,276	0	101,276	464.97	217.81	28.00
29.00	Maintenance & Repairs	6.00	575,946	0	575,946	27,697.07	20.79	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	40,619	0	40,619	3,255.72	12.48	31.00
32.00	Housekeeping	9.00	888,628	0	888,628	72,751.36	12.21	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,018,069	-709,408	308,661	20,836.02	14.81	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	709,408	709,408	47,884.37	14.82	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,151,040	0	1,151,040	29,900.65	38.50	38.00
39.00	Central Services and Supply	14.00	144,611	0	144,611	9,947.17	14.54	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 8/18/2015 9:55 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	333,452	0	333,452	21,121.73	15.79	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part III Date/Time Prepared: 8/18/2015 9:55 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		39,332,699	0	39,332,699	1,601,334.60	24.56	1.00
2.00	Excluded area salaries (see instructions)		2,956,436	-195,573	2,760,863	115,982.01	23.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)		36,376,263	195,573	36,571,836	1,485,352.59	24.62	3.00
4.00	Subtotal other wages & related costs (see inst.)		8,719,867	0	8,719,867	200,280.37	43.54	4.00
5.00	Subtotal wage-related costs (see inst.)		10,023,560	0	10,023,560	0.00	27.41	5.00
6.00	Total (sum of lines 3 thru 5)		55,119,690	195,573	55,315,263	1,685,632.96	32.82	6.00
7.00	Total overhead cost (see instructions)		7,518,160	0	7,518,160	369,698.57	20.34	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part IV Date/Time Prepared: 8/18/2015 9:55 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,343,573	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	738	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	5,735,363	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	9,715	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	43,448	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)	111,835	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	524,278	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	2,818,482	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	76,004	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	118,919	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,782,355	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet S-3 Part V Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	291,037	11,541,150	1.00
2.00	Hospital	250,819	10,782,355	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	40,218	758,795	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet S-10 Date/Time Prepared: 8/18/2015 9:55 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.222669	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	9,595,483	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,204,155	5.00
6.00	Medicaid charges	106,462,181	6.00
7.00	Medicaid cost (line 1 times line 6)	23,705,827	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)	12,906,189	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	33,171	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	12,906,189	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,457,038	1,459,212	9,916,250	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,883,120	324,921	2,208,041	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)	1,883,120	324,921	2,208,041	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)	8,193,135	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,072,145	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	7,120,990	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,585,624	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,793,665	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	16,699,854	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,565,442	3,565,442	246,693	3,812,135	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,551,123	2,551,123	97,706	2,648,829	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	268,901	13,738,417	14,007,318	0	14,007,318	4.00
5.01	00550	DATA PROCESSING	0	0	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	85,107	85,107	0	85,107	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	733,563	53,715	787,278	0	787,278	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	2,262,055	6,102,408	8,364,463	-20,452	8,344,011	5.04
6.00	00600	MAINTENANCE & REPAIRS	575,946	1,153,602	1,729,548	0	1,729,548	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,619	330,809	371,428	0	371,428	8.00
9.00	00900	HOUSEKEEPING	888,628	289,372	1,178,000	0	1,178,000	9.00
10.00	01000	DIETARY	1,018,069	760,301	1,778,370	-1,239,199	539,171	10.00
11.00	01100	CAFETERIA	0	0	0	1,239,199	1,239,199	11.00
13.00	01300	NURSING ADMINISTRATION	1,151,040	75,728	1,226,768	0	1,226,768	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	144,611	58,630	203,241	-2,905	200,336	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	333,452	17,604	351,056	0	351,056	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	810,601	810,601	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,052,553	4,685,940	11,738,493	-4,429	11,734,064	30.00
31.00	03100	INTENSIVE CARE UNIT	1,496,537	424,908	1,921,445	-14,480	1,906,965	31.00
41.00	04100	SUBPROVIDER - IRF	2,760,863	1,446,397	4,207,260	-435	4,206,825	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,613,818	12,444,735	16,058,553	-10,617,948	5,440,605	50.00
51.00	05100	RECOVERY ROOM	351,455	128,945	480,400	-2,314	478,086	51.00
53.00	05300	ANESTHESIOLOGY	308,760	1,145,980	1,454,740	-864,374	590,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,028,448	673,673	2,702,121	-126,666	2,575,455	54.00
56.00	05600	RADIOISOTOPE	301,593	1,398,205	1,699,798	-113,102	1,586,696	56.00
57.00	05700	CT SCAN	415,462	477,129	892,591	-54,241	838,350	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	265,767	272,238	538,005	-47,737	490,268	58.00
60.00	06000	LABORATORY	1,638,276	3,373,035	5,011,311	538,520	5,549,831	60.00
65.00	06500	RESPIRATORY THERAPY	1,154,538	351,495	1,506,033	-67,748	1,438,285	65.00
66.00	06600	PHYSICAL THERAPY	4,030,784	1,269,017	5,299,801	-49	5,299,752	66.00
69.00	06900	ELECTROCARDIOLOGY	631,208	377,037	1,008,245	-95,747	912,498	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,205,868	6,205,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,071,735	1,071,735	4,869,712	5,941,447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,974,071	4,684,856	6,658,927	206,660	6,865,587	73.00
76.97	07697	CARDIAC REHABILITATION	408,811	31,761	440,572	0	440,572	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	196,581	484,204	680,785	-12,960	667,825	90.00
91.00	09100	EMERGENCY	2,989,441	2,992,802	5,982,243	-9,427	5,972,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		2,737,592	2,737,592	-344,399	2,393,193	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,035,850	69,253,942	108,289,792	576,347	108,866,139	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	116,007	116,007	0	116,007	192.00
192.01	19201	VACANT SPACE	0	0	0	0	0	192.01
192.02	19202	REFERENCE LAB	195,573	380,774	576,347	-576,347	0	192.02
200.00		TOTAL (SUM OF LINES 118-199)	39,231,423	69,750,723	108,982,146	0	108,982,146	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-51,841	3,760,294		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,776,152	5,424,981		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	486,056	14,493,374		4.00
5.01	00550	DATA PROCESSING	4,359,254	4,359,254		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-6,987	78,120		5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,317,324	3,104,602		5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,937,450	10,281,461		5.04
6.00	00600	MAINTENANCE & REPAIRS	-79	1,729,469		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	371,428		8.00
9.00	00900	HOUSEKEEPING	0	1,178,000		9.00
10.00	01000	DIETARY	0	539,171		10.00
11.00	01100	CAFETERIA	-466,000	773,199		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,226,768		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	200,336		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-72,355	278,701		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-810,601	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,464,185	9,269,879		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,906,965		31.00
41.00	04100	SUBPROVIDER - IRF	-1,148,754	3,058,071		41.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-23,643	5,416,962		50.00
51.00	05100	RECOVERY ROOM	0	478,086		51.00
53.00	05300	ANESTHESIOLOGY	0	590,366		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-74,149	2,501,306		54.00
56.00	05600	RADIOISOTOPE	0	1,586,696		56.00
57.00	05700	CT SCAN	0	838,350		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	490,268		58.00
60.00	06000	LABORATORY	-44,155	5,505,676		60.00
65.00	06500	RESPIRATORY THERAPY	-12,248	1,426,037		65.00
66.00	06600	PHYSICAL THERAPY	-56,112	5,243,640		66.00
69.00	06900	ELECTROCARDIOLOGY	-138,613	773,885		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,205,868		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,941,447		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,865,587		73.00
76.97	07697	CARDIAC REHABILITATION	-1,628	438,944		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-7,221	660,604		90.00
91.00	09100	EMERGENCY	-1,768,475	4,204,341		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-2,393,193	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,335,997	111,202,136		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-16,661	99,346		192.00
192.01	19201	VACANT SPACE	0	0		192.01
192.02	19202	REFERENCE LAB	0	0		192.02
200.00		TOTAL (SUM OF LINES 118-199)	2,319,336	111,301,482		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet Non-CMS W | Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	DATA PROCESSING	00550	DATA PROCESSING	5.01
5.02	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00590		5.04
6.00	MAINTENANCE & REPAIRS	00600		6.00
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
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
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
192.01	VACANT SPACE	19201		192.01
192.02	REFERENCE LAB	19202		192.02
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-6 | Date/Time Prepared: 8/18/2015 9:55 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DIETARY RECLASS				
1.00	CAFETERIA	11.00	709,408	529,791	1.00
	TOTALS		709,408	529,791	
	B - MEDICAL SUPPLIES CHARGED TO PATIENTS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,075,580	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	11,075,580	
	C - CRNA RECLASS				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	810,601	1.00
	TOTALS		0	810,601	
	D - INTEREST RECLASS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	246,693	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	97,706	2.00
	TOTALS		0	344,399	
	E - BARIACTRIC MED DIRECTOR RECLASS				
1.00	OPERATING ROOM	50.00	0	9,820	1.00
	TOTALS		0	9,820	
	F - IMPLANTABLE DEVICES RECLASS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,869,712	1.00
	TOTALS		0	4,869,712	
	G - CONTRAST DRUG RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	207,008	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	207,008	
	H - REFERENCE LAB RECLASS				
1.00	LABORATORY	60.00	195,573	380,774	1.00
	TOTALS		195,573	380,774	
	I - EEG MED DIRECTOR RECLASS				
1.00	RESPIRATORY THERAPY	65.00	0	6,596	1.00
	TOTALS		0	6,596	
	J - RESP CARE MED DIRECTOR RECLASS				
1.00	RESPIRATORY THERAPY	65.00	0	7,930	1.00
	TOTALS		0	7,930	
	K - EKG MED DIRECTOR RECLASS				
1.00	ELECTROCARDIOLOGY	69.00	0	550	1.00
	TOTALS		0	550	
	L - UROLOGY MED DIRECTOR RECLASS				
1.00	OPERATING ROOM	50.00	0	3,880	1.00
	TOTALS		0	3,880	
500.00	Grand Total: Increases		904,981	18,246,641	500.00

RECLASSIFICATIONS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-6 | Date/Time Prepared: 8/18/2015 9:55 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY RECLASS						
1.00	DIETARY	10.00	709,408	529,791	0		1.00
	TOTALS		709,408	529,791			
	B - MEDICAL SUPPLIES CHARGED TO PATIENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	156	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	4,429	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	435	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	6,550	0		4.00
5.00	OPERATING ROOM	50.00	0	10,631,648	0		5.00
6.00	RECOVERY ROOM	51.00	0	2,314	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,905	0		7.00
8.00	EMERGENCY	91.00	0	9,427	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	53,773	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	93,144	0		10.00
11.00	RADIOISOTOPE	56.00	0	113,102	0		11.00
12.00	CT SCAN	57.00	0	300	0		12.00
13.00	LABORATORY	60.00	0	37,827	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	81,724	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	49	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	24,489	0		16.00
17.00	CLINIC	90.00	0	12,960	0		17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00	0	348	0		18.00
	TOTALS		0	11,075,580			
	C - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	810,601	0		1.00
	TOTALS		0	810,601			
	D - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	344,399	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	344,399			
	E - BARIACTRIC MED DIRECTOR RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,820	0		1.00
	TOTALS		0	9,820			
	F - IMPLANTABLE DEVICES RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,869,712	0		1.00
	TOTALS		0	4,869,712			
	G - CONTRAST DRUG RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	71,808	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,522	0		2.00
3.00	CT SCAN	57.00	0	53,941	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	47,737	0		4.00
	TOTALS		0	207,008			
	H - REFERENCE LAB RECLASS						
1.00	REFERENCE LAB	192.02	195,573	380,774	0		1.00
	TOTALS		195,573	380,774			
	I - EEG MED DIRECTOR RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,596	0		1.00
	TOTALS		0	6,596			
	J - RESP CARE MED DIRECTOR RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	0	7,930	0		1.00
	TOTALS		0	7,930			
	K - EKG MED DIRECTOR RECLASS						
1.00	RESPIRATORY THERAPY	65.00	0	550	0		1.00
	TOTALS		0	550			
	L - UROLOGY MED DIRECTOR RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,880	0		1.00
	TOTALS		0	3,880			
500.00	Grand Total: Decreases		904,981	18,246,641			500.00

RECLASSIFICATIONS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 8/18/2015 9:55 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - DIETARY RECLASS								
1.00	CAFETERIA	11.00	709,408	529,791	DIETARY	10.00	709,408	529,791	1.00
	TOTALS		709,408	529,791	TOTALS		709,408	529,791	
	B - MEDICAL SUPPLIES CHARGED TO PATIENTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,075,580	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	156	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	4,429	2.00
3.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	435	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	6,550	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	10,631,648	5.00
6.00		0.00	0	0	RECOVERY ROOM	51.00	0	2,314	6.00
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	2,905	7.00
8.00		0.00	0	0	EMERGENCY	91.00	0	9,427	8.00
9.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	53,773	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	93,144	10.00
11.00		0.00	0	0	RADIOISOTOPE	56.00	0	113,102	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	300	12.00
13.00		0.00	0	0	LABORATORY	60.00	0	37,827	13.00
14.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	81,724	14.00
15.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	49	15.00
16.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	24,489	16.00
17.00		0.00	0	0	CLINIC	90.00	0	12,960	17.00
18.00		0.00	0	0	DRUGS CHARGED TO PATIENTS	73.00	0	348	18.00
	TOTALS		0	11,075,580	TOTALS		0	11,075,580	
	C - CRNA RECLASS								
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	810,601	ANESTHESIOLOGY	53.00	0	810,601	1.00
	TOTALS		0	810,601	TOTALS		0	810,601	
	D - INTEREST RECLASS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	246,693	INTEREST EXPENSE	113.00	0	344,399	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	97,706		0.00	0	0	2.00
	TOTALS		0	344,399	TOTALS		0	344,399	
	E - BARIACTRIC MED DIRECTOR RECLASS								
1.00	OPERATING ROOM	50.00	0	9,820	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,820	1.00
	TOTALS		0	9,820	TOTALS		0	9,820	
	F - IMPLANTABLE DEVICES RECLASS								
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,869,712	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,869,712	1.00
	TOTALS		0	4,869,712	TOTALS		0	4,869,712	
	G - CONTRAST DRUG RECLASS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	207,008	ELECTROCARDIOLOGY	69.00	0	71,808	1.00
2.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33,522	2.00
3.00		0.00	0	0	CT SCAN	57.00	0	53,941	3.00
4.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	47,737	4.00
	TOTALS		0	207,008	TOTALS		0	207,008	
	H - REFERENCE LAB RECLASS								
1.00	LABORATORY	60.00	195,573	380,774	REFERENCE LAB	192.02	195,573	380,774	1.00
	TOTALS		195,573	380,774	TOTALS		195,573	380,774	
	I - EEG MED DIRECTOR RECLASS								
1.00	RESPIRATORY THERAPY	65.00	0	6,596	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,596	1.00
	TOTALS		0	6,596	TOTALS		0	6,596	
	J - RESP CARE MED DIRECTOR RECLASS								
1.00	RESPIRATORY THERAPY	65.00	0	7,930	INTENSIVE CARE UNIT	31.00	0	7,930	1.00
	TOTALS		0	7,930	TOTALS		0	7,930	
	K - EKG MED DIRECTOR RECLASS								
1.00	ELECTROCARDIOLOGY	69.00	0	550	RESPIRATORY THERAPY	65.00	0	550	1.00
	TOTALS		0	550	TOTALS		0	550	
	L - UROLOGY MED DIRECTOR RECLASS								
1.00	OPERATING ROOM	50.00	0	3,880	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,880	1.00
	TOTALS		0	3,880	TOTALS		0	3,880	
500.00	Grand Total: Increases		904,981	18,246,641	Grand Total: Decreases		904,981	18,246,641	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-7 Part I | Date/Time Prepared: 8/18/2015 9:55 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,782,103	0	0	0	0	1.00
2.00	Land Improvements	4,200,209	128,489	0	128,489	0	2.00
3.00	Buildings and Fixtures	37,376,710	652,969	0	652,969	17,755	3.00
4.00	Building Improvements	29,092,649	1,370,752	0	1,370,752	625,727	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	26,311,484	3,047,832	0	3,047,832	766,769	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	100,763,155	5,200,042	0	5,200,042	1,410,251	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	100,763,155	5,200,042	0	5,200,042	1,410,251	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	3,782,103	0	1.00
2.00	Land Improvements	4,328,698	0	2.00
3.00	Buildings and Fixtures	38,011,924	0	3.00
4.00	Building Improvements	29,837,674	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	28,592,547	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	104,552,946	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	104,552,946	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-7 Part II | Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	3,565,442	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,551,123	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,116,565	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	3,565,442	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,551,123	2.00
3.00	Total (sum of lines 1-2)	0	6,116,565	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-7 Part III Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	75,960,399	0	75,960,399	0.726526	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	28,592,547	0	28,592,547	0.273474	0	2.00
3.00	Total (sum of lines 1-2)	104,552,946	0	104,552,946	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,760,294	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,424,981	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,185,275	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,760,294	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,424,981	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,185,275	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8 | Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-5,557,879			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	18,254,325			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-466,000	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-72,355	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-810,601	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEVISION AND RADIO SERVICES	A	-466	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8 | Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	INTEREST INCOME UNRESTRICTED	B	-593,813	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02	PAYMENTS FOR OUTPATIENT SERVICES	B	-2,875,214	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	NONALLOWABLE BOND EXPENSE	A	-2,393,193	INTEREST EXPENSE	113.00	0	33.03
33.04	PURCHASE DISCOUNTS	B	-6,987	PURCHASING RECEIVING AND STORES	5.02	0	33.04
33.05	CABLE TV	A	-1,023	SUBPROVIDER - IRF	41.00	0	33.05
33.06	OFFSET OF IHA LOBBYING EXPENSE	A	-27,244	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.06
33.07	COMMUNITY DONATIONS	A	-15,011	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.07
33.08	LEASEHOLD REVENUE	B	-308,080	CAP REL COSTS-BLDG & FIXT	1.00	9	33.08
33.09	DEBT FORGIVENESS	A	-1,723,590	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10	FUNDED DEPRECIATION	A	-1,557	CAP REL COSTS-BLDG & FIXT	1.00	9	33.10
33.11	REAL ESTATE TAXES	A	-26,431	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.11
33.12	MEDICAID PROVIDER TAX	A	-1,347,518	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.12
33.13	MISCELLANEOUS INCOME	B	-15,851	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.13
33.14	CABLE TV	A	-933	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.14
33.15	LEASEHOLD REVENUE - EQUIPMENT	B	-25,892	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.15
33.16	X-RAY FILM/SILVER REVENUE	B	-1,056	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	LOSS ON 1987 BONDS	A	45,408	CAP REL COSTS-BLDG & FIXT	1.00	9	33.17
33.18	LOSS ON 1987 BONDS	A	5,356	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.18
33.19	LOSS ON 1991 BONDS	A	129,192	CAP REL COSTS-BLDG & FIXT	1.00	9	33.19
33.20	LOSS ON 1991 BONDS	A	177,240	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.20
33.21	MISCELLANEOUS INCOME	B	-770	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.21
33.22	REAL ESTATE TAXES	A	-16,661	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.22
33.23	MISCELLANEOUS INCOME	B	-79	MAINTENANCE & REPAIRS	6.00	0	33.23
33.24	PERSONAL USE OF PROVIDER VEHICLE	A	-3,687	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25	COMMUNITY DONATIONS	A	-12	CARDIAC REHABILITATION	76.97	0	33.25
33.26	ALCOHOL PURCHASES	A	-282	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,319,336				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 8/18/2015 9:55 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	83,196	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	2,619,914	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	3,361,270	0	3.00
4.00	5.01	DATA PROCESSING	HOME OFFICE	4,359,254	0	4.00
4.01	5.03	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	2,317,324	0	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	5,692,580	0	4.02
4.03	90.00	CLINIC	RENT	10,179	16,032	4.03
4.04	60.00	LABORATORY	RENT	30,837	74,992	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	RENT	44,459	117,552	4.05
4.06	66.00	PHYSICAL THERAPY	RENT	52,689	108,801	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,571,702	317,377	5.00

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

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

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

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

6.00	B	SIHS	100.00	SIHS	100.00	6.00
7.00	B	SIHE	100.00	SIHE	100.00	7.00
8.00	B	HSSI	100.00	SIHE	100.00	8.00
9.00	B	SIMS	100.00	SIMS	100.00	9.00
10.00	B	SIH CAYMAN SPC	100.00	SIH CAYMAN SPC	100.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet A-8-1 Date/Time Prepared: 8/18/2015 9:55 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	83,196	9		1.00
2.00	2,619,914	9		2.00
3.00	3,361,270	0		3.00
4.00	4,359,254	0		4.00
4.01	2,317,324	0		4.01
4.02	5,692,580	0		4.02
4.03	-5,853	0		4.03
4.04	-44,155	0		4.04
4.05	-73,093	0		4.05
4.06	-56,112	0		4.06
5.00	18,254,325			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	CAPTIVE		10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 8/18/2015 9:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	60.00	DR. A	68,955	0	68,955	208,000	747	1.00
2.00	65.00	DR. B	28,689	0	28,689	159,800	214	2.00
3.00	69.00	DR. C	140,764	137,684	3,080	159,800	28	3.00
4.00	76.97	DR. D	4,535	248	4,287	159,800	38	4.00
5.00	91.00	DR. E	1,778,386	1,760,584	17,802	159,800	129	5.00
6.00	30.00	DR. F	2,464,185	2,464,185	0	0	0	6.00
7.00	41.00	DR. G	1,147,731	1,147,731	0	0	0	7.00
8.00	50.00	DR. H	56,090	250	55,840	182,900	369	8.00
9.00	90.00	DR. I	3,750	0	3,750	159,800	31	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,693,085	5,510,682	182,403		1,556	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	60.00	DR. A	74,700	3,735	0	0	0	1.00
2.00	65.00	DR. B	16,441	822	0	0	0	2.00
3.00	69.00	DR. C	2,151	108	0	0	0	3.00
4.00	76.97	DR. D	2,919	146	0	0	0	4.00
5.00	91.00	DR. E	9,911	496	0	0	0	5.00
6.00	30.00	DR. F	0	0	0	0	0	6.00
7.00	41.00	DR. G	0	0	0	0	0	7.00
8.00	50.00	DR. H	32,447	1,622	0	0	0	8.00
9.00	90.00	DR. I	2,382	119	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			140,951	7,048	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	60.00	DR. A	0	74,700	0	0		1.00
2.00	65.00	DR. B	0	16,441	12,248	12,248		2.00
3.00	69.00	DR. C	0	2,151	929	138,613		3.00
4.00	76.97	DR. D	0	2,919	1,368	1,616		4.00
5.00	91.00	DR. E	0	9,911	7,891	1,768,475		5.00
6.00	30.00	DR. F	0	0	0	2,464,185		6.00
7.00	41.00	DR. G	0	0	0	1,147,731		7.00
8.00	50.00	DR. H	0	32,447	23,393	23,643		8.00
9.00	90.00	DR. I	0	2,382	1,368	1,368		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	140,951	47,197	5,557,879		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,760,294	3,760,294				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,424,981		5,424,981			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,493,374	0	5,352	14,498,726		4.00
5.01	00550	DATA PROCESSING	4,359,254	14,563	0	0	4,373,817	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	78,120	30,167	965	0	6,008	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,104,602	28,581	8,076	272,973	132,176	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	10,281,461	655,730	119,118	841,756	342,455	5.04
6.00	00600	MAINTENANCE & REPAIRS	1,729,469	401,551	24,604	214,321	114,152	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	371,428	11,374	168	15,115	0	8.00
9.00	00900	HOUSEKEEPING	1,178,000	47,067	23,908	330,676	12,016	9.00
10.00	01000	DIETARY	539,171	80,747	44,423	114,866	48,064	10.00
11.00	01100	CAFETERIA	773,199	50,938	0	263,979	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,226,768	24,250	287,312	428,325	24,032	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	200,336	38,267	11,119	53,813	6,008	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	278,701	0	18,860	124,084	132,176	16.00
17.00	01700	SOCIAL SERVICE	0	11,835	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,269,879	548,174	353,164	2,624,388	985,308	30.00
31.00	03100	INTENSIVE CARE UNIT	1,906,965	71,316	86,887	556,891	90,120	31.00
41.00	04100	SUBPROVIDER - IRF	3,058,071	305,064	113,168	1,027,372	444,591	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,416,962	328,871	1,635,275	1,344,774	204,272	50.00
51.00	05100	RECOVERY ROOM	478,086	23,687	12,215	130,783	24,032	51.00
53.00	05300	ANESTHESIOLOGY	590,366	0	50,354	114,896	30,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,501,306	129,024	711,743	754,826	192,256	54.00
56.00	05600	RADIOISOTOPE	1,586,696	51,160	297,094	112,229	24,032	56.00
57.00	05700	CT SCAN	838,350	17,957	327,971	154,602	12,016	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	490,268	16,132	63,027	98,897	6,008	58.00
60.00	06000	LABORATORY	5,505,676	95,890	358,544	682,412	240,320	60.00
65.00	06500	RESPIRATORY THERAPY	1,426,037	22,323	123,137	429,627	156,208	65.00
66.00	06600	PHYSICAL THERAPY	5,243,640	170,412	109,064	1,499,935	630,839	66.00
69.00	06900	ELECTROCARDIOLOGY	773,885	73,278	323,786	234,885	84,112	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,205,868	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,941,447	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,865,587	36,698	58,536	734,591	102,136	73.00
76.97	07697	CARDIAC REHABILITATION	438,944	31,020	17,033	152,127	60,080	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	660,604	14,154	0	73,152	66,088	90.00
91.00	09100	EMERGENCY	4,204,341	195,395	236,425	1,112,431	198,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	111,202,136	3,525,625	5,421,328	14,498,726	4,367,809	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,593	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	99,346	0	3,653	0	6,008	192.00
192.01	19201	VACANT SPACE	0	218,076	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
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)	111,301,482	3,760,294	5,424,981	14,498,726	4,373,817	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	115,260					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	526	3,546,934				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1	0	12,240,521	12,240,521		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	2,484,097	306,950	2,791,047	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	398,085	49,190	12,072	8.00
9.00	00900	HOUSEKEEPING	23	0	1,591,690	196,679	49,955	9.00
10.00	01000	DIETARY	6	0	827,277	102,223	85,701	10.00
11.00	01100	CAFETERIA	14	0	1,088,130	134,456	54,063	11.00
13.00	01300	NURSING ADMINISTRATION	20	0	1,990,707	245,984	25,737	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	280	0	309,823	38,284	40,615	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	553,821	68,433	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	11,835	1,462	12,561	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,867	147,586	13,952,366	1,723,993	581,809	30.00
31.00	03100	INTENSIVE CARE UNIT	5,764	18,280	2,736,223	338,104	75,692	31.00
41.00	04100	SUBPROVIDER - IRF	3,415	93,642	5,045,323	623,430	323,781	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,843	478,015	9,460,012	1,168,936	349,048	50.00
51.00	05100	RECOVERY ROOM	716	34,026	703,545	86,934	25,140	51.00
53.00	05300	ANESTHESIOLOGY	3,587	69,255	858,498	106,081	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	947	208,376	4,498,478	555,859	136,941	54.00
56.00	05600	RADIOISOTOPE	323	157,764	2,229,298	275,465	54,298	56.00
57.00	05700	CT SCAN	2,727	467,863	1,821,486	225,074	19,059	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	166	129,127	803,625	99,301	17,122	58.00
60.00	06000	LABORATORY	3,558	556,410	7,442,810	919,678	101,773	60.00
65.00	06500	RESPIRATORY THERAPY	2,002	56,686	2,216,020	273,825	23,692	65.00
66.00	06600	PHYSICAL THERAPY	780	209,331	7,864,001	971,723	180,868	66.00
69.00	06900	ELECTROCARDIOLOGY	487	158,134	1,648,567	203,707	77,773	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	139,270	6,345,138	784,043	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	115,829	6,057,276	748,473	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	301	243,119	8,040,968	993,590	38,950	73.00
76.97	07697	CARDIAC REHABILITATION	57	12,318	711,579	87,927	32,923	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	791	20,414	835,203	103,203	15,023	90.00
91.00	09100	EMERGENCY	13,059	231,489	6,191,404	765,047	207,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	115,260	3,546,934	110,957,806	12,198,054	2,541,980	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,593	2,050	17,611	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	109,007	13,470	0	192.00
192.01	19201	VACANT SPACE	0	0	218,076	26,947	231,456	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	115,260	3,546,934	111,301,482	12,240,521	2,791,047	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	459,347					8.00
9.00	00900	HOUSEKEEPING	0	1,838,324				9.00
10.00	01000	DIETARY	0	57,730	1,072,931			10.00
11.00	01100	CAFETERIA	0	36,418	0	1,313,067		11.00
13.00	01300	NURSING ADMINISTRATION	0	17,337	0	45,192	2,324,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	27,359	0	5,678	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	13,092	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,461	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	303,263	391,915	708,355	276,899	1,339,345	30.00
31.00	03100	INTENSIVE CARE UNIT	33,966	50,988	79,337	58,757	370,859	31.00
41.00	04100	SUBPROVIDER - IRF	122,118	218,106	285,239	108,397	158,265	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	235,126	0	141,886	28,346	50.00
51.00	05100	RECOVERY ROOM	0	16,935	0	13,799	19,488	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,123	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92,246	0	79,641	0	54.00
56.00	05600	RADIOISOTOPE	0	36,577	0	11,841	0	56.00
57.00	05700	CT SCAN	0	12,838	0	16,312	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,534	0	10,435	0	58.00
60.00	06000	LABORATORY	0	68,557	0	72,001	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	15,960	0	45,329	0	65.00
66.00	06600	PHYSICAL THERAPY	0	121,836	0	158,257	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	52,390	0	24,782	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,238	0	77,506	4,724	73.00
76.97	07697	CARDIAC REHABILITATION	0	22,178	0	16,051	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	10,120	0	7,718	0	90.00
91.00	09100	EMERGENCY	0	139,698	0	117,371	403,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	459,347	1,670,547	1,072,931	1,313,067	2,324,957	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,863	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	VACANT SPACE	0	155,914	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
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)	459,347	1,838,324	1,072,931	1,313,067	2,324,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			14.00	16.00	17.00	19.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	421,759					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	635,346				16.00
17.00	01700	SOCIAL SERVICE	0	0	34,319			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	72	26,429	22,657		19,327,103	30.00
31.00	03100	INTENSIVE CARE UNIT	218	3,273	2,538		3,749,955	31.00
41.00	04100	SUBPROVIDER - IRF	17	16,769	9,124		6,910,569	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	382,844	85,600	0	0	11,851,798	50.00
51.00	05100	RECOVERY ROOM	93	6,093	0	0	872,027	51.00
53.00	05300	ANESTHESIOLOGY	2,152	12,402	0	0	991,256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,504	37,315	0	0	5,403,984	54.00
56.00	05600	RADIOISOTOPE	4,526	28,251	0	0	2,640,256	56.00
57.00	05700	CT SCAN	12	83,782	0	0	2,178,563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139	23,123	0	0	965,279	58.00
60.00	06000	LABORATORY	22,912	99,821	0	0	8,727,552	60.00
65.00	06500	RESPIRATORY THERAPY	3,271	10,151	0	0	2,588,248	65.00
66.00	06600	PHYSICAL THERAPY	0	37,486	0	0	9,334,171	66.00
69.00	06900	ELECTROCARDIOLOGY	980	28,318	0	0	2,036,517	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	116	24,940	0	0	7,154,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,742	0	0	6,826,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14	43,536	0	0	9,225,526	73.00
76.97	07697	CARDIAC REHABILITATION	2	2,206	0	0	872,866	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	519	3,656	0	0	975,442	90.00
91.00	09100	EMERGENCY	368	41,453	0	0	7,866,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	421,759	635,346	34,319	0	110,498,495	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	48,117	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	122,477	192.00
192.01	19201	VACANT SPACE	0	0	0	0	632,393	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	421,759	635,346	34,319	0	111,301,482	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part I | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	19,327,103		30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,749,955		31.00
41.00	04100	SUBPROVIDER - IRF	0	6,910,569		41.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	11,851,798		50.00
51.00	05100	RECOVERY ROOM	0	872,027		51.00
53.00	05300	ANESTHESIOLOGY	0	991,256		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,403,984		54.00
56.00	05600	RADIOISOTOPE	0	2,640,256		56.00
57.00	05700	CT SCAN	0	2,178,563		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	965,279		58.00
60.00	06000	LABORATORY	0	8,727,552		60.00
65.00	06500	RESPIRATORY THERAPY	0	2,588,248		65.00
66.00	06600	PHYSICAL THERAPY	0	9,334,171		66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,036,517		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,154,237		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,826,491		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,225,526		73.00
76.97	07697	CARDIAC REHABILITATION	0	872,866		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	975,442		90.00
91.00	09100	EMERGENCY	0	7,866,655		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	110,498,495		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,117		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	122,477		192.00
192.01	19201	VACANT SPACE	0	632,393		192.01
192.02	19202	REFERENCE LAB	0	0		192.02
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	111,301,482		202.00

COST ALLOCATION STATISTICS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet Non-CMS W | Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	3	GROSS SALARIES	4.00
5.01	DATA PROCESSING	4	NUMBER OF PCS	5.01
5.02	PURCHASING RECEIVING AND STORES	5	PURCHASING SUPPLIES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	6	GROSS REVENUE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.04
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	7	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	3	GROSS SALARIES	11.00
13.00	NURSING ADMINISTRATION	9	DIRECT NURSING HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	10	COSTED REQS	14.00
16.00	MEDICAL RECORDS & LIBRARY	6	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	7	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	11	ASSIGNED TIME	19.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,352	5,352	5,352	4.00
5.01	00550	DATA PROCESSING	0	14,563	0	14,563	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	30,167	965	31,132	0	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	28,581	8,076	36,657	100	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	655,730	119,118	774,848	310	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	401,551	24,604	426,155	79	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,374	168	11,542	6	8.00
9.00	00900	HOUSEKEEPING	0	47,067	23,908	70,975	122	9.00
10.00	01000	DIETARY	0	80,747	44,423	125,170	42	10.00
11.00	01100	CAFETERIA	0	50,938	0	50,938	97	11.00
13.00	01300	NURSING ADMINISTRATION	0	24,250	287,312	311,562	158	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,267	11,119	49,386	20	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	18,860	18,860	46	16.00
17.00	01700	SOCIAL SERVICE	0	11,835	0	11,835	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	548,174	353,164	901,338	982	30.00
31.00	03100	INTENSIVE CARE UNIT	0	71,316	86,887	158,203	205	31.00
41.00	04100	SUBPROVIDER - IRF	0	305,064	113,168	418,232	378	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	328,871	1,635,275	1,964,146	495	50.00
51.00	05100	RECOVERY ROOM	0	23,687	12,215	35,902	48	51.00
53.00	05300	ANESTHESIOLOGY	0	0	50,354	50,354	42	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	129,024	711,743	840,767	278	54.00
56.00	05600	RADIOISOTOPE	0	51,160	297,094	348,254	41	56.00
57.00	05700	CT SCAN	0	17,957	327,971	345,928	57	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,132	63,027	79,159	36	58.00
60.00	06000	LABORATORY	0	95,890	358,544	454,434	251	60.00
65.00	06500	RESPIRATORY THERAPY	0	22,323	123,137	145,460	158	65.00
66.00	06600	PHYSICAL THERAPY	0	170,412	109,064	279,476	552	66.00
69.00	06900	ELECTROCARDIOLOGY	0	73,278	323,786	397,064	86	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,698	58,536	95,234	270	73.00
76.97	07697	CARDIAC REHABILITATION	0	31,020	17,033	48,053	56	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	14,154	0	14,154	27	90.00
91.00	09100	EMERGENCY	0	195,395	236,425	431,820	410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,525,625	5,421,328	8,946,953	5,352	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,593	0	16,593	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,653	3,653	0	192.00
192.01	19201	VACANT SPACE	0	218,076	0	218,076	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,760,294	5,424,981	9,185,275	5,352	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING	14,563					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	20	31,152				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	440	142	37,339			5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	1,140	0	0	776,298		5.04
6.00	00600	MAINTENANCE & REPAIRS	380	0	0	19,468	446,082	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,120	1,929	8.00
9.00	00900	HOUSEKEEPING	40	6	0	12,474	7,984	9.00
10.00	01000	DIETARY	160	2	0	6,483	13,697	10.00
11.00	01100	CAFETERIA	0	4	0	8,528	8,641	11.00
13.00	01300	NURSING ADMINISTRATION	80	6	0	15,601	4,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20	76	0	2,428	6,491	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	440	0	0	4,340	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	93	2,008	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,283	6,450	1,548	109,302	92,987	30.00
31.00	03100	INTENSIVE CARE UNIT	300	1,558	192	21,444	12,098	31.00
41.00	04100	SUBPROVIDER - IRF	1,480	923	982	39,540	51,749	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	680	14,012	5,015	74,138	55,787	50.00
51.00	05100	RECOVERY ROOM	80	194	357	5,514	4,018	51.00
53.00	05300	ANESTHESIOLOGY	100	969	727	6,728	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	640	256	2,186	35,255	21,887	54.00
56.00	05600	RADIOISOTOPE	80	87	1,655	17,471	8,678	56.00
57.00	05700	CT SCAN	40	737	4,909	14,275	3,046	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20	45	1,355	6,298	2,737	58.00
60.00	06000	LABORATORY	800	961	5,964	58,329	16,266	60.00
65.00	06500	RESPIRATORY THERAPY	520	541	595	17,367	3,787	65.00
66.00	06600	PHYSICAL THERAPY	2,100	211	2,196	61,630	28,907	66.00
69.00	06900	ELECTROCARDIOLOGY	280	132	1,659	12,920	12,430	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,461	49,727	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,215	47,471	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340	81	2,551	63,017	6,225	73.00
76.97	07697	CARDIAC REHABILITATION	200	16	129	5,577	5,262	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	220	214	214	6,545	2,401	90.00
91.00	09100	EMERGENCY	660	3,529	2,429	48,522	33,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,543	31,152	37,339	773,605	406,274	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	130	2,815	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20	0	0	854	0	192.00
192.01	19201	VACANT SPACE	0	0	0	1,709	36,993	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
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)	14,563	31,152	37,339	776,298	446,082	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,597					8.00
9.00	00900	HOUSEKEEPING	0	91,601				9.00
10.00	01000	DIETARY	0	2,877	148,431			10.00
11.00	01100	CAFETERIA	0	1,815	0	70,023		11.00
13.00	01300	NURSING ADMINISTRATION	0	864	0	2,410	334,795	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,363	0	303	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	698	0	16.00
17.00	01700	SOCIAL SERVICE	0	422	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,958	19,527	97,995	14,758	192,867	30.00
31.00	03100	INTENSIVE CARE UNIT	1,227	2,541	10,976	3,134	53,404	31.00
41.00	04100	SUBPROVIDER - IRF	4,412	10,868	39,460	5,781	22,790	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	11,716	0	7,567	4,082	50.00
51.00	05100	RECOVERY ROOM	0	844	0	736	2,806	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	647	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,596	0	4,248	0	54.00
56.00	05600	RADIOISOTOPE	0	1,823	0	632	0	56.00
57.00	05700	CT SCAN	0	640	0	870	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	575	0	557	0	58.00
60.00	06000	LABORATORY	0	3,416	0	3,840	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	795	0	2,418	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,071	0	8,440	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,611	0	1,322	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,307	0	4,134	680	73.00
76.97	07697	CARDIAC REHABILITATION	0	1,105	0	856	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	504	0	412	0	90.00
91.00	09100	EMERGENCY	0	6,961	0	6,260	58,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,597	83,241	148,431	70,023	334,795	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	591	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	VACANT SPACE	0	7,769	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
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)	16,597	91,601	148,431	70,023	334,795	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
			14.00	16.00	17.00	19.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	60,087					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,384				16.00
17.00	01700	SOCIAL SERVICE	0	0	14,358			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10	1,004	9,479		1,462,488	30.00
31.00	03100	INTENSIVE CARE UNIT	31	124	1,062		266,499	31.00
41.00	04100	SUBPROVIDER - IRF	2	637	3,817		601,051	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,543	3,253	0		2,195,434	50.00
51.00	05100	RECOVERY ROOM	13	232	0		50,744	51.00
53.00	05300	ANESTHESIOLOGY	307	471	0		60,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	499	1,418	0		912,030	54.00
56.00	05600	RADIOISOTOPE	645	1,074	0		380,440	56.00
57.00	05700	CT SCAN	2	3,184	0		373,688	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20	879	0		91,681	58.00
60.00	06000	LABORATORY	3,264	4,032	0		551,557	60.00
65.00	06500	RESPIRATORY THERAPY	466	386	0		172,493	65.00
66.00	06600	PHYSICAL THERAPY	0	1,425	0		391,008	66.00
69.00	06900	ELECTROCARDIOLOGY	140	1,076	0		429,720	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17	948	0		52,153	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	788	0		49,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2	1,655	0		175,496	73.00
76.97	07697	CARDIAC REHABILITATION	0	84	0		61,338	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	74	139	0		24,904	90.00
91.00	09100	EMERGENCY	52	1,575	0		593,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,087	24,384	14,358	0	8,896,072	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		20,129	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		4,527	192.00
192.01	19201	VACANT SPACE	0	0	0		264,547	192.01
192.02	19202	REFERENCE LAB	0	0	0		0	192.02
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	60,087	24,384	14,358	0	9,185,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B Part II | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,462,488		30.00
31.00	03100	INTENSIVE CARE UNIT	0	266,499		31.00
41.00	04100	SUBPROVIDER - IRF	0	601,051		41.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,195,434		50.00
51.00	05100	RECOVERY ROOM	0	50,744		51.00
53.00	05300	ANESTHESIOLOGY	0	60,345		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	912,030		54.00
56.00	05600	RADIOISOTOPE	0	380,440		56.00
57.00	05700	CT SCAN	0	373,688		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	91,681		58.00
60.00	06000	LABORATORY	0	551,557		60.00
65.00	06500	RESPIRATORY THERAPY	0	172,493		65.00
66.00	06600	PHYSICAL THERAPY	0	391,008		66.00
69.00	06900	ELECTROCARDIOLOGY	0	429,720		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,153		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,474		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	175,496		73.00
76.97	07697	CARDIAC REHABILITATION	0	61,338		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	24,904		90.00
91.00	09100	EMERGENCY	0	593,529		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,896,072		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,129		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,527		192.00
192.01	19201	VACANT SPACE	0	264,547		192.01
192.02	19202	REFERENCE LAB	0	0		192.02
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	9,185,275		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)	PURCHASING RECEIVING AND STORES (PURCHASING SUPPLIES)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	220,504					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,551,126				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,517	38,962,523			4.00
5.01	00550	DATA PROCESSING	854	0	0	728		5.01
5.02	00560	PURCHASING RECEIVING AND STORES	1,769	454	0	1	5,596,583	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,676	3,798	733,563	22	25,555	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	38,452	56,016	2,262,055	57	27	5.04
6.00	00600	MAINTENANCE & REPAIRS	23,547	11,570	575,946	19	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	667	79	40,619	0	0	8.00
9.00	00900	HOUSEKEEPING	2,760	11,243	888,628	2	1,136	9.00
10.00	01000	DIETARY	4,735	20,890	308,679	8	285	10.00
11.00	01100	CAFETERIA	2,987	0	709,391	0	656	11.00
13.00	01300	NURSING ADMINISTRATION	1,422	135,110	1,151,040	4	990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,244	5,229	144,611	1	13,606	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,869	333,452	22	0	16.00
17.00	01700	SOCIAL SERVICE	694	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,145	166,077	7,052,553	164	1,158,868	30.00
31.00	03100	INTENSIVE CARE UNIT	4,182	40,859	1,496,537	15	279,886	31.00
41.00	04100	SUBPROVIDER - IRF	17,889	53,218	2,760,863	74	165,828	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,285	768,996	3,613,818	34	2,517,303	50.00
51.00	05100	RECOVERY ROOM	1,389	5,744	351,455	4	34,768	51.00
53.00	05300	ANESTHESIOLOGY	0	23,679	308,760	5	174,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,566	334,701	2,028,448	32	45,994	54.00
56.00	05600	RADIOISOTOPE	3,000	139,710	301,593	4	15,676	56.00
57.00	05700	CT SCAN	1,053	154,230	415,462	2	132,387	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	946	29,639	265,767	1	8,079	58.00
60.00	06000	LABORATORY	5,623	168,607	1,833,849	40	172,742	60.00
65.00	06500	RESPIRATORY THERAPY	1,309	57,906	1,154,538	26	97,199	65.00
66.00	06600	PHYSICAL THERAPY	9,993	51,288	4,030,784	105	37,883	66.00
69.00	06900	ELECTROCARDIOLOGY	4,297	152,262	631,208	14	23,651	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,152	27,527	1,974,071	17	14,605	73.00
76.97	07697	CARDIAC REHABILITATION	1,819	8,010	408,811	10	2,785	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	830	0	196,581	11	38,412	90.00
91.00	09100	EMERGENCY	11,458	111,180	2,989,441	33	634,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	206,743	2,549,408	38,962,523	727	5,596,583	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	973	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,718	0	1	0	192.00
192.01	19201	VACANT SPACE	12,788	0	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,760,294	5,424,981	14,498,726	4,373,817	115,260	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.053178	2.126505	0.372120	6,007.990385	0.020595	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			5,352	14,563	31,152	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000137	20.004121	0.005566	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
			5.03	5A.04	5.04	6.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	502,891,387					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-12,240,521	99,060,961			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	2,484,097	154,206		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	398,085	667	27,034	8.00
9.00	00900	HOUSEKEEPING	0	0	1,591,690	2,760	0	9.00
10.00	01000	DIETARY	0	0	827,277	4,735	0	10.00
11.00	01100	CAFETERIA	0	0	1,088,130	2,987	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,990,707	1,422	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	309,823	2,244	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	553,821	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	11,835	694	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,925,328	0	13,952,366	32,145	17,848	30.00
31.00	03100	INTENSIVE CARE UNIT	2,591,786	0	2,736,223	4,182	1,999	31.00
41.00	04100	SUBPROVIDER - IRF	13,276,963	0	5,045,323	17,889	7,187	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,774,772	0	9,460,012	19,285	0	50.00
51.00	05100	RECOVERY ROOM	4,824,305	0	703,545	1,389	0	51.00
53.00	05300	ANESTHESIOLOGY	9,819,199	0	858,498	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,544,366	0	4,498,478	7,566	0	54.00
56.00	05600	RADIOISOTOPE	22,368,325	0	2,229,298	3,000	0	56.00
57.00	05700	CT SCAN	66,335,339	0	1,821,486	1,053	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,308,068	0	803,625	946	0	58.00
60.00	06000	LABORATORY	78,883,923	0	7,442,810	5,623	0	60.00
65.00	06500	RESPIRATORY THERAPY	8,037,092	0	2,216,020	1,309	0	65.00
66.00	06600	PHYSICAL THERAPY	29,679,778	0	7,864,001	9,993	0	66.00
69.00	06900	ELECTROCARDIOLOGY	22,420,849	0	1,648,567	4,297	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,746,259	0	6,345,138	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,422,606	0	6,057,276	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,470,350	0	8,040,968	2,152	0	73.00
76.97	07697	CARDIAC REHABILITATION	1,746,431	0	711,579	1,819	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,894,348	0	835,203	830	0	90.00
91.00	09100	EMERGENCY	32,821,300	0	6,191,404	11,458	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	502,891,387	-12,240,521	98,717,285	140,445	27,034	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	16,593	973	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	109,007	0	0	192.00
192.01	19201	VACANT SPACE	0	0	218,076	12,788	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,546,934		12,240,521	2,791,047	459,347	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007053		0.123566	18.099471	16.991455	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,339		776,298	446,082	16,597	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000074		0.007837	2.892767	0.613931	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NURSING HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQS)	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	150,779					9.00
10.00	01000	DIETARY	4,735	81,102				10.00
11.00	01100	CAFETERIA	2,987	0	33,443,642			11.00
13.00	01300	NURSING ADMINISTRATION	1,422	0	1,151,040	19,685		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,244	0	144,611	0	10,538,353	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	333,452	0	0	16.00
17.00	01700	SOCIAL SERVICE	694	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,145	53,544	7,052,553	11,340	1,799	30.00
31.00	03100	INTENSIVE CARE UNIT	4,182	5,997	1,496,537	3,140	5,454	31.00
41.00	04100	SUBPROVIDER - IRF	17,889	21,561	2,760,863	1,340	435	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,285	0	3,613,818	240	9,565,962	50.00
51.00	05100	RECOVERY ROOM	1,389	0	351,455	165	2,314	51.00
53.00	05300	ANESTHESIOLOGY	0	0	308,760	0	53,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,566	0	2,028,448	0	87,561	54.00
56.00	05600	RADIOISOTOPE	3,000	0	301,593	0	113,102	56.00
57.00	05700	CT SCAN	1,053	0	415,462	0	300	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	946	0	265,767	0	3,480	58.00
60.00	06000	LABORATORY	5,623	0	1,833,849	0	572,490	60.00
65.00	06500	RESPIRATORY THERAPY	1,309	0	1,154,538	0	81,724	65.00
66.00	06600	PHYSICAL THERAPY	9,993	0	4,030,784	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	4,297	0	631,208	0	24,489	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,905	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,152	0	1,974,071	40	348	73.00
76.97	07697	CARDIAC REHABILITATION	1,819	0	408,811	0	49	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	830	0	196,581	0	12,961	90.00
91.00	09100	EMERGENCY	11,458	0	2,989,441	3,420	9,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	137,018	81,102	33,443,642	19,685	10,538,353	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	973	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	VACANT SPACE	12,788	0	0	0	0	192.01
192.02	19202	REFERENCE LAB	0	0	0	0	0	192.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,838,324	1,072,931	1,313,067	2,324,957	421,759	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.192175	13.229402	0.039262	118.108052	0.040021	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	91,601	148,431	70,023	334,795	60,087	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.607518	1.830177	0.002094	17.007620	0.005702	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet B-1 | Date/Time Prepared: 8/18/2015 9:55 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			16.00	17.00	19.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY	502,891,387				16.00
17.00	01700	SOCIAL SERVICE	0	27,034			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	100		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	20,925,328	17,848			30.00
31.00	03100	INTENSIVE CARE UNIT	2,591,786	1,999			31.00
41.00	04100	SUBPROVIDER - IRF	13,276,963	7,187			41.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	67,774,772	0	0		50.00
51.00	05100	RECOVERY ROOM	4,824,305	0	0		51.00
53.00	05300	ANESTHESIOLOGY	9,819,199	0	100		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,544,366	0	0		54.00
56.00	05600	RADIOISOTOPE	22,368,325	0	0		56.00
57.00	05700	CT SCAN	66,335,339	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,308,068	0	0		58.00
60.00	06000	LABORATORY	78,883,923	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	8,037,092	0	0		65.00
66.00	06600	PHYSICAL THERAPY	29,679,778	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	22,420,849	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,746,259	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,422,606	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,470,350	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	1,746,431	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2,894,348	0	0		90.00
91.00	09100	EMERGENCY	32,821,300	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	502,891,387	27,034	100		118.00
		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
192.01	19201	VACANT SPACE	0	0	0		192.01
192.02	19202	REFERENCE LAB	0	0	0		192.02
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)	635,346	34,319	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001263	1.269475	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,384	14,358	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000048	0.531109	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,327,103		19,327,103	0	19,327,103	30.00
31.00	03100	INTENSIVE CARE UNIT	3,749,955		3,749,955	0	3,749,955	31.00
41.00	04100	SUBPROVIDER - IRF	6,910,569		6,910,569	0	6,910,569	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,851,798		11,851,798	23,393	11,875,191	50.00
51.00	05100	RECOVERY ROOM	872,027		872,027	0	872,027	51.00
53.00	05300	ANESTHESIOLOGY	991,256		991,256	0	991,256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,403,984		5,403,984	0	5,403,984	54.00
56.00	05600	RADIOISOTOPE	2,640,256		2,640,256	0	2,640,256	56.00
57.00	05700	CT SCAN	2,178,563		2,178,563	0	2,178,563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	965,279		965,279	0	965,279	58.00
60.00	06000	LABORATORY	8,727,552		8,727,552	0	8,727,552	60.00
65.00	06500	RESPIRATORY THERAPY	2,588,248	0	2,588,248	12,248	2,600,496	65.00
66.00	06600	PHYSICAL THERAPY	9,334,171	0	9,334,171	0	9,334,171	66.00
69.00	06900	ELECTROCARDIOLOGY	2,036,517		2,036,517	929	2,037,446	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,154,237		7,154,237	0	7,154,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,826,491		6,826,491	0	6,826,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,225,526		9,225,526	0	9,225,526	73.00
76.97	07697	CARDIAC REHABILITATION	872,866		872,866	1,368	874,234	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	975,442		975,442	1,368	976,810	90.00
91.00	09100	EMERGENCY	7,866,655		7,866,655	7,891	7,874,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,053,531		1,053,531		1,053,531	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	111,552,026	0	111,552,026	47,197	111,599,223	200.00
201.00		Less Observation Beds	1,053,531		1,053,531		1,053,531	201.00
202.00		Total (see instructions)	110,498,495	0	110,498,495	47,197	110,545,692	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,386,102		17,386,102			30.00
31.00	03100	INTENSIVE CARE UNIT	2,591,786		2,591,786			31.00
41.00	04100	SUBPROVIDER - IRF	12,017,629		12,017,629			41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,337,877	36,774,742	67,112,619	0.176596	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,909,578	1,727,013	4,636,591	0.188075	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	4,478,804	5,227,126	9,705,930	0.102129	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,586,977	24,493,878	29,080,855	0.185826	0.000000	54.00
56.00	05600	RADIOISOTOPE	2,891,492	19,299,063	22,190,555	0.118981	0.000000	56.00
57.00	05700	CT SCAN	14,066,808	51,701,790	65,768,598	0.033125	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,085,131	15,873,931	17,959,062	0.053749	0.000000	58.00
60.00	06000	LABORATORY	21,625,634	56,864,387	78,490,021	0.111193	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,194,178	1,817,120	8,011,298	0.323075	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,506,289	19,710,494	29,216,783	0.319480	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	6,725,880	14,307,807	21,033,687	0.096822	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,169,727	5,452,676	19,622,403	0.364595	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,339,341	3,013,821	16,353,162	0.417442	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,653,483	11,670,425	34,323,908	0.268778	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	2,590	1,741,697	1,744,287	0.500414	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,284	2,881,887	2,893,171	0.337153	0.000000	90.00
91.00	09100	EMERGENCY	7,057,395	25,539,958	32,597,353	0.241328	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	552,862	2,956,126	3,508,988	0.300238	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	195,190,847	301,053,941	496,244,788			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	195,190,847	301,053,941	496,244,788			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.176944	50.00
51.00	05100	RECOVERY ROOM	0.188075	51.00
53.00	05300	ANESTHESIOLOGY	0.102129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185826	54.00
56.00	05600	RADIOISOTOPE	0.118981	56.00
57.00	05700	CT SCAN	0.033125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053749	58.00
60.00	06000	LABORATORY	0.111193	60.00
65.00	06500	RESPIRATORY THERAPY	0.324604	65.00
66.00	06600	PHYSICAL THERAPY	0.319480	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096866	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417442	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268778	73.00
76.97	07697	CARDIAC REHABILITATION	0.501198	76.97
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.337626	90.00
91.00	09100	EMERGENCY	0.241570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300238	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/18/2015 9:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,327,103		19,327,103	0	19,327,103	30.00
31.00	03100	INTENSIVE CARE UNIT	3,749,955		3,749,955	0	3,749,955	31.00
41.00	04100	SUBPROVIDER - IRF	6,910,569		6,910,569	0	6,910,569	41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,851,798		11,851,798	23,393	11,875,191	50.00
51.00	05100	RECOVERY ROOM	872,027		872,027	0	872,027	51.00
53.00	05300	ANESTHESIOLOGY	991,256		991,256	0	991,256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,403,984		5,403,984	0	5,403,984	54.00
56.00	05600	RADIOISOTOPE	2,640,256		2,640,256	0	2,640,256	56.00
57.00	05700	CT SCAN	2,178,563		2,178,563	0	2,178,563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	965,279		965,279	0	965,279	58.00
60.00	06000	LABORATORY	8,727,552		8,727,552	0	8,727,552	60.00
65.00	06500	RESPIRATORY THERAPY	2,588,248	0	2,588,248	12,248	2,600,496	65.00
66.00	06600	PHYSICAL THERAPY	9,334,171	0	9,334,171	0	9,334,171	66.00
69.00	06900	ELECTROCARDIOLOGY	2,036,517		2,036,517	929	2,037,446	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,154,237		7,154,237	0	7,154,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,826,491		6,826,491	0	6,826,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,225,526		9,225,526	0	9,225,526	73.00
76.97	07697	CARDIAC REHABILITATION	872,866		872,866	1,368	874,234	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	975,442		975,442	1,368	976,810	90.00
91.00	09100	EMERGENCY	7,866,655		7,866,655	7,891	7,874,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,053,531		1,053,531		1,053,531	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	111,552,026	0	111,552,026	47,197	111,599,223	200.00
201.00		Less Observation Beds	1,053,531		1,053,531		1,053,531	201.00
202.00		Total (see instructions)	110,498,495	0	110,498,495	47,197	110,545,692	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I | Date/Time Prepared: 8/18/2015 9:55 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,386,102		17,386,102			30.00
31.00	03100	INTENSIVE CARE UNIT	2,591,786		2,591,786			31.00
41.00	04100	SUBPROVIDER - IRF	12,017,629		12,017,629			41.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,337,877	36,774,742	67,112,619	0.176596	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,909,578	1,727,013	4,636,591	0.188075	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	4,478,804	5,227,126	9,705,930	0.102129	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,586,977	24,493,878	29,080,855	0.185826	0.000000	54.00
56.00	05600	RADIOISOTOPE	2,891,492	19,299,063	22,190,555	0.118981	0.000000	56.00
57.00	05700	CT SCAN	14,066,808	51,701,790	65,768,598	0.033125	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,085,131	15,873,931	17,959,062	0.053749	0.000000	58.00
60.00	06000	LABORATORY	21,625,634	56,864,387	78,490,021	0.111193	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,194,178	1,817,120	8,011,298	0.323075	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,506,289	19,710,494	29,216,783	0.319480	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	6,725,880	14,307,807	21,033,687	0.096822	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,169,727	5,452,676	19,622,403	0.364595	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,339,341	3,013,821	16,353,162	0.417442	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,653,483	11,670,425	34,323,908	0.268778	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	2,590	1,741,697	1,744,287	0.500414	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,284	2,881,887	2,893,171	0.337153	0.000000	90.00
91.00	09100	EMERGENCY	7,057,395	25,539,958	32,597,353	0.241328	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	552,862	2,956,126	3,508,988	0.300238	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	195,190,847	301,053,941	496,244,788			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	195,190,847	301,053,941	496,244,788			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet C Part I Date/Time Prepared: 8/18/2015 9:55 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
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: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part I Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,462,488	0	1,462,488	18,877	77.47	30.00
31.00	INTENSIVE CARE UNIT	266,499		266,499	1,999	133.32	31.00
41.00	SUBPROVIDER - IRF	601,051	0	601,051	7,187	83.63	41.00
200.00	Total (lines 30-199)	2,330,038		2,330,038	28,063		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	11,361	880,137	30.00
31.00	INTENSIVE CARE UNIT	1,021	136,120	31.00
41.00	SUBPROVIDER - IRF	4,716	394,399	41.00
200.00	Total (lines 30-199)	17,098	1,410,656	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part II Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,195,434	67,112,619	0.032713	15,134,071	495,081	50.00
51.00	05100	RECOVERY ROOM	50,744	4,636,591	0.010944	1,310,357	14,341	51.00
53.00	05300	ANESTHESIOLOGY	60,345	9,705,930	0.006217	2,143,054	13,323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	912,030	29,080,855	0.031362	2,746,000	86,120	54.00
56.00	05600	RADIOISOTOPE	380,440	22,190,555	0.017144	1,993,029	34,168	56.00
57.00	05700	CT SCAN	373,688	65,768,598	0.005682	9,348,909	53,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	91,681	17,959,062	0.005105	1,093,599	5,583	58.00
60.00	06000	LABORATORY	551,557	78,490,021	0.007027	13,625,864	95,749	60.00
65.00	06500	RESPIRATORY THERAPY	172,493	8,011,298	0.021531	3,738,135	80,486	65.00
66.00	06600	PHYSICAL THERAPY	391,008	29,216,783	0.013383	1,766,812	23,645	66.00
69.00	06900	ELECTROCARDIOLOGY	429,720	21,033,687	0.020430	4,719,871	96,427	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,153	19,622,403	0.002658	5,158,648	13,712	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,474	16,353,162	0.003025	7,316,415	22,132	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	175,496	34,323,908	0.005113	12,279,439	62,785	73.00
76.97	07697	CARDIAC REHABILITATION	61,338	1,744,287	0.035165	536	19	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,904	2,893,171	0.008608	9,072	78	90.00
91.00	09100	EMERGENCY	593,529	32,597,353	0.018208	4,044,128	73,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	79,721	3,508,988	0.022719	355,371	8,074	92.00
200.00		Total (lines 50-199)	6,645,755	464,249,271		86,783,310	1,178,479	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part III Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,877	0.00	11,361	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,999	0.00	1,021	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	7,187	0.00	4,716	0	0	41.00
200.00		Total (lines 30-199)	28,063		17,098	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
			12.00	13.00		
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	67,112,619	0.000000	0.000000	15,134,071	50.00
51.00	05100	RECOVERY ROOM	0	4,636,591	0.000000	0.000000	1,310,357	51.00
53.00	05300	ANESTHESIOLOGY	0	9,705,930	0.000000	0.000000	2,143,054	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,080,855	0.000000	0.000000	2,746,000	54.00
56.00	05600	RADIOISOTOPE	0	22,190,555	0.000000	0.000000	1,993,029	56.00
57.00	05700	CT SCAN	0	65,768,598	0.000000	0.000000	9,348,909	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,959,062	0.000000	0.000000	1,093,599	58.00
60.00	06000	LABORATORY	0	78,490,021	0.000000	0.000000	13,625,864	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,011,298	0.000000	0.000000	3,738,135	65.00
66.00	06600	PHYSICAL THERAPY	0	29,216,783	0.000000	0.000000	1,766,812	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21,033,687	0.000000	0.000000	4,719,871	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,622,403	0.000000	0.000000	5,158,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,353,162	0.000000	0.000000	7,316,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,323,908	0.000000	0.000000	12,279,439	73.00
76.97	07697	CARDIAC REHABILITATION	0	1,744,287	0.000000	0.000000	536	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,893,171	0.000000	0.000000	9,072	90.00
91.00	09100	EMERGENCY	0	32,597,353	0.000000	0.000000	4,044,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,508,988	0.000000	0.000000	355,371	92.00
200.00		Total (lines 50-199)	0	464,249,271			86,783,310	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	11,023,582	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	567,160	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	1,597,380	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,522,740	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	8,327,048	0	0	0	56.00
57.00	05700	CT SCAN	0	16,441,822	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,209,965	0	0	0	58.00
60.00	06000	LABORATORY	0	7,748,787	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	717,252	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,049,944	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,659,335	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,100,628	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,313,850	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	784,800	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,637,382	0	0	0	90.00
91.00	09100	EMERGENCY	0	6,260,217	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,145,129	0	0	0	92.00
200.00		Total (lines 50-199)	0	79,107,021	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176596	11,023,582	0	0	1,946,720	50.00
51.00	05100	RECOVERY ROOM	0.188075	567,160	0	0	106,669	51.00
53.00	05300	ANESTHESIOLOGY	0.102129	1,597,380	0	0	163,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185826	6,522,740	0	0	1,212,095	54.00
56.00	05600	RADIOISOTOPE	0.118981	8,327,048	0	0	990,760	56.00
57.00	05700	CT SCAN	0.033125	16,441,822	0	0	544,635	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053749	4,209,965	0	0	226,281	58.00
60.00	06000	LABORATORY	0.111193	7,748,787	112	0	861,611	60.00
65.00	06500	RESPIRATORY THERAPY	0.323075	717,252	0	0	231,726	65.00
66.00	06600	PHYSICAL THERAPY	0.319480	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096822	6,049,944	0	0	585,768	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364595	1,659,335	0	0	604,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417442	1,100,628	0	0	459,448	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268778	3,313,850	0	102,299	890,690	73.00
76.97	07697	CARDIAC REHABILITATION	0.500414	784,800	0	0	392,725	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.337153	1,637,382	0	0	552,048	90.00
91.00	09100	EMERGENCY	0.241328	6,260,217	0	0	1,510,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300238	1,145,129	0	0	343,811	92.00
200.00		Subtotal (see instructions)		79,107,021	112	102,299	11,623,877	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		79,107,021	112	102,299	11,623,877	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	12	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,496		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	12	27,496		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	12	27,496		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part II Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,195,434	67,112,619	0.032713	47,206	1,544	50.00
51.00	05100	RECOVERY ROOM	50,744	4,636,591	0.010944	3,221	35	51.00
53.00	05300	ANESTHESIOLOGY	60,345	9,705,930	0.006217	3,697	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	912,030	29,080,855	0.031362	170,727	5,354	54.00
56.00	05600	RADIOISOTOPE	380,440	22,190,555	0.017144	9,908	170	56.00
57.00	05700	CT SCAN	373,688	65,768,598	0.005682	188,430	1,071	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	91,681	17,959,062	0.005105	42,842	219	58.00
60.00	06000	LABORATORY	551,557	78,490,021	0.007027	894,240	6,284	60.00
65.00	06500	RESPIRATORY THERAPY	172,493	8,011,298	0.021531	256,012	5,512	65.00
66.00	06600	PHYSICAL THERAPY	391,008	29,216,783	0.013383	4,526,376	60,576	66.00
69.00	06900	ELECTROCARDIOLOGY	429,720	21,033,687	0.020430	66,344	1,355	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,153	19,622,403	0.002658	11,561	31	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,474	16,353,162	0.003025	559	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	175,496	34,323,908	0.005113	1,348,054	6,893	73.00
76.97	07697	CARDIAC REHABILITATION	61,338	1,744,287	0.035165	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,904	2,893,171	0.008608	0	0	90.00
91.00	09100	EMERGENCY	593,529	32,597,353	0.018208	496	9	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,508,988	0.000000	0	0	92.00
200.00		Total (lines 50-199)	6,566,034	464,249,271		7,569,673	89,078	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	67,112,619	0.000000	0.000000	47,206	50.00
51.00	05100	RECOVERY ROOM	0	4,636,591	0.000000	0.000000	3,221	51.00
53.00	05300	ANESTHESIOLOGY	0	9,705,930	0.000000	0.000000	3,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,080,855	0.000000	0.000000	170,727	54.00
56.00	05600	RADIOISOTOPE	0	22,190,555	0.000000	0.000000	9,908	56.00
57.00	05700	CT SCAN	0	65,768,598	0.000000	0.000000	188,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,959,062	0.000000	0.000000	42,842	58.00
60.00	06000	LABORATORY	0	78,490,021	0.000000	0.000000	894,240	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,011,298	0.000000	0.000000	256,012	65.00
66.00	06600	PHYSICAL THERAPY	0	29,216,783	0.000000	0.000000	4,526,376	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21,033,687	0.000000	0.000000	66,344	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,622,403	0.000000	0.000000	11,561	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,353,162	0.000000	0.000000	559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,323,908	0.000000	0.000000	1,348,054	73.00
76.97	07697	CARDIAC REHABILITATION	0	1,744,287	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,893,171	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	32,597,353	0.000000	0.000000	496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,508,988	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	464,249,271			7,569,673	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part IV | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176596	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.188075	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.102129	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185826	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.118981	0	0	0	0	56.00
57.00	05700	CT SCAN	0.033125	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053749	0	0	0	0	58.00
60.00	06000	LABORATORY	0.111193	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.323075	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.319480	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096822	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364595	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417442	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268778	0	0	1,465	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.500414	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.337153	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.241328	0	0	745	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300238	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	2,210	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	2,210	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D Part V | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	394		73.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	180		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	574		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	574		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1 | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	18,877	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	18,877	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)	17,848	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)	11,361	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	19,327,103	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)	19,327,103	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,327,103	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,023.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,631,846	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)	11,631,846	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1 | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,749,955	1,999	1,875.92	1,021	1,915,314	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)	17,331,648	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	30,878,808	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)	1,016,257	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,178,479	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,194,736	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	28,684,072	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)	1,029	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,023.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,053,531	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1 | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,462,488	19,327,103	0.075670	1,053,531	79,721	90.00
91.00	Nursing School cost	0	19,327,103	0.000000	1,053,531	0	91.00
92.00	Allied health cost	0	19,327,103	0.000000	1,053,531	0	92.00
93.00	All other Medical Education	0	19,327,103	0.000000	1,053,531	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2014 To 03/31/2015	Worksheet D-1 Date/Time Prepared: 8/18/2015 9:55 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,187	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)	7,187	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,716	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	6,910,569	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)	6,910,569	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,910,569	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	961.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,534,623	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,534,623	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1 | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	2,052,731	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,587,354	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)	394,399	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	89,078	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	483,477	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,103,877	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-1

Component CCN: 14T011 | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	601,051	6,910,569	0.086976	0	0	90.00
91.00	Nursing School cost	0	6,910,569	0.000000	0	0	91.00
92.00	Allied health cost	0	6,910,569	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,910,569	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-3 | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		9,837,211		30.00
31.00	03100	INTENSIVE CARE UNIT		1,396,728		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176944	15,134,071	2,677,883	50.00
51.00	05100	RECOVERY ROOM	0.188075	1,310,357	246,445	51.00
53.00	05300	ANESTHESIOLOGY	0.102129	2,143,054	218,868	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185826	2,746,000	510,278	54.00
56.00	05600	RADIOISOTOPE	0.118981	1,993,029	237,133	56.00
57.00	05700	CT SCAN	0.033125	9,348,909	309,683	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053749	1,093,599	58,780	58.00
60.00	06000	LABORATORY	0.111193	13,625,864	1,515,101	60.00
65.00	06500	RESPIRATORY THERAPY	0.324604	3,738,135	1,213,414	65.00
66.00	06600	PHYSICAL THERAPY	0.319480	1,766,812	564,461	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096866	4,719,871	457,195	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364595	5,158,648	1,880,817	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417442	7,316,415	3,054,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268778	12,279,439	3,300,443	73.00
76.97	07697	CARDIAC REHABILITATION	0.501198	536	269	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.337626	9,072	3,063	90.00
91.00	09100	EMERGENCY	0.241570	4,044,128	976,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300238	355,371	106,696	92.00
200.00		Total (sum of lines 50-94 and 96-98)		86,783,310	17,331,648	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)		86,783,310		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet D-3 | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		7,873,750		41.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.176944	47,206	8,353	50.00
51.00	05100	RECOVERY ROOM	0.188075	3,221	606	51.00
53.00	05300	ANESTHESIOLOGY	0.102129	3,697	378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185826	170,727	31,726	54.00
56.00	05600	RADIOISOTOPE	0.118981	9,908	1,179	56.00
57.00	05700	CT SCAN	0.033125	188,430	6,242	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.053749	42,842	2,303	58.00
60.00	06000	LABORATORY	0.111193	894,240	99,433	60.00
65.00	06500	RESPIRATORY THERAPY	0.324604	256,012	83,103	65.00
66.00	06600	PHYSICAL THERAPY	0.319480	4,526,376	1,446,087	66.00
69.00	06900	ELECTROCARDIOLOGY	0.096866	66,344	6,426	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364595	11,561	4,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.417442	559	233	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.268778	1,348,054	362,327	73.00
76.97	07697	CARDIAC REHABILITATION	0.501198	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.337626	0	0	90.00
91.00	09100	EMERGENCY	0.241570	496	120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.300238	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,569,673	2,052,731	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)		7,569,673		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E Part A | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,572,185			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,883,073			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0			1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0			1.04
2.00	Outlier payments for discharges. (see instructions)		330,247			2.00
2.01	Outlier reconciliation amount		0			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0			2.02
3.00	Managed Care Simulated Payments		0			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		82.18			4.00
	Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00			10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00			11.00
12.00	Current year allowable FTE (see instructions)		0.00			12.00
13.00	Total allowable FTE count for the prior year.		0.00			13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00			14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		0.00			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000			21.00
22.00	IME payment adjustment (see instructions)		0			22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0			28.01
29.00	Total IME payment (sum of lines 22 and 28)		0			29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E Part A | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0			29.01
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.64			30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.89			31.00
32.00	Sum of lines 30 and 31		19.53			32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.44			33.00
34.00	Disproportionate share adjustment (see instructions)		305,392			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000066987	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		819,221		512,293	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		410,733		255,445	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		666,178			36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0			46.00
47.00	Subtotal (see instructions)		23,757,075			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		27,528,475			48.00
49.00	Total payment for inpatient operating costs (see instructions)		26,585,625			49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,796,605			50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		0			54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0			55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0			56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0			57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0			58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,382,230			59.00
60.00	Primary payer payments		4,764			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,377,466			61.00
62.00	Deductibles billed to program beneficiaries		2,707,064			62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E Part A | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
63.00	Coinsurance billed to program beneficiaries		120,293			63.00
64.00	Allowable bad debts (see instructions)		935,799			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		608,269			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		746,079			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,158,378			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)		2,430			70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		-23,030			70.91
70.92	Bundled Model 1 discount amount (see instructions)		0			70.92
70.93	HVBP payment adjustment amount (see instructions)		20,013			70.93
70.94	HRR adjustment amount (see instructions)		-186,747			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
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)		25,971,044			71.00
71.01	Sequestration adjustment (see instructions)		519,421			71.01
72.00	Interim payments		25,432,210			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)		19,413			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		49,057			75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0			90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet E Part A Date/Time Prepared: 8/18/2015 9:55 am
	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)	1,418,150		1,410,400	100.00
	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	1.00033		1.00139	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	469		1,961	102.00
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.9947		0.9890	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	-7,516		-15,514	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet DSH | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.64	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	13.89	0.00			13.89	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	19.53	0.00			13.89	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	MDH				MDH	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	82.18	0.00			82.18	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	5.44	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	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 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	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")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	5.02	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)	2,494	0			2,494	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1	0			1	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)	34	0			34	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	228	0			228	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,757	0			2,757	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	19,847	0			19,847	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)	19,847	0			19,847	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	13.89	0.00			13.89	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet DSH | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.44		0.00	True	29.00
30.00	Line 28 or 29 as applicable		5.44		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	True				True	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet DSH Date/Time Prepared: 8/18/2015 9:55 am
	Title XVIII	Hospital	PPS

		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.22		29.00
30.00	Line 28 or 29 as applicable	3.22		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet E Part B Date/Time Prepared: 8/18/2015 9:55 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	27,508	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	11,623,877	2.00
3.00	PPS payments	10,049,510	3.00
4.00	Outlier payment (see instructions)	26,297	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.804	5.00
6.00	Line 2 times line 5	9,345,597	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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	27,508	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	102,411	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)	102,411	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	102,411	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	74,903	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)	27,508	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)	10,075,807	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	123,491	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,191,231	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)	7,788,593	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	7,788,593	30.00
31.00	Primary payer payments	1,805	31.00
32.00	Subtotal (line 30 minus line 31)	7,786,788	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	695,985	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	452,390	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	546,047	36.00
37.00	Subtotal (see instructions)	8,239,178	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-309	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)	8,239,487	40.00
40.01	Sequestration adjustment (see instructions)	164,790	40.01
41.00	Interim payments	7,972,366	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	102,331	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2014 To 03/31/2015	Worksheet E Part B Date/Time Prepared: 8/18/2015 9:55 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	574	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	830	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.804	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	574	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,210	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)	2,210	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	2,210	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,636	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)	574	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)	830	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	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)	1,404	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	1,404	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,404	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,404	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,404	40.00
40.01	Sequestration adjustment (see instructions)	28	40.01
41.00	Interim payments	813	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	563	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		23,563,205		7,960,778	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		10/08/2014	1,220,262	10/08/2014	32,475	3.02
3.03		03/17/2015	648,743		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	03/17/2015	20,887	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)		1,869,005		11,588	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)		25,432,210		7,972,366	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		19,413		102,331	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		25,451,623		8,074,697	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140011 | Component CCN: 14T011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet E-1 Part I | Date/Time Prepared: 8/18/2015 9:55 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,524,560		813	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		10/08/2014	18,712		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)		18,712		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)		6,543,272		813	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		20,555		563	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,563,827		1,376	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: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet E-1 Part II Date/Time Prepared: 8/18/2015 9:55 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	5,724	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	12,382	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,474	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	19,847	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	496,244,788	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	9,916,250	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,557,485	8.00
9.00	Sequestration adjustment amount (see instructions)	31,150	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,526,335	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,489,011	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)	37,324	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140011 Component CCN: 14T011	Period: From 04/01/2014 To 03/31/2015	Worksheet E-3 Part III Date/Time Prepared: 8/18/2015 9:55 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	6,120,413	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0502	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	324,994	3.00
4.00	Outlier Payments	321,546	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	19.690411	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	6,766,953	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	6,766,953	17.00
18.00	Primary payer payments	5,000	18.00
19.00	Subtotal (line 17 less line 18).	6,761,953	19.00
20.00	Deductibles	35,308	20.00
21.00	Subtotal (line 19 minus line 20)	6,726,645	21.00
22.00	Coinsurance	40,348	22.00
23.00	Subtotal (line 21 minus line 22)	6,686,297	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	17,670	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	11,486	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	9,728	26.00
27.00	Subtotal (sum of lines 23 and 25)	6,697,783	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	6,697,783	32.00
32.01	Sequestration adjustment (see instructions)	133,956	32.01
33.00	Interim payments	6,543,272	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	20,555	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	321,546	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet G | Date/Time Prepared: 8/18/2015 9:55 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	2,202,098	0	0	0	1.00
2.00	Temporary investments	14,514	0	0	0	2.00
3.00	Notes receivable	240,612	0	0	0	3.00
4.00	Accounts receivable	102,430,934	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-76,355,487	0	0	0	6.00
7.00	Inventory	1,712,648	0	0	0	7.00
8.00	Prepaid expenses	269,345	0	0	0	8.00
9.00	Other current assets	316,172	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)	30,830,836	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	3,782,103	0	0	0	12.00
13.00	Land improvements	4,328,698	0	0	0	13.00
14.00	Accumulated depreciation	-2,439,492	0	0	0	14.00
15.00	Buildings	67,842,491	0	0	0	15.00
16.00	Accumulated depreciation	-33,413,943	0	0	0	16.00
17.00	Leasehold improvements	7,108	0	0	0	17.00
18.00	Accumulated depreciation	-1,506	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	293,912	0	0	0	21.00
22.00	Accumulated depreciation	-175,042	0	0	0	22.00
23.00	Major movable equipment	28,298,635	0	0	0	23.00
24.00	Accumulated depreciation	-18,418,506	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	2,014,454	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	52,118,912	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	95,196,607	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	2,453,557	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	97,650,164	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	180,599,912	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	3,675,060	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,168,864	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,431,095	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	4,220,625	0	0	0	43.00
44.00	Other current liabilities	1,136,225	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,631,869	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	41,111,500	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	6,990,572	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	48,102,072	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	63,733,941	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	116,865,971				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)	116,865,971	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	180,599,912	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet G-1 | Date/Time Prepared: 8/18/2015 9:55 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		106,814,679		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		10,051,250				2.00
3.00	Total (sum of line 1 and line 2)		116,865,929		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ROUNDING	42		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		42		0		10.00
11.00	Subtotal (line 3 plus line 10)		116,865,971		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		116,865,971		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	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140011 | Period: From 04/01/2014 To 03/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 8/18/2015 9:55 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	20,867,668		20,867,668	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	12,375,860		12,375,860	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	33,243,528		33,243,528	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	2,591,786		2,591,786	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)	2,591,786		2,591,786	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,835,314		35,835,314	17.00
18.00	Ancillary services	163,134,882	303,921,190	467,056,072	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	198,970,196	303,921,190	502,891,386	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		108,982,146		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		108,982,146		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet G-3 Date/Time Prepared: 8/18/2015 9:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	502,891,386	1.00
2.00	Less contractual allowances and discounts on patients' accounts	359,241,888	2.00
3.00	Net patient revenues (line 1 minus line 2)	143,649,498	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	108,982,146	4.00
5.00	Net income from service to patients (line 3 minus line 4)	34,667,352	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,325,684	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	6,987	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	466,000	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	1,056	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	72,355	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	333,972	22.00
23.00	Governmental appropriations	1,592,263	23.00
24.00	MISCELLANEOUS	18,854	24.00
25.00	Total other income (sum of lines 6-24)	5,817,171	25.00
26.00	Total (line 5 plus line 25)	40,484,523	26.00
27.00	CORP ALLOCATION/LOSS ON EQUIPMENT	30,433,273	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	30,433,273	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,051,250	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140011	Period: From 04/01/2014 To 03/31/2015	Worksheet L Parts I-III Date/Time Prepared: 8/18/2015 9:55 am
	Title XVIII	Hospital	PPS

			1.00	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier		1,767,869	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,736	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)		54.38	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		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)		1,796,605	12.00
			1.00	
	PART II - PAYMENT UNDER REASONABLE COST			
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
			1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00