

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: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 6:05 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2015	Time: 6:05 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL SOUTH (150128) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	89,964	-147,271	-141,809	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	89,964	-147,271	-141,809	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:05 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1402 EAST COUNTY LINE ROAD SOUTH	PO Box:	Zip Code: 46227		County: MARI ON				1.00	
2.00	City: INDIANAPOLIS	State: IN							2.00	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HOSPITAL SOUTH	150128	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,545	337	0	19	4,037	255		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:05 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	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)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
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.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
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

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		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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,079,481	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:05 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1500 NORTH RITTER AVENUE	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:05 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		04/01/2014	06/30/2014
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 6:05 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/29/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 6:05 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			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.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
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.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/29/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	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)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		156	56,940	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		156				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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,252	1,193	26,805			1.00
2.00 HMO and other (see instructions)	4,434	4,408				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	10,252	1,193	26,805			7.00
8.00 INTENSIVE CARE UNIT	884	0	2,328			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		337	4,967			13.00
14.00 Total (see instructions)	11,136	1,530	34,100	0.00	719.22	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	509			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	719.22	27.00
28.00 Observation Bed Days		185	2,461			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			461			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	255	696			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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,735	1,539	7,275	1.00
2.00 HMO and other (see instructions)			1,004	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,735	1,539	7,275	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 6:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	45,791,452	0	45,791,452	1,495,987.00	30.61
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		82,100	0	82,100	833.00	98.56
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		292,956	80,333	373,289	12,920.00	28.89
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,300	0	4,300	72.00	59.72
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		336,321	0	336,321	7,031.00	47.83
14.00	Home office salaries & wage-related costs		6,409,422	0	6,409,422	110,241.00	58.14
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,209,351	0	17,209,351		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		148,452	0	148,452		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		11,190	0	11,190		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	250,012	0	250,012	7,627.00	32.78
27.00	Administrative & General	5.00	2,377,671	0	2,377,671	84,897.00	28.01
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,245,638	0	1,245,638	60,908.00	20.45
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	793,662	0	793,662	65,561.00	12.11
33.00	Housekeeping under contract (see instructions)		334,708	0	334,708	6,476.00	51.68
34.00	Dietary	10.00	1,087,408	-652,730	434,678	22,416.00	19.39
35.00	Dietary under contract (see instructions)		0	0	0	44,434.00	0.00
36.00	Cafeteria	11.00	0	652,730	652,730	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	0	0	0	0.00	0.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 6:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 150,797	0	150,797	6,075.00	24.82	41.00
42.00	Social Service	17.00 1,189,346	0	1,189,346	35,610.00	33.40	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2015 6:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	46,044,060	0	46,044,060	1,546,064.00	29.78	1.00
2.00	Excluded area salaries (see instructions)	292,956	80,333	373,289	12,920.00	28.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,751,104	-80,333	45,670,771	1,533,144.00	29.79	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,750,043	0	6,750,043	117,344.00	57.52	4.00
5.00	Subtotal wage-related costs (see inst.)	17,209,351	0	17,209,351	0.00	37.68	5.00
6.00	Total (sum of lines 3 thru 5)	69,710,498	-80,333	69,630,165	1,650,488.00	42.19	6.00
7.00	Total overhead cost (see instructions)	7,429,242	0	7,429,242	334,004.00	22.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 6:05 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,182,445	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)		4,155,095	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		56,535	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)		8,178,484	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		117,289	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		53,105	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)		340,521	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	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		3,249,159	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		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		36,360	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,368,993	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: 150128

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2015 6:05 pm

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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 6:05 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.217746		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		17,658,878		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		134,871,360		6.00	
7.00	Medicaid cost (line 1 times line 6)		29,367,699		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)		11,708,821		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,708,821		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		4,994,596	1,023,238	6,017,834	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,087,553	222,806	1,310,359	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)		1,087,553	222,806	1,310,359	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)				27,944,620	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				52,032	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				27,892,588	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				6,073,499	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				7,383,858	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				19,092,679	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	10,610,613	10,610,613	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	7,644,695	7,644,695	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	250,012	8,481,419	8,731,431	-71	8,731,360
5.00	00500	ADMINISTRATIVE & GENERAL	2,377,671	72,122,319	74,499,990	-12,577,537	61,922,453
7.00	00700	OPERATION OF PLANT	1,245,638	2,476,482	3,722,120	894,447	4,616,567
8.00	00800	LAUNDRY & LINEN SERVICE	0	482,426	482,426	0	482,426
9.00	00900	HOUSEKEEPING	793,662	670,300	1,463,962	-36,431	1,427,531
10.00	01000	DIETARY	1,087,408	447,800	1,535,208	-812,373	722,835
11.00	01100	CAFETERIA	0	0	889,791	889,791	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,124,425	1,124,425	0	1,124,425
16.00	01600	MEDICAL RECORDS & LIBRARY	150,797	1,780,731	1,931,528	-171	1,931,357
17.00	01700	SOCIAL SERVICE	1,189,346	661,819	1,851,165	-2,273	1,848,892
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	97,648	97,648	71,554	169,202
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	29,648	29,648	10,556	40,204
23.02	02303	ALLIED HEALTH	0	0	0	43,843	43,843
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,204,620	4,284,259	20,488,879	-5,695,375	14,793,504
31.00	03100	INTENSIVE CARE UNIT	1,795,611	787,420	2,583,031	-372,193	2,210,838
43.00	04300	NURSERY	0	0	0	2,456,373	2,456,373
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,652,228	15,712,528	18,364,756	-13,531,260	4,833,496
51.00	05100	RECOVERY ROOM	1,998,166	659,833	2,657,999	-211,226	2,446,773
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,152,161	2,152,161
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,492,607	1,478,678	2,971,285	-717,712	2,253,573
55.00	05500	RADIOLOGY-THERAPEUTIC	510,119	1,264,916	1,775,035	-934,158	840,877
57.00	05700	CT SCAN	508,092	740,137	1,248,229	-251,038	997,191
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	201,907	398,251	600,158	-215,481	384,677
59.00	05900	CARDIAC CATHETERIZATION	842,553	4,443,131	5,285,684	-3,903,759	1,381,925
60.00	06000	LABORATORY	0	4,764,670	4,764,670	-3,197	4,761,473
65.00	06500	RESPIRATORY THERAPY	1,675,111	570,303	2,245,414	-286,548	1,958,866
66.00	06600	PHYSICAL THERAPY	1,447,204	516,482	1,963,686	-640,514	1,323,172
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	390,632	390,632
68.00	06800	SPEECH PATHOLOGY	0	0	0	71,799	71,799
69.00	06900	ELECTROCARDIOLOGY	674,210	837,162	1,511,372	-195,403	1,315,969
70.00	07000	ELECTROENCEPHALOGRAPHY	432,357	423,343	855,700	-175,377	680,323
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-489,178	-489,178	6,259,589	5,770,411
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	712,396	712,396	10,919,079	11,631,475
73.00	07300	DRUGS CHARGED TO PATIENTS	2,137,499	5,367,813	7,505,312	-232,485	7,272,827
74.00	07400	RENAL DIALYSIS	0	279,675	279,675	-4,313	275,362
76.00	03950	ENDOSCOPY	430,206	580,980	1,011,186	-374,339	636,847
76.06	03330	IMAGING CENTER	681,157	2,453,958	3,135,115	-734,785	2,400,330
76.97	07697	CARDIAC REHABILITATION	163,708	33,857	197,565	-2,745	194,820
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	1,437	1,437	0	1,437
90.02	04951	ANTI-COAGULATION CLINIC	475,672	120,874	596,546	-16,944	579,602
90.03	04952	PALLIATIVE CARE	0	85,582	85,582	0	85,582
90.04	04953	SPINE CENTER	122,797	67,110	189,907	-43,233	146,674
91.00	09100	EMERGENCY	3,958,138	1,698,057	5,656,195	-375,831	5,280,364
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,498,496	136,168,691	181,667,187	68,360	181,735,547
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	0	12,507	12,507	0	12,507
192.00	19200	PHYSICIANS' PRIVATE OFFICES	276,044	2,814,448	3,090,492	-68,091	3,022,401
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	HOME OFFICE	0	0	0	0	0
194.06	07956	LEASED OFFICE SPACE	0	0	0	0	0
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	16,912	525,188	542,100	-269	541,831
200.00		TOTAL (SUM OF LINES 118-199)	45,791,452	139,520,834	185,312,286	0	185,312,286

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A
Date/Time Prepared:
5/27/2015 6:05 pm

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	-1,993,582	8,617,031	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,164,125	9,808,820	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,731,360	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-39,718,485	22,203,968	5.00
7.00	00700	OPERATION OF PLANT	-82,835	4,533,732	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	482,426	8.00
9.00	00900	HOUSEKEEPING	0	1,427,531	9.00
10.00	01000	DIETARY	-12,753	710,082	10.00
11.00	01100	CAFETERIA	-78,946	810,845	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,124,425	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-137,047	1,794,310	16.00
17.00	01700	SOCIAL SERVICE	0	1,848,892	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	19,035	188,237	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	-29,648	10,556	23.01
23.02	02303	ALLIED HEALTH	43,843	87,686	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,694	14,799,198	30.00
31.00	03100	INTENSIVE CARE UNIT	214,074	2,424,912	31.00
43.00	04300	NURSERY	0	2,456,373	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-11,186	4,822,310	50.00
51.00	05100	RECOVERY ROOM	0	2,446,773	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,152,161	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-305,552	1,948,021	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	840,877	55.00
57.00	05700	CT SCAN	0	997,191	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	384,677	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,319	1,410,244	59.00
60.00	06000	LABORATORY	-899,309	3,862,164	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,958,866	65.00
66.00	06600	PHYSICAL THERAPY	-136,098	1,187,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	390,632	67.00
68.00	06800	SPEECH PATHOLOGY	0	71,799	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,315,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	680,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-8,224	5,762,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,631,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,272,827	73.00
74.00	07400	RENAL DIALYSIS	0	275,362	74.00
76.00	03950	ENDOSCOPY	0	636,847	76.00
76.06	03330	IMAGING CENTER	0	2,400,330	76.06
76.97	07697	CARDIAC REHABILITATION	-11,537	183,283	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	-1,437	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	19,074	598,676	90.02
90.03	04952	PALLIATIVE CARE	-85,582	0	90.03
90.04	04953	SPINE CENTER	0	146,674	90.04
91.00	09100	EMERGENCY	0	5,280,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-41,018,057	140,717,490	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	12,507	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,022,401	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HOME OFFICE	0	0	194.00
194.06	07956	LEASED OFFICE SPACE	0	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	0	541,831	194.08
200.00		TOTAL (SUM OF LINES 118-199)	-41,018,057	144,294,229	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - OTHER CAPITAL BLDG RENT EXP						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,768,683	1.00	
2.00	OPERATION OF PLANT	7.00	0	737,403	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
TOTALS			0	2,506,086		
B - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	103,644	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	
TOTALS			0	103,644		
C - Cafeteria Salary						
1.00	CAFETERIA	11.00	652,730	0	1.00	
			652,730	0		
D - Cafeteria Other						
1.00	CAFETERIA	11.00	0	237,061	1.00	
			0	237,061		
E - Therapy Salary						
1.00	OCCUPATIONAL THERAPY	67.00	0	316,601	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	58,192	2.00	
TOTALS			0	374,793		
F - Therapy Other						
1.00	OCCUPATIONAL THERAPY	67.00	0	74,031	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	13,607	2.00	
			0	87,638		
G - Dietary Food Service Allocation						
1.00	DIETARY	10.00	0	151,865	1.00	
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	

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
TOTALS			0	151,865	
H - Plant Operations Expense					
1.00	OPERATION OF PLANT	7.00	0	212,742	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	703	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	213,445	
J - Implantable Device Recl ass					
1.00	ELECTROCARDIOLOGY	69.00	0	184	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,631,048	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
TOTALS			0	11,631,232	
K - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		6,307,719	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
TOTALS			0	6,307,719	
L - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,189,062	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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	10,189,062	
M - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,273,677	1.00
TOTALS			0	6,273,677	
N - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,313,050	1.00
TOTALS			0	4,313,050	
O - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	119,345	1.00
TOTALS			0	119,345	
P - Labor and Delivery Salary					
1.00	NURSERY	43.00	2,048,309		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,794,634		2.00
			3,842,943	0	
Q - Labor and Delivery Other					
1.00	NURSERY	43.00		408,064	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		357,527	2.00
			0	765,591	
R - Radiology Support Salary					
1.00	RADIOLOGY-THERAPEUTIC	55.00	58,191		1.00
2.00	CT SCAN	57.00	163,743		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	37,389		3.00
			259,323	0	
S - Radiology Support Other					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,893	1.00
2.00	CT SCAN	57.00	0	39,091	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,926	3.00
TOTALS			0	61,910	
T - EMS School Allied Health					
1.00	EMS TRAINING-ALLIED HEALTH	23.00		31,481	1.00
			0	31,481	
U - EMS School Allied Health					
1.00	EMS TRAINING-ALLIED HEALTH	23.00	40,073		1.00
			40,073	0	
V - Pharmacy Residency Recl ass					
1.00	ALLIED HEALTH	23.02		4,333	1.00
			0	4,333	
W - Pharm Resident Costs					
1.00	ALLIED HEALTH	23.02	39,510		1.00
			39,510	0	
X - Radiology School Allied Health					
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01		9,806	1.00
			0	9,806	
Y - Radiology School Allied Health					
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01	750		1.00
			750	0	
500.00	Grand Total: Increases		4,835,329	43,381,738	500.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - OTHER CAPITAL BLDG RENT EXP						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	95,459	10	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	71	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	121,689	0	3.00
4.00	HOUSEKEEPING	9.00	0	534	0	4.00
5.00	DIETARY	10.00	0	591	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	171	0	6.00
7.00	SOCIAL SERVICE	17.00	0	468	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	38,801	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	54	0	9.00
10.00	OPERATING ROOM	50.00	0	411,184	0	10.00
11.00	RECOVERY ROOM	51.00	0	4,024	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,124	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	317	0	13.00
14.00	CT SCAN	57.00	0	203,561	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	79	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,750	0	16.00
17.00	LABORATORY	60.00	0	79	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	15,501	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	134,826	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	227	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	84,489	0	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	35,182	0	22.00
23.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	697,119	0	23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	227,540	0	24.00
25.00	RENAL DIALYSIS	74.00	0	47	0	25.00
26.00	ENDOSCOPY	76.00	0	552	0	26.00
27.00	IMAGING CENTER	76.06	0	355,311	0	27.00
28.00	SPINE CENTER	90.04	0	43,233	0	28.00
29.00	EMERGENCY	91.00	0	3,284	0	29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	28,595	0	30.00
31.00	MISC NONREIMBURSABLE COST CENTERS	194.08	0	224	0	31.00
TOTALS			0	2,506,086		
B - Drugs Charges to Pat						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13	0	1.00
2.00	OPERATING ROOM	50.00	0	2,958	0	2.00
3.00	RECOVERY ROOM	51.00	0	74	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	474	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	99,296	0	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	480	0	7.00
8.00	IMAGING CENTER	76.06	0	253	0	8.00
TOTALS			0	103,644		
C - Cafeteria Salary						
1.00	DIETARY	10.00	652,730	0		1.00
TOTALS			652,730	0		
D - Cafeteria Other						
1.00	DIETARY	10.00	0	237,061		1.00
TOTALS			0	237,061		
E - Therapy Salary						
1.00	PHYSICAL THERAPY	66.00	0	374,793	0	1.00
2.00		0.00	0	0	0	2.00
TOTALS			0	374,793		
F - Therapy Other						
1.00	PHYSICAL THERAPY	66.00	0	87,638		1.00
2.00			0	87,638		2.00
TOTALS			0	87,638		
G - Dietary Food Service Allocation						
1.00		0.00	0	0	0	1.00
4.00	ADULTS & PEDIATRICS	30.00	0	73,751	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	18,410	0	5.00
6.00	OPERATING ROOM	50.00	0	9,240	0	6.00
7.00	RECOVERY ROOM	51.00	0	12,763	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,578	0	8.00
9.00	CT SCAN	57.00	0	194	0	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	44	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	122	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	377	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	1,026	0	13.00

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Date/Time Prepared:
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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
14.00	ELECTROCARDIOLOGY	69.00	0	449	0		14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,834	0		15.00	
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	891	0		16.00	
17.00	IMAGING CENTER	76.06	0	1,299	0		17.00	
18.00	ANTI-COAGULATION CLINIC	90.02	0	24	0		18.00	
19.00	EMERGENCY	91.00	0	29,804	0		19.00	
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	59	0		20.00	
	TOTALS		0	151,865				
H - Plant Operations Expense								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	287	0		1.00	
2.00	HOUSEKEEPING	9.00	0	9,498	0		2.00	
3.00	DIETARY	10.00	0	539	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	3,544	0		4.00	
5.00	OPERATING ROOM	50.00	0	123,071	0		5.00	
6.00	RECOVERY ROOM	51.00	0	371	0		6.00	
7.00	CT SCAN	57.00	0	58,500	0		7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	6,826	0		8.00	
9.00	LABORATORY	60.00	0	958	0		9.00	
10.00	RESPIRATORY THERAPY	65.00	0	1,630	0		10.00	
11.00	PHYSICAL THERAPY	66.00	0	1,081	0		11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	639	0		12.00	
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,592	0		13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	87	0		14.00	
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	101	0		15.00	
16.00	ENDOSCOPY	76.00	0	2,843	0		16.00	
17.00	IMAGING CENTER	76.06	0	752	0		17.00	
18.00	EMERGENCY	91.00	0	126	0		18.00	
	TOTALS		0	213,445				
J - Implantable Device Reclass								
1.00	ADULTS & PEDIATRICS	30.00	0	300	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	906	0		2.00	
3.00	OPERATING ROOM	50.00	0	8,455,859	0		3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	182,148	0		4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	2,985,408	0		5.00	
6.00	PHYSICAL THERAPY	66.00	0	1,000	0		6.00	
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	802	0		7.00	
8.00	ENDOSCOPY	76.00	0	4,809	0		8.00	
	TOTALS		0	11,631,232				
K - Medical Supplies								
1.00	ADMINISTRATIVE & GENERAL	5.00		156,402			1.00	
2.00	DIETARY	10.00		254			2.00	
3.00	ADULTS & PEDIATRICS	30.00		452,243			3.00	
4.00	INTENSIVE CARE UNIT	31.00		179,355			4.00	
5.00	OPERATING ROOM	50.00		3,070,651			5.00	
6.00	RECOVERY ROOM	51.00		135,792			6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00		11,893			7.00	
8.00	RADIOLOGY-THERAPEUTIC	55.00		758,504			8.00	
9.00	CT SCAN	57.00		115,610			9.00	
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		3,729			10.00	
11.00	CARDIAC CATHETERIZATION	59.00		739,021			11.00	
12.00	RESPIRATORY THERAPY	65.00		191,769			12.00	
13.00	PHYSICAL THERAPY	66.00		1,829			13.00	
14.00	ELECTROCARDIOLOGY	69.00		3,015			14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00		19,230			15.00	
16.00	DRUGS CHARGED TO PATIENTS	73.00		45,518			16.00	
17.00	RENAL DIALYSIS	74.00		4,266			17.00	
18.00	ENDOSCOPY	76.00		193,277			18.00	
19.00	IMAGING CENTER	76.06		34,987			19.00	
20.00	EMERGENCY	91.00		162,984			20.00	
21.00	PHYSICIANS' PRIVATE OFFICES	192.00		27,390			21.00	
	TOTALS		0	6,307,719				
L - Depreciation Expense								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,906,124	9		1.00	
2.00	OPERATION OF PLANT	7.00	0	55,698	0		2.00	
3.00	HOUSEKEEPING	9.00	0	26,399	0		3.00	
4.00	DIETARY	10.00	0	73,063	0		4.00	
5.00	SOCIAL SERVICE	17.00	0	1,805	0		5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	518,202	0		6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	173,468	0		7.00	
8.00	OPERATING ROOM	50.00	0	1,458,297	0		8.00	
9.00	RECOVERY ROOM	51.00	0	58,202	0		9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	371,935	0		10.00	

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6
Date/Time Prepared:
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		Decreases			Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	65,273	0	11.00
12.00	CT SCAN	57.00	0	76,007	0	12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	257,944	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	170,632	0	14.00
15.00	LABORATORY	60.00	0	2,160	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	77,271	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	37,847	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	91,961	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	66,752	0	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,861	0	20.00
21.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,850	0	21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,434	0	22.00
23.00	ENDOSCOPY	76.00	0	172,858	0	23.00
24.00	IMAGING CENTER	76.06	0	342,183	0	24.00
25.00	CARDIAC REHABILITATION	76.97	0	2,745	0	25.00
26.00	ANTI-COAGULATION CLINIC	90.02	0	16,920	0	26.00
27.00	EMERGENCY	91.00	0	108,079	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,047	0	28.00
29.00	MISC NONREIMBURSABLE COST CENTERS	194.08	0	45	0	29.00
	TOTALS		0	10,189,062		
M - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,273,677	11	1.00
	TOTALS		0	6,273,677		
N - Depreciation by CC						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,313,050	9	1.00
	TOTALS		0	4,313,050		
O - Capital Insurance Costs						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	119,345	12	1.00
	TOTALS		0	119,345		
P - Labor and Delivery Salary						
1.00	ADULTS & PEDIATRICS	30.00	3,842,943			1.00
2.00						2.00
			3,842,943	0		
Q - Labor and Delivery Other						
1.00	ADULTS & PEDIATRICS	30.00		765,591		1.00
2.00						2.00
			0	765,591		
R - Radiology Support Salary						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	259,323			1.00
2.00						2.00
3.00						3.00
			259,323	0		
S - Radiology Support Other						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,910	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	61,910		
T - EMS School Allied Health						
1.00	EMERGENCY	91.00		31,481		1.00
			0	31,481		
U - EMS School Allied Health						
1.00	EMERGENCY	91.00	40,073			1.00
			40,073	0		
V - Pharmacy Residency Reclass						
1.00	DRUGS CHARGED TO PATIENTS	73.00		4,333		1.00
			0	4,333		
W - Pharm Resident Costs						
1.00	DRUGS CHARGED TO PATIENTS	73.00	39,510			1.00
			39,510	0		
X - Radiology School Allied Health						
1.00	RADIOLOGY-DIAGNOSTIC	54.00		9,806		1.00
			0	9,806		
Y - Radiology School Allied Health						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	750			1.00
			750	0		
500.00	Grand Total: Decreases		4,835,329	43,381,738		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	497,000	0	0	0	0	1.00
2.00	Land Improvements	2,645,221	15,000	0	15,000	0	2.00
3.00	Buildings and Fixtures	162,444,655	4,418,519	0	4,418,519	7,073	3.00
4.00	Building Improvements	1,705,707	0	0	0	177,832	4.00
5.00	Fixed Equipment	880,245	0	0	0	0	5.00
6.00	Movable Equipment	60,566,776	1,480,775	0	1,480,775	2,400,572	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	228,739,604	5,914,294	0	5,914,294	2,585,477	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	228,739,604	5,914,294	0	5,914,294	2,585,477	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	497,000	0				1.00
2.00	Land Improvements	2,660,221	0				2.00
3.00	Buildings and Fixtures	166,856,101	0				3.00
4.00	Building Improvements	1,527,875	0				4.00
5.00	Fixed Equipment	880,245	0				5.00
6.00	Movable Equipment	59,646,979	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	232,068,421	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	232,068,421	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2015 6:05 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	171,541,197	0	171,541,197	0.739184	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,527,224	0	60,527,224	0.260816	0	2.00
3.00	Total (sum of lines 1-2)	232,068,421	0	232,068,421	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,650,993	-95,459	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,040,137	1,768,683	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,691,130	1,673,224	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,942,152	119,345	0	0	8,617,031	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,808,820	2.00
3.00	Total (sum of lines 1-2)	3,942,152	119,345	0	0	18,425,851	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 6:05 pm

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)	A	-40,421		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-42,843		CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-82,100					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,259,220					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 Misc Revenue	B	-80,043		ADMINISTRATIVE & GENERAL	5.00		0	33.00
33.01 Misc Revenue	B	-62,835		OPERATION OF PLANT	7.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.02 Misc Revenue	B	-137,047	MEDICAL RECORDS & LIBRARY	16.00	0	33.02
33.03 Misc Revenue	B	-550	ADULTS & PEDIATRICS	30.00	0	33.03
33.04 Misc Revenue	B	-4,400	RADIOLOGY-DIAGNOSTIC	54.00	0	33.04
33.05 Misc Revenue	B	-53,998	PHYSICAL THERAPY	66.00	0	33.05
33.06 Misc Revenue	B	-8,224	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33.06
33.07 Misc Revenue	B	-11,537	CARDIAC REHABILITATION	76.97	0	33.07
33.08 MISC REVENUE 35100	B	-20,000	OPERATION OF PLANT	7.00	0	33.08
33.09 MISC REVENUE 35100	B	-4,539	DIETARY	10.00	0	33.09
33.10 MISC REVENUE 35200	B	-8,214	DIETARY	10.00	0	33.10
33.11 MISC REVENUE 35200	B	-4,750	ADULTS & PEDIATRICS	30.00	0	33.11
33.12 MISC REVENUE 35200	B	-301,152	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 Leased Equipment CBI	B	-3,055,915	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14		0		0.00	0	33.14
33.15 Disposal of Assets	B	-15,536	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.15
33.16 Outside Corp Revenue	B	-5,619	LABORATORY	60.00	0	33.16
33.17 Trustee Fund Interest Income	B	-32,714	ADMINISTRATIVE & GENERAL	5.00	0	33.17
34.00 Non-Allowable Interest Expense 00	A	-5,491	CAP REL COSTS-BLDG & FIXT	1.00	11	34.00
34.01 Non-Allowable Interest Expense 00	A	-94,060	ADMINISTRATIVE & GENERAL	5.00	11	34.01
34.02 LOC Non-Allow Interest Expense	A	-23,842	CAP REL COSTS-BLDG & FIXT	1.00	11	34.02
34.03 Non-Allowable Interest Expense 00	A	-1,958,500	CAP REL COSTS-BLDG & FIXT	1.00	11	34.03
34.04 Non-Allowable Interest Expense 00	A	93,989	ADMINISTRATIVE & GENERAL	5.00	11	34.04
34.05 2012B Non-Allow Interest Expense	A	-89,161	CAP REL COSTS-BLDG & FIXT	1.00	11	34.05
34.06 2012B Non-Allow Interest Expense	A	-1,065	ADMINISTRATIVE & GENERAL	5.00	11	34.06
34.07 50M BMO Non-Allow Interest Expense	A	-254,531	CAP REL COSTS-BLDG & FIXT	1.00	11	34.07
35.00 HAF Tax Offset	A	-7,719,393	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.01 Bad Debt Expense	A	-27,944,555	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02 Bad Debt Expense	A	-64	ADMINISTRATIVE & GENERAL	5.00	0	35.02
36.02 Non-Allow Marketing Expense	A	-50,348	ADMINISTRATIVE & GENERAL	5.00	0	36.02
36.03 Patient Telephone Depreciation Adjustment	A	-779	CAP REL COSTS-MVBLE EQUIP	2.00	9	36.03
36.04 Meals of Wheels Cost	A	-78,946	CAFETERIA	11.00	0	36.04
36.05 EMS Training A_H Onset	A	116,683	EMS TRAINING-ALLIED HEALTH	23.00	0	36.05
36.06 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-85,582	PALLIATIVE CARE	90.03	0	36.06
36.07 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-1,437	DIABETIC CARE CENTER	90.01	0	36.07
36.08 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-97,648	EMS TRAINING-ALLIED HEALTH	23.00	0	36.08
36.09 INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	-29,648	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01	0	36.09
36.10 Pharmacy Residency Expense	A	43,843	ALLIED HEALTH	23.02	0	36.10
36.11 Medical Director Site-CHS	A	48,117	ADMINISTRATIVE & GENERAL	5.00	0	36.11
36.12 Medical Director Site-CHS	A	214,074	INTENSIVE CARE UNIT	31.00	0	36.12
36.13 Medical Director Site-CHS	A	28,319	CARDIAC CATHETERIZATION	59.00	0	36.13
36.14 Medical Director Site-CHS	A	19,074	ANTI-COAGULATION CLINIC	90.02	0	36.14
36.15 PENSION ALLOCATION	A	-433,889	ADMINISTRATIVE & GENERAL	5.00	0	36.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,018,057				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: 150128

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 6:05 pm

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	60.00	LABORATORY	PURCHASED LAB SERVICES	3,454,918	4,348,608 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1550 POB SPACE RENTAL	75,476	56,774 2.00
3.00	30.00	ADULTS & PEDIATRICS	1550 POB SPACE RENTAL	44,369	33,375 3.00
4.00	50.00	OPERATING ROOM	1550 POB SPACE RENTAL	17,166	28,352 4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	CHNW - HOME OFFICE	337,943	0 4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	2,223,283	0 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	9,316,157	9,742,983 4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,469,312	14,210,092 5.00

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

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

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

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

6.00	C	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	OTHER		0.00	100.00

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

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

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

Provider CCN: 150128

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 6:05 pm

	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	-893,690	0		1.00
2.00	18,702	0		2.00
3.00	10,994	0		3.00
4.00	-11,186	0		4.00
4.01	337,943	9		4.01
4.02	2,223,283	9		4.02
4.03	-426,826	0		4.03
5.00	1,259,220			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150128

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2015 6:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	66.00	AGGREGATE-PHYSICAL THERAPY	82,100	82,100	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			82,100	82,100	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	82,100		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	82,100		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,617,031	8,617,031			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,808,820		9,808,820		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,731,360	31,449	58	8,762,867	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	22,203,968	215,719	4,840,244	457,500	5.00
7.00 00700	OPERATION OF PLANT	4,533,732	1,325,321	47,845	239,679	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	482,426	23,655	0	0	8.00
9.00 00900	HOUSEKEEPING	1,427,531	60,728	22,122	152,712	9.00
10.00 01000	DIETARY	710,082	94,642	20,607	83,639	10.00
11.00 01100	CAFETERIA	810,845	187,619	39,889	125,595	11.00
13.00 01300	NURSING ADMINISTRATION	1,124,425	96,959	0	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,794,310	41,265	140	29,016	16.00
17.00 01700	SOCIAL SERVICE	1,848,892	31,870	1,867	228,848	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	6,677	0	0	19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	188,237	6,762	0	7,711	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	10,556	0	0	144	23.01
23.02 02303	ALLIED HEALTH	87,686	0	0	7,602	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,799,198	1,997,419	327,412	2,378,585	30.00
31.00 03100	INTENSIVE CARE UNIT	2,424,912	674,941	142,524	345,502	31.00
43.00 04300	NURSERY	2,456,373	309,223	54,726	394,125	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,822,310	736,343	1,535,510	510,328	50.00
51.00 05100	RECOVERY ROOM	2,446,773	187,788	51,110	384,477	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,152,161	270,929	47,948	345,315	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,948,021	257,721	306,415	237,158	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	840,877	42,150	53,873	109,351	55.00
57.00 05700	CT SCAN	997,191	32,565	229,626	129,271	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	384,677	41,370	211,929	46,044	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,410,244	104,310	141,587	162,120	59.00
60.00 06000	LABORATORY	3,862,164	111,388	1,839	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,958,866	56,010	76,199	322,316	65.00
66.00 06600	PHYSICAL THERAPY	1,187,074	17,926	25,165	278,464	66.00
67.00 06700	OCCUPATIONAL THERAPY	390,632	5,287	6,801	0	67.00
68.00 06800	SPEECH PATHOLOGY	71,799	969	1,250	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,315,969	0	75,718	129,728	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	680,323	54,135	55,485	83,192	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,762,187	248,432	39,460	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,631,475	0	584,781	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,272,827	31,596	201,210	403,685	73.00
74.00 07400	RENAL DIALYSIS	275,362	27,320	39	0	74.00
76.00 03950	ENDOSCOPY	636,847	0	142,431	82,778	76.00
76.06 03330	IMAGING CENTER	2,400,330	0	405,041	131,065	76.06
76.97 07697	CARDIAC REHABILITATION	183,283	0	2,255	31,500	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	ANTI-COAGULATION CLINIC	598,676	0	13,897	91,526	90.02
90.03 04952	PALLIATIVE CARE	0	2,949	0	0	90.03
90.04 04953	SPINE CENTER	146,674	0	33	23,628	90.04
91.00 09100	EMERGENCY	5,280,364	642,439	91,469	753,894	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	140,717,490	7,975,876	9,798,505	8,706,498	140,009,651
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	12,507	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,022,401	0	10,094	53,115	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	HOME OFFICE	0	106,143	0	0	194.00
194.06 07956	LEASED OFFICE SPACE	0	507,628	0	0	194.06
194.08 07958	MISC NONREIMBURSABLE COST CENTERS	541,831	27,384	221	3,254	194.08
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	144,294,229	8,617,031	9,808,820	8,762,867	144,294,229

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 6:05 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	27,717,431				5.00	
7.00	00700	OPERATION OF PLANT	1,461,416	7,607,993			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	120,326	25,547	651,954		8.00	
9.00	00900	HOUSEKEEPING	395,419	65,586	0	2,124,098	9.00	
10.00	01000	DIETARY	216,118	102,212	0	28,883	1,256,183	10.00
11.00	01100	CAFETERIA	276,741	202,626	0	57,258	0	11.00
13.00	01300	NURSING ADMINISTRATION	290,397	104,714	0	29,590	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	443,360	44,565	0	12,593	0	16.00
17.00	01700	SOCIAL SERVICE	502,027	34,419	0	9,726	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,588	7,211	0	2,038	0	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	48,197	7,302	0	2,064	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	2,544	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH	22,656	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,636,977	2,157,181	276,430	609,569	987,449	30.00
31.00	03100	INTENSIVE CARE UNIT	853,058	728,926	24,725	205,978	85,759	31.00
43.00	04300	NURSERY	764,270	333,956	44,159	94,369	182,975	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,808,051	795,239	57,123	224,717	0	50.00
51.00	05100	RECOVERY ROOM	729,961	202,808	0	57,309	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	669,619	292,598	38,688	82,682	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	653,680	278,335	13,941	78,651	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	248,758	45,521	8,119	12,863	0	55.00
57.00	05700	CT SCAN	330,168	35,170	0	9,938	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	162,633	44,679	40,191	12,625	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	432,312	112,653	3,588	31,833	0	59.00
60.00	06000	LABORATORY	945,193	120,297	0	33,993	0	60.00
65.00	06500	RESPIRATORY THERAPY	573,810	60,490	0	17,093	0	65.00
66.00	06600	PHYSICAL THERAPY	358,693	19,359	0	5,471	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,751	5,710	0	1,614	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,599	1,046	0	296	0	68.00
69.00	06900	ELECTROCARDIOLOGY	361,733	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	207,597	58,465	0	16,521	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,438,473	268,302	0	75,816	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,904,549	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,880,527	34,124	0	9,643	0	73.00
74.00	07400	RENAL DIALYSIS	71,975	29,506	0	8,338	0	74.00
76.00	03950	ENDOSCOPY	204,963	0	0	0	0	76.00
76.06	03330	IMAGING CENTER	698,170	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	51,603	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	167,407	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	701	3,185	0	900	0	90.03
90.04	04953	SPINE CENTER	40,499	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,609,206	693,824	144,990	196,059	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,698,725	6,915,556	651,954	1,928,430	1,256,183	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,974	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	733,638	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	25,237	114,633	0	32,393	0	194.00
194.06	07956	LEASED OFFICE SPACE	120,694	548,230	0	154,918	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	136,163	29,574	0	8,357	0	194.08
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)	27,717,431	7,607,993	651,954	2,124,098	1,256,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,700,573					11.00
13.00	01300		1,646,085				13.00
16.00	01600	3,109	0	2,368,358			16.00
17.00	01700	52,851	0	0	2,710,500		17.00
19.00	01900	0	0	0	0	17,514	19.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02303	3,109	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	578,256	1,027,422	242,456	2,130,644	0	30.00
31.00	03100	68,396	121,523	29,346	185,045	0	31.00
43.00	04300	87,049	154,666	51,063	394,811	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	118,139	0	228,863	0	17,514	50.00
51.00	05100	77,723	0	79,327	0	0	51.00
52.00	05200	77,723	0	44,739	0	0	52.00
54.00	05400	62,178	0	81,030	0	0	54.00
55.00	05500	21,762	0	46,788	0	0	55.00
57.00	05700	40,416	0	158,497	0	0	57.00
58.00	05800	12,436	0	36,102	0	0	58.00
59.00	05900	34,198	0	130,656	0	0	59.00
60.00	06000	0	0	210,474	0	0	60.00
65.00	06500	77,723	0	43,416	0	0	65.00
66.00	06600	27,980	0	23,209	0	0	66.00
67.00	06700	15,545	0	7,116	0	0	67.00
68.00	06800	3,109	0	1,600	0	0	68.00
69.00	06900	24,871	0	75,769	0	0	69.00
70.00	07000	18,653	0	14,389	0	0	70.00
71.00	07100	0	0	123,420	0	0	71.00
72.00	07200	0	0	125,769	0	0	72.00
73.00	07300	74,614	0	155,996	0	0	73.00
74.00	07400	0	0	3,234	0	0	74.00
76.00	03950	15,545	0	21,943	0	0	76.00
76.06	03330	0	0	79,294	0	0	76.06
76.97	07697	9,327	0	2,657	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	0	6,318	0	0	90.02
90.03	04952	0	0	0	0	0	90.03
90.04	04953	0	0	1,762	0	0	90.04
91.00	09100	192,752	342,474	343,125	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,697,464	1,646,085	2,368,358	2,710,500	17,514	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.06	07956	0	0	0	0	0	194.06
194.08	07958	3,109	0	0	0	0	194.08
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,700,573	1,646,085	2,368,358	2,710,500	17,514	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
16.00	01600						16.00
17.00	01700						17.00
19.00	01900						19.00
23.00	02300	260,273					23.00
23.01	02301		13,244				23.01
23.02	02303			121,053			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	32,148,998	0	30.00
31.00	03100	0	0	0	5,890,635	0	31.00
43.00	04300	0	0	0	5,321,765	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	10,854,137	0	50.00
51.00	05100	0	0	0	4,217,276	0	51.00
52.00	05200	0	0	0	4,022,402	0	52.00
54.00	05400	0	13,244	0	3,930,374	0	54.00
55.00	05500	0	0	0	1,430,062	0	55.00
57.00	05700	0	0	0	1,962,842	0	57.00
58.00	05800	0	0	0	992,686	0	58.00
59.00	05900	0	0	0	2,563,501	0	59.00
60.00	06000	0	0	0	5,285,348	0	60.00
65.00	06500	0	0	0	3,185,923	0	65.00
66.00	06600	0	0	0	1,943,341	0	66.00
67.00	06700	0	0	0	528,456	0	67.00
68.00	06800	0	0	0	97,668	0	68.00
69.00	06900	0	0	0	1,983,788	0	69.00
70.00	07000	0	0	0	1,188,760	0	70.00
71.00	07100	0	0	0	7,956,090	0	71.00
72.00	07200	0	0	0	15,246,574	0	72.00
73.00	07300	0	0	121,053	10,185,275	0	73.00
74.00	07400	0	0	0	415,774	0	74.00
76.00	03950	0	0	0	1,104,507	0	76.00
76.06	03330	0	0	0	3,713,900	0	76.06
76.97	07697	0	0	0	280,625	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	0	0	877,824	0	90.02
90.03	04952	0	0	0	7,735	0	90.03
90.04	04953	0	0	0	212,596	0	90.04
91.00	09100	260,273	0	0	10,550,869	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		260,273	13,244	121,053	138,099,731	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	15,481	0	191.00
192.00	19200	0	0	0	3,819,248	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	278,406	0	194.00
194.06	07956	0	0	0	1,331,470	0	194.06
194.08	07958	0	0	0	749,893	0	194.08
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		260,273	13,244	121,053	144,294,229	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		Total	
		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
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301 RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02303 ALLIED HEALTH		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	32,148,998	30.00
31.00	03100 INTENSIVE CARE UNIT	5,890,635	31.00
43.00	04300 NURSERY	5,321,765	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	10,854,137	50.00
51.00	05100 RECOVERY ROOM	4,217,276	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,022,402	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,930,374	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,430,062	55.00
57.00	05700 CT SCAN	1,962,842	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	992,686	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,563,501	59.00
60.00	06000 LABORATORY	5,285,348	60.00
65.00	06500 RESPIRATORY THERAPY	3,185,923	65.00
66.00	06600 PHYSICAL THERAPY	1,943,341	66.00
67.00	06700 OCCUPATIONAL THERAPY	528,456	67.00
68.00	06800 SPEECH PATHOLOGY	97,668	68.00
69.00	06900 ELECTROCARDIOLOGY	1,983,788	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,188,760	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,956,090	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,246,574	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,185,275	73.00
74.00	07400 RENAL DIALYSIS	415,774	74.00
76.00	03950 ENDOSCOPY	1,104,507	76.00
76.06	03330 IMAGING CENTER	3,713,900	76.06
76.97	07697 CARDIAC REHABILITATION	280,625	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	877,824	90.02
90.03	04952 PALLIATIVE CARE	7,735	90.03
90.04	04953 SPINE CENTER	212,596	90.04
91.00	09100 EMERGENCY	10,550,869	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	138,099,731	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	15,481	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,819,248	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 HOME OFFICE	278,406	194.00
194.06	07956 LEASED OFFICE SPACE	1,331,470	194.06
194.08	07958 MISC NONREIMBURSABLE COST CENTERS	749,893	194.08
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	144,294,229	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	31,449	58	31,507	31,507 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	215,719	4,840,244	5,055,963	1,645 5.00
7.00 00700	OPERATION OF PLANT	0	1,325,321	47,845	1,373,166	862 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,655	0	23,655	0 8.00
9.00 00900	HOUSEKEEPING	0	60,728	22,122	82,850	549 9.00
10.00 01000	DIETARY	0	94,642	20,607	115,249	301 10.00
11.00 01100	CAFETERIA	0	187,619	39,889	227,508	452 11.00
13.00 01300	NURSING ADMINISTRATION	0	96,959	0	96,959	0 13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	41,265	140	41,405	104 16.00
17.00 01700	SOCIAL SERVICE	0	31,870	1,867	33,737	823 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	6,677	0	6,677	0 19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	6,762	0	6,762	28 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	1 23.01
23.02 02303	ALLIED HEALTH	0	0	0	0	27 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,997,419	327,412	2,324,831	8,547 30.00
31.00 03100	INTENSIVE CARE UNIT	0	674,941	142,524	817,465	1,243 31.00
43.00 04300	NURSERY	0	309,223	54,726	363,949	1,417 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	736,343	1,535,510	2,271,853	1,835 50.00
51.00 05100	RECOVERY ROOM	0	187,788	51,110	238,898	1,383 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	270,929	47,948	318,877	1,242 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	257,721	306,415	564,136	853 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	42,150	53,873	96,023	393 55.00
57.00 05700	CT SCAN	0	32,565	229,626	262,191	465 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	41,370	211,929	253,299	166 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	104,310	141,587	245,897	583 59.00
60.00 06000	LABORATORY	0	111,388	1,839	113,227	0 60.00
65.00 06500	RESPIRATORY THERAPY	0	56,010	76,199	132,209	1,159 65.00
66.00 06600	PHYSICAL THERAPY	0	17,926	25,165	43,091	1,001 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,287	6,801	12,088	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	969	1,250	2,219	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	75,718	75,718	467 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	54,135	55,485	109,620	299 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	248,432	39,460	287,892	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	584,781	584,781	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	31,596	201,210	232,806	1,452 73.00
74.00 07400	RENAL DIALYSIS	0	27,320	39	27,359	0 74.00
76.00 03950	ENDOSCOPY	0	0	142,431	142,431	298 76.00
76.06 03330	IMAGING CENTER	0	0	405,041	405,041	471 76.06
76.97 07697	CARDIAC REHABILITATION	0	0	2,255	2,255	113 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	ANTI-COAGULATION CLINIC	0	0	13,897	13,897	329 90.02
90.03 04952	PALLIATIVE CARE	0	2,949	0	2,949	0 90.03
90.04 04953	SPINE CENTER	0	0	33	33	85 90.04
91.00 09100	EMERGENCY	0	642,439	91,469	733,908	2,711 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,975,876	9,798,505	17,774,381	31,304 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	10,094	10,094	191 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	HOME OFFICE	0	106,143	0	106,143	0 194.00
194.06 07956	LEASED OFFICE SPACE	0	507,628	0	507,628	0 194.06
194.08 07958	MISC NONREIMBURSABLE COST CENTERS	0	27,384	221	27,605	12 194.08
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	8,617,031	9,808,820	18,425,851	31,507 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 6:05 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	5,057,608				5.00	
7.00	00700	OPERATION OF PLANT	266,663	1,640,691			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	21,956	5,509	51,120		8.00	
9.00	00900	HOUSEKEEPING	72,152	14,144	0	169,695	9.00	
10.00	01000	DIETARY	39,435	22,042	0	2,307	179,334	10.00
11.00	01100	CAFETERIA	50,497	43,697	0	4,574	0	11.00
13.00	01300	NURSING ADMINISTRATION	52,989	22,582	0	2,364	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	80,899	9,611	0	1,006	0	16.00
17.00	01700	SOCIAL SERVICE	91,604	7,423	0	777	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	290	1,555	0	163	0	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	8,794	1,575	0	165	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	464	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH	4,134	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	846,140	465,203	21,674	48,699	140,969	30.00
31.00	03100	INTENSIVE CARE UNIT	155,657	157,195	1,939	16,456	12,243	31.00
43.00	04300	NURSERY	139,456	72,019	3,463	7,539	26,122	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	329,913	171,496	4,479	17,953	0	50.00
51.00	05100	RECOVERY ROOM	133,195	43,736	0	4,578	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,185	63,100	3,034	6,605	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,276	60,024	1,093	6,283	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	45,391	9,817	637	1,028	0	55.00
57.00	05700	CT SCAN	60,245	7,585	0	794	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,676	9,635	3,151	1,009	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	78,883	24,294	281	2,543	0	59.00
60.00	06000	LABORATORY	172,468	25,942	0	2,716	0	60.00
65.00	06500	RESPIRATORY THERAPY	104,703	13,045	0	1,366	0	65.00
66.00	06600	PHYSICAL THERAPY	65,450	4,175	0	437	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,472	1,231	0	129	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,211	226	0	24	0	68.00
69.00	06900	ELECTROCARDIOLOGY	66,005	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,880	12,608	0	1,320	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	262,477	57,860	0	6,057	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	529,990	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,138	7,359	0	770	0	73.00
74.00	07400	RENAL DIALYSIS	13,133	6,363	0	666	0	74.00
76.00	03950	ENDOSCOPY	37,399	0	0	0	0	76.00
76.06	03330	IMAGING CENTER	127,394	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	9,416	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	30,547	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	128	687	0	72	0	90.03
90.04	04953	SPINE CENTER	7,390	0	0	0	0	90.04
91.00	09100	EMERGENCY	293,630	149,626	11,369	15,663	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,871,725	1,491,364	51,120	154,063	179,334	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	543	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	133,866	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HOME OFFICE	4,605	24,721	0	2,588	0	194.00
194.06	07956	LEASED OFFICE SPACE	22,023	118,228	0	12,376	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	24,846	6,378	0	668	0	194.08
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)	5,057,608	1,640,691	51,120	169,695	179,334	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 6:05 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	326,728					11.00
13.00	01300		174,894				13.00
16.00	01600	597	0	133,622			16.00
17.00	01700	10,154	0	0	144,518		17.00
19.00	01900	0	0	0	0	8,685	19.00
23.00	02300	0	0	0	0		23.00
23.01	02301	0	0	0	0		23.01
23.02	02303	597	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100	111,100	109,162	13,701	113,602		31.00
43.00	04300	13,141	12,912	1,658	9,866		43.00
		16,725	16,433	2,885	21,050		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,698	0	12,933	0		50.00
51.00	05100	14,933	0	4,483	0		51.00
52.00	05200	14,933	0	2,528	0		52.00
54.00	05400	11,946	0	4,579	0		54.00
55.00	05500	4,181	0	2,644	0		55.00
57.00	05700	7,765	0	8,956	0		57.00
58.00	05800	2,389	0	2,040	0		58.00
59.00	05900	6,570	0	7,383	0		59.00
60.00	06000	0	0	11,893	0		60.00
65.00	06500	14,933	0	2,453	0		65.00
66.00	06600	5,376	0	1,311	0		66.00
67.00	06700	2,987	0	402	0		67.00
68.00	06800	597	0	90	0		68.00
69.00	06900	4,778	0	4,282	0		69.00
70.00	07000	3,584	0	813	0		70.00
71.00	07100	0	0	6,974	0		71.00
72.00	07200	0	0	7,107	0		72.00
73.00	07300	14,335	0	8,815	0		73.00
74.00	07400	0	0	183	0		74.00
76.00	03950	2,987	0	1,240	0		76.00
76.06	03330	0	0	4,481	0		76.06
76.97	07697	1,792	0	150	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0		90.00
90.01	04950	0	0	0	0		90.01
90.02	04951	0	0	357	0		90.02
90.03	04952	0	0	0	0		90.03
90.04	04953	0	0	100	0		90.04
91.00	09100	37,033	36,387	19,181	0		91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00							
		326,131	174,894	133,622	144,518	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
191.00	19100	0	0	0	0		191.00
192.00	19200	0	0	0	0		192.00
193.00	19300	0	0	0	0		193.00
194.00	07950	0	0	0	0		194.00
194.06	07956	0	0	0	0		194.06
194.08	07958	597	0	0	0		194.08
200.00						8,685	200.00
201.00		0	0	0	0	0	201.00
202.00		326,728	174,894	133,622	144,518	8,685	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 6:05 pm	
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	17,324				23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		465			23.01
23.02	02303	ALLIED HEALTH			4,758		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			4,203,628		30.00
31.00	03100	INTENSIVE CARE UNIT			1,199,775		31.00
43.00	04300	NURSERY			671,058		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			2,833,160		50.00
51.00	05100	RECOVERY ROOM			441,206		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			532,504		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			768,190		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			160,114		55.00
57.00	05700	CT SCAN			348,001		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			301,365		58.00
59.00	05900	CARDIAC CATHETERIZATION			366,434		59.00
60.00	06000	LABORATORY			326,246		60.00
65.00	06500	RESPIRATORY THERAPY			269,868		65.00
66.00	06600	PHYSICAL THERAPY			120,841		66.00
67.00	06700	OCCUPATIONAL THERAPY			34,309		67.00
68.00	06800	SPEECH PATHOLOGY			6,367		68.00
69.00	06900	ELECTROCARDIOLOGY			151,250		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			166,124		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			621,260		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,121,878		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			608,675		73.00
74.00	07400	RENAL DIALYSIS			47,704		74.00
76.00	03950	ENDOSCOPY			184,355		76.00
76.06	03330	IMAGING CENTER			537,387		76.06
76.97	07697	CARDIAC REHABILITATION			13,726		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			0		90.00
90.01	04950	DIABETIC CARE CENTER			0		90.01
90.02	04951	ANTI-COAGULATION CLINIC			45,130		90.02
90.03	04952	PALLIATIVE CARE			3,836		90.03
90.04	04953	SPINE CENTER			7,608		90.04
91.00	09100	EMERGENCY			1,299,508		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	17,391,507	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0		190.00
191.00	19100	RESEARCH			543		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			144,151		192.00
193.00	19300	NONPAID WORKERS			0		193.00
194.00	07950	HOME OFFICE			138,057		194.00
194.06	07956	LEASED OFFICE SPACE			660,255		194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS			60,106		194.08
200.00		Cross Foot Adjustments	17,324	465	4,758	31,232	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	17,324	465	4,758	18,425,851	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 6:05 pm
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Cost Center Description		Total	
		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
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301 RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02303 ALLIED HEALTH		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,203,628	30.00
31.00	03100 INTENSIVE CARE UNIT	1,199,775	31.00
43.00	04300 NURSERY	671,058	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,833,160	50.00
51.00	05100 RECOVERY ROOM	441,206	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	532,504	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	768,190	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	160,114	55.00
57.00	05700 CT SCAN	348,001	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	301,365	58.00
59.00	05900 CARDIAC CATHETERIZATION	366,434	59.00
60.00	06000 LABORATORY	326,246	60.00
65.00	06500 RESPIRATORY THERAPY	269,868	65.00
66.00	06600 PHYSICAL THERAPY	120,841	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,309	67.00
68.00	06800 SPEECH PATHOLOGY	6,367	68.00
69.00	06900 ELECTROCARDIOLOGY	151,250	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	166,124	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	621,260	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,121,878	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	608,675	73.00
74.00	07400 RENAL DIALYSIS	47,704	74.00
76.00	03950 ENDOSCOPY	184,355	76.00
76.06	03330 IMAGING CENTER	537,387	76.06
76.97	07697 CARDIAC REHABILITATION	13,726	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	45,130	90.02
90.03	04952 PALLIATIVE CARE	3,836	90.03
90.04	04953 SPINE CENTER	7,608	90.04
91.00	09100 EMERGENCY	1,299,508	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,391,507	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	543	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	144,151	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 HOME OFFICE	138,057	194.00
194.06	07956 LEASED OFFICE SPACE	660,255	194.06
194.08	07958 MISCELLANEOUS NONREIMBURSABLE COST CENTERS	60,106	194.08
200.00	Cross Foot Adjustments	31,232	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	18,425,851	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	409,083				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,942,206			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,493	71	45,541,440		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	10,241	5,892,978	2,377,671	-27,717,431	116,576,798
7.00 00700	OPERATION OF PLANT	62,918	58,251	1,245,638	0	6,146,577
8.00 00800	LAUNDRY & LINEN SERVICE	1,123	0	0	0	506,081
9.00 00900	HOUSEKEEPING	2,883	26,933	793,662	0	1,663,093
10.00 01000	DIETARY	4,493	25,089	434,678	0	908,970
11.00 01100	CAFETERIA	8,907	48,565	652,730	0	1,163,948
13.00 01300	NURSING ADMINISTRATION	4,603	0	0	0	1,221,384
16.00 01600	MEDICAL RECORDS & LIBRARY	1,959	171	150,797	0	1,864,731
17.00 01700	SOCIAL SERVICE	1,513	2,273	1,189,346	0	2,111,477
19.00 01900	NONPHYSICIAN ANESTHETISTS	317	0	0	0	6,677
23.00 02300	EMS TRAINING-ALLIED HEALTH	321	0	40,073	0	202,710
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	750	0	10,700
23.02 02303	ALLIED HEALTH	0	0	39,510	0	95,288
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	94,825	398,623	12,361,677	0	19,502,614
31.00 03100	INTENSIVE CARE UNIT	32,042	173,522	1,795,611	0	3,587,879
43.00 04300	NURSERY	14,680	66,629	2,048,309	0	3,214,447
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,957	1,869,480	2,652,228	0	7,604,491
51.00 05100	RECOVERY ROOM	8,915	62,226	1,998,166	0	3,070,148
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,862	58,377	1,794,634	0	2,816,353
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,235	373,059	1,232,534	0	2,749,315
55.00 05500	RADIOLOGY-THERAPEUTIC	2,001	65,590	568,310	0	1,046,251
57.00 05700	CT SCAN	1,546	279,569	671,835	0	1,388,653
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,964	258,023	239,296	0	684,020
59.00 05900	CARDIAC CATHETERIZATION	4,952	172,382	842,553	0	1,818,261
60.00 06000	LABORATORY	5,288	2,239	0	0	3,975,391
65.00 06500	RESPIRATORY THERAPY	2,659	92,772	1,675,111	0	2,413,391
66.00 06600	PHYSICAL THERAPY	851	30,638	1,447,204	0	1,508,629
67.00 06700	OCCUPATIONAL THERAPY	251	8,280	0	0	402,720
68.00 06800	SPEECH PATHOLOGY	46	1,522	0	0	74,018
69.00 06900	ELECTROCARDIOLOGY	0	92,187	674,210	0	1,521,415
70.00 07000	ELECTROENCEPHALOGRAPHY	2,570	67,553	432,357	0	873,135
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,794	48,043	0	0	6,050,079
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	711,969	0	0	12,216,256
73.00 07300	DRUGS CHARGED TO PATIENTS	1,500	244,973	2,097,989	0	7,909,318
74.00 07400	RENAL DIALYSIS	1,297	47	0	0	302,721
76.00 03950	ENDOSCOPY	0	173,409	430,206	0	862,056
76.06 03330	IMAGING CENTER	0	493,136	681,157	0	2,936,436
76.97 07697	CARDIAC REHABILITATION	0	2,745	163,708	0	217,038
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02 04951	ANTI-COAGULATION CLINIC	0	16,920	475,672	0	704,099
90.03 04952	PALLIATIVE CARE	140	0	0	0	2,949
90.04 04953	SPINE CENTER	0	40	122,797	0	170,335
91.00 09100	EMERGENCY	30,499	111,363	3,918,065	0	6,768,166
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	378,645	11,929,647	45,248,484	-27,717,431	112,292,220
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00 19100	RESEARCH	0	0	0	0	12,507
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	12,290	276,044	0	3,085,610
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	HOME OFFICE	5,039	0	0	0	106,143
194.06 07956	LEASED OFFICE SPACE	24,099	0	0	0	507,628
194.08 07958	MISC NONREIMBURSABLE COST CENTERS	1,300	269	16,912	0	572,690
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	8,617,031	9,808,820	8,762,867		27,717,431
203.00	Unit cost multiplier (Wkst. B, Part I)	21.064261	0.821357	0.192415		0.237761
204.00	Cost to be allocated (per Wkst. B, Part II)			31,507		5,057,608

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000692	5A	0.043384	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	334,431				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,123	156,097			8.00
9.00	00900	HOUSEKEEPING	2,883	0	330,425		9.00
10.00	01000	DIETARY	4,493	0	4,493	34,100	10.00
11.00	01100	CAFETERIA	8,907	0	8,907	0	547 11.00
13.00	01300	NURSING ADMINISTRATION	4,603	0	4,603	0	0 13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,959	0	1,959	0	1 16.00
17.00	01700	SOCIAL SERVICE	1,513	0	1,513	0	17 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	317	0	317	0	0 19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	321	0	321	0	0 23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0 23.01
23.02	02303	ALLIED HEALTH	0	0	0	0	1 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	94,825	66,185	94,825	26,805	186 30.00
31.00	03100	INTENSIVE CARE UNIT	32,042	5,920	32,042	2,328	22 31.00
43.00	04300	NURSERY	14,680	10,573	14,680	4,967	28 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,957	13,677	34,957	0	38 50.00
51.00	05100	RECOVERY ROOM	8,915	0	8,915	0	25 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,862	9,263	12,862	0	25 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,235	3,338	12,235	0	20 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,001	1,944	2,001	0	7 55.00
57.00	05700	CT SCAN	1,546	0	1,546	0	13 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,964	9,623	1,964	0	4 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,952	859	4,952	0	11 59.00
60.00	06000	LABORATORY	5,288	0	5,288	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	2,659	0	2,659	0	25 65.00
66.00	06600	PHYSICAL THERAPY	851	0	851	0	9 66.00
67.00	06700	OCCUPATIONAL THERAPY	251	0	251	0	5 67.00
68.00	06800	SPEECH PATHOLOGY	46	0	46	0	1 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	8 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,570	0	2,570	0	6 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,794	0	11,794	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	1,500	0	1,500	0	24 73.00
74.00	07400	RENAL DIALYSIS	1,297	0	1,297	0	0 74.00
76.00	03950	ENDOSCOPY	0	0	0	0	5 76.00
76.06	03330	IMAGING CENTER	0	0	0	0	0 76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	0 90.02
90.03	04952	PALLIATIVE CARE	140	0	140	0	0 90.03
90.04	04953	SPINE CENTER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	30,499	34,715	30,499	0	62 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	303,993	156,097	299,987	34,100	546 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	HOME OFFICE	5,039	0	5,039	0	0 194.00
194.06	07956	LEASED OFFICE SPACE	24,099	0	24,099	0	0 194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	1,300	0	1,300	0	1 194.08
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)	7,607,993	651,954	2,124,098	1,256,183	1,700,573 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.749066	4.176595	6.428382	36.838211	3,108.908592 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,640,691	51,120	169,695	179,334	326,728 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.905918	0.327489	0.513566	5.259062	597.308958 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	298					13.00
16.00	01600	0	634,222,531				16.00
17.00	01700	0	0	34,100			17.00
19.00	01900	0	0	0	100		19.00
23.00	02300	0	0	0	0	100	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02303	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	186	64,932,068	26,805			30.00
31.00	03100	22	7,859,240	2,328			31.00
43.00	04300	28	13,675,215	4,967			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	61,291,666	0	100	0	50.00
51.00	05100	0	21,244,484	0	0	0	51.00
52.00	05200	0	11,981,596	0	0	0	52.00
54.00	05400	0	21,700,712	0	0	0	54.00
55.00	05500	0	12,530,284	0	0	0	55.00
57.00	05700	0	42,447,005	0	0	0	57.00
58.00	05800	0	9,668,501	0	0	0	58.00
59.00	05900	0	34,990,949	0	0	0	59.00
60.00	06000	0	56,366,864	0	0	0	60.00
65.00	06500	0	11,627,301	0	0	0	65.00
66.00	06600	0	6,215,470	0	0	0	66.00
67.00	06700	0	1,905,715	0	0	0	67.00
68.00	06800	0	428,575	0	0	0	68.00
69.00	06900	0	20,291,592	0	0	0	69.00
70.00	07000	0	3,853,455	0	0	0	70.00
71.00	07100	0	33,052,992	0	0	0	71.00
72.00	07200	0	33,682,244	0	0	0	72.00
73.00	07300	0	41,777,279	0	0	0	73.00
74.00	07400	0	866,189	0	0	0	74.00
76.00	03950	0	5,876,455	0	0	0	76.00
76.06	03330	0	21,235,651	0	0	0	76.06
76.97	07697	0	711,554	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	1,691,914	0	0	0	90.02
90.03	04952	0	0	0	0	0	90.03
90.04	04953	0	471,786	0	0	0	90.04
91.00	09100	62	91,845,775	0	0	100	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		298	634,222,531	34,100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.06	07956	0	0	0	0	0	194.06
194.08	07958	0	0	0	0	0	194.08
200.00							200.00
201.00							201.00
202.00		1,646,085	2,368,358	2,710,500	17,514	260,273	202.00
203.00		5,523.775168	0.003734	79.486804	175.140000	2,602.730000	203.00
204.00		174,894	133,622	144,518	8,685	17,324	204.00
205.00		586.892617	0.000211	4.238065	86.850000	173.240000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	100	23.01
23.02	02303	ALLIED HEALTH	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	100	74.00
76.00	03950	ENDOSCOPY	0	76.00
76.06	03330	IMAGING CENTER	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	90.02
90.03	04952	PALLIATIVE CARE	0	90.03
90.04	04953	SPINE CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HOME OFFICE	0	194.00
194.06	07956	LEASED OFFICE SPACE	0	194.06
194.08	07958	MISC NONREIMBURSABLE COST CENTERS	0	194.08
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,244	121,053
203.00		Unit cost multiplier (Wkst. B, Part I)	132.440000	1,210.530000
204.00		Cost to be allocated (per Wkst. B, Part II)	465	4,758
205.00		Unit cost multiplier (Wkst. B, Part II)	4.650000	47.580000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

		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	32,148,998		32,148,998	0	32,148,998	30.00
31.00	03100 INTENSIVE CARE UNIT	5,890,635		5,890,635	0	5,890,635	31.00
43.00	04300 NURSERY	5,321,765		5,321,765	0	5,321,765	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,854,137		10,854,137	0	10,854,137	50.00
51.00	05100 RECOVERY ROOM	4,217,276		4,217,276	0	4,217,276	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,022,402		4,022,402	0	4,022,402	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,930,374		3,930,374	0	3,930,374	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,430,062		1,430,062	0	1,430,062	55.00
57.00	05700 CT SCAN	1,962,842		1,962,842	0	1,962,842	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	992,686		992,686	0	992,686	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,563,501		2,563,501	0	2,563,501	59.00
60.00	06000 LABORATORY	5,285,348		5,285,348	0	5,285,348	60.00
65.00	06500 RESPIRATORY THERAPY	3,185,923	0	3,185,923	0	3,185,923	65.00
66.00	06600 PHYSICAL THERAPY	1,943,341	0	1,943,341	0	1,943,341	66.00
67.00	06700 OCCUPATIONAL THERAPY	528,456	0	528,456	0	528,456	67.00
68.00	06800 SPEECH PATHOLOGY	97,668	0	97,668	0	97,668	68.00
69.00	06900 ELECTROCARDIOLOGY	1,983,788		1,983,788	0	1,983,788	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,188,760		1,188,760	0	1,188,760	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,956,090		7,956,090	0	7,956,090	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,246,574		15,246,574	0	15,246,574	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,185,275		10,185,275	0	10,185,275	73.00
74.00	07400 RENAL DIALYSIS	415,774		415,774	0	415,774	74.00
76.00	03950 ENDOSCOPY	1,104,507		1,104,507	0	1,104,507	76.00
76.06	03330 IMAGING CENTER	3,713,900		3,713,900	0	3,713,900	76.06
76.97	07697 CARDIAC REHABILITATION	280,625		280,625	0	280,625	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0		0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	877,824		877,824	0	877,824	90.02
90.03	04952 PALLIATIVE CARE	7,735		7,735	0	7,735	90.03
90.04	04953 SPINE CENTER	212,596		212,596	0	212,596	90.04
91.00	09100 EMERGENCY	10,550,869		10,550,869	0	10,550,869	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,703,433		2,703,433	0	2,703,433	92.00
200.00	Subtotal (see instructions)	140,803,164	0	140,803,164	0	140,803,164	200.00
201.00	Less Observation Beds	2,703,433		2,703,433	0	2,703,433	201.00
202.00	Total (see instructions)	138,099,731	0	138,099,731	0	138,099,731	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:05 pm
		Title XVII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,838,066		49,838,066	30.00
31.00	03100	INTENSIVE CARE UNIT	7,859,240		7,859,240	31.00
43.00	04300	NURSERY	13,675,215		13,675,215	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,613,514	20,678,152	61,291,666	50.00
51.00	05100	RECOVERY ROOM	10,385,846	10,858,638	21,244,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,981,596	0	11,981,596	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,952,441	15,748,271	21,700,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,837,309	8,692,975	12,530,284	55.00
57.00	05700	CT SCAN	11,223,366	31,223,639	42,447,005	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,000,588	7,667,913	9,668,501	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,915,683	18,075,266	34,990,949	59.00
60.00	06000	LABORATORY	30,188,585	26,178,279	56,366,864	60.00
65.00	06500	RESPIRATORY THERAPY	10,577,392	1,049,909	11,627,301	65.00
66.00	06600	PHYSICAL THERAPY	2,722,595	3,492,875	6,215,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,535,020	370,695	1,905,715	67.00
68.00	06800	SPEECH PATHOLOGY	349,020	79,555	428,575	68.00
69.00	06900	ELECTROCARDIOLOGY	5,913,225	14,378,367	20,291,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173,239	3,680,216	3,853,455	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,143,816	11,909,176	33,052,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,496,183	10,186,061	33,682,244	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,567,943	10,209,336	41,777,279	73.00
74.00	07400	RENAL DIALYSIS	866,189	0	866,189	74.00
76.00	03950	ENDOSCOPY	1,232,751	4,643,704	5,876,455	76.00
76.06	03330	IMAGING CENTER	102,651	21,133,000	21,235,651	76.06
76.97	07697	CARDIAC REHABILITATION	714	710,840	711,554	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	10,242	1,681,672	1,691,914	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	90.03
90.04	04953	SPINE CENTER	142	471,644	471,786	90.04
91.00	09100	EMERGENCY	17,329,508	74,516,267	91,845,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	698,864	14,395,138	15,094,002	92.00
200.00		Subtotal (see instructions)	322,190,943	312,031,588	634,222,531	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	322,190,943	312,031,588	634,222,531	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:05 pm
		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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.177090		50.00
51.00	05100 RECOVERY ROOM	0.198512		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335715		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181117		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114128		55.00
57.00	05700 CT SCAN	0.046242		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102672		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073262		59.00
60.00	06000 LABORATORY	0.093767		60.00
65.00	06500 RESPIRATORY THERAPY	0.274004		65.00
66.00	06600 PHYSICAL THERAPY	0.312662		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277301		67.00
68.00	06800 SPEECH PATHOLOGY	0.227890		68.00
69.00	06900 ELECTROCARDIOLOGY	0.097764		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.308492		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.240707		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452659		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243799		73.00
74.00	07400 RENAL DIALYSIS	0.480004		74.00
76.00	03950 ENDOSCOPY	0.187955		76.00
76.06	03330 IMAGING CENTER	0.174890		76.06
76.97	07697 CARDIAC REHABILITATION	0.394383		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.518835		90.02
90.03	04952 PALLIATIVE CARE	0.000000		90.03
90.04	04953 SPINE CENTER	0.450620		90.04
91.00	09100 EMERGENCY	0.114876		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.179106		92.00
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: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		32,148,998	0	32,148,998	30.00	
31.00	03100 INTENSIVE CARE UNIT		5,890,635	0	5,890,635	31.00	
43.00	04300 NURSERY		5,321,765	0	5,321,765	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,854,137	0	10,854,137	50.00	
51.00	05100 RECOVERY ROOM		4,217,276	0	4,217,276	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,022,402	0	4,022,402	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,930,374	0	3,930,374	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		1,430,062	0	1,430,062	55.00	
57.00	05700 CT SCAN		1,962,842	0	1,962,842	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		992,686	0	992,686	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,563,501	0	2,563,501	59.00	
60.00	06000 LABORATORY		5,285,348	0	5,285,348	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,185,923	0	3,185,923	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,943,341	0	1,943,341	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	528,456	0	528,456	67.00	
68.00	06800 SPEECH PATHOLOGY	0	97,668	0	97,668	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,983,788	0	1,983,788	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,188,760	0	1,188,760	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,956,090	0	7,956,090	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,246,574	0	15,246,574	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,185,275	0	10,185,275	73.00	
74.00	07400 RENAL DIALYSIS		415,774	0	415,774	74.00	
76.00	03950 ENDOSCOPY		1,104,507	0	1,104,507	76.00	
76.06	03330 IMAGING CENTER		3,713,900	0	3,713,900	76.06	
76.97	07697 CARDIAC REHABILITATION		280,625	0	280,625	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	04950 DIABETIC CARE CENTER		0	0	0	90.01	
90.02	04951 ANTI-COAGULATION CLINIC		877,824	0	877,824	90.02	
90.03	04952 PALLIATIVE CARE		7,735	0	7,735	90.03	
90.04	04953 SPINE CENTER		212,596	0	212,596	90.04	
91.00	09100 EMERGENCY		10,550,869	0	10,550,869	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,703,433	0	2,703,433	92.00	
200.00	Subtotal (see instructions)		140,803,164	0	140,803,164	200.00	
201.00	Less Observation Beds		2,703,433	0	2,703,433	201.00	
202.00	Total (see instructions)		138,099,731	0	138,099,731	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:05 pm
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,838,066		49,838,066	30.00
31.00	03100	INTENSIVE CARE UNIT	7,859,240		7,859,240	31.00
43.00	04300	NURSERY	13,675,215		13,675,215	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	40,613,514	20,678,152	61,291,666	50.00
51.00	05100	RECOVERY ROOM	10,385,846	10,858,638	21,244,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,981,596	0	11,981,596	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,952,441	15,748,271	21,700,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,837,309	8,692,975	12,530,284	55.00
57.00	05700	CT SCAN	11,223,366	31,223,639	42,447,005	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,000,588	7,667,913	9,668,501	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,915,683	18,075,266	34,990,949	59.00
60.00	06000	LABORATORY	30,188,585	26,178,279	56,366,864	60.00
65.00	06500	RESPIRATORY THERAPY	10,577,392	1,049,909	11,627,301	65.00
66.00	06600	PHYSICAL THERAPY	2,722,595	3,492,875	6,215,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,535,020	370,695	1,905,715	67.00
68.00	06800	SPEECH PATHOLOGY	349,020	79,555	428,575	68.00
69.00	06900	ELECTROCARDIOLOGY	5,913,225	14,378,367	20,291,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173,239	3,680,216	3,853,455	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,143,816	11,909,176	33,052,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,496,183	10,186,061	33,682,244	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,567,943	10,209,336	41,777,279	73.00
74.00	07400	RENAL DIALYSIS	866,189	0	866,189	74.00
76.00	03950	ENDOSCOPY	1,232,751	4,643,704	5,876,455	76.00
76.06	03330	IMAGING CENTER	102,651	21,133,000	21,235,651	76.06
76.97	07697	CARDIAC REHABILITATION	714	710,840	711,554	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	10,242	1,681,672	1,691,914	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	90.03
90.04	04953	SPINE CENTER	142	471,644	471,786	90.04
91.00	09100	EMERGENCY	17,329,508	74,516,267	91,845,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	698,864	14,395,138	15,094,002	92.00
200.00		Subtotal (see instructions)	322,190,943	312,031,588	634,222,531	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	322,190,943	312,031,588	634,222,531	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:05 pm
		Title XIX	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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.177090		50.00
51.00	05100 RECOVERY ROOM	0.198512		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335715		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181117		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114128		55.00
57.00	05700 CT SCAN	0.046242		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102672		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073262		59.00
60.00	06000 LABORATORY	0.093767		60.00
65.00	06500 RESPIRATORY THERAPY	0.274004		65.00
66.00	06600 PHYSICAL THERAPY	0.312662		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277301		67.00
68.00	06800 SPEECH PATHOLOGY	0.227890		68.00
69.00	06900 ELECTROCARDIOLOGY	0.097764		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.308492		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.240707		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452659		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243799		73.00
74.00	07400 RENAL DIALYSIS	0.480004		74.00
76.00	03950 ENDOSCOPY	0.187955		76.00
76.06	03330 IMAGING CENTER	0.174890		76.06
76.97	07697 CARDIAC REHABILITATION	0.394383		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.518835		90.02
90.03	04952 PALLIATIVE CARE	0.000000		90.03
90.04	04953 SPINE CENTER	0.450620		90.04
91.00	09100 EMERGENCY	0.114876		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.179106		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150128

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

Worksheet C Part II Date/Time Prepared: 5/27/2015 6:05 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,854,137	2,833,160	8,020,977	0	0	50.00
51.00	05100	RECOVERY ROOM	4,217,276	441,206	3,776,070	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,022,402	532,504	3,489,898	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,930,374	768,190	3,162,184	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,430,062	160,114	1,269,948	0	0	55.00
57.00	05700	CT SCAN	1,962,842	348,001	1,614,841	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	992,686	301,365	691,321	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,563,501	366,434	2,197,067	0	0	59.00
60.00	06000	LABORATORY	5,285,348	326,246	4,959,102	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,185,923	269,868	2,916,055	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,943,341	120,841	1,822,500	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	528,456	34,309	494,147	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	97,668	6,367	91,301	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,983,788	151,250	1,832,538	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,188,760	166,124	1,022,636	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,956,090	621,260	7,334,830	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,246,574	1,121,878	14,124,696	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,185,275	608,675	9,576,600	0	0	73.00
74.00	07400	RENAL DIALYSIS	415,774	47,704	368,070	0	0	74.00
76.00	03950	ENDOSCOPY	1,104,507	184,355	920,152	0	0	76.00
76.06	03330	IMAGING CENTER	3,713,900	537,387	3,176,513	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	280,625	13,726	266,899	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	877,824	45,130	832,694	0	0	90.02
90.03	04952	PALLIATIVE CARE	7,735	3,836	3,899	0	0	90.03
90.04	04953	SPINE CENTER	212,596	7,608	204,988	0	0	90.04
91.00	09100	EMERGENCY	10,550,869	1,299,508	9,251,361	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,703,433	353,487	2,349,946	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	97,441,766	11,670,533	85,771,233	0	0	200.00
201.00		Less Observation Beds	2,703,433	353,487	2,349,946	0	0	201.00
202.00		Total (line 200 minus line 201)	94,738,333	11,317,046	83,421,287	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/27/2015 6:05 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	10,854,137	61,291,666	0.177090		50.00
51.00	05100 RECOVERY ROOM	4,217,276	21,244,484	0.198512		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,022,402	11,981,596	0.335715		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,930,374	21,700,712	0.181117		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,430,062	12,530,284	0.114128		55.00
57.00	05700 CT SCAN	1,962,842	42,447,005	0.046242		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	992,686	9,668,501	0.102672		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,563,501	34,990,949	0.073262		59.00
60.00	06000 LABORATORY	5,285,348	56,366,864	0.093767		60.00
65.00	06500 RESPIRATORY THERAPY	3,185,923	11,627,301	0.274004		65.00
66.00	06600 PHYSICAL THERAPY	1,943,341	6,215,470	0.312662		66.00
67.00	06700 OCCUPATIONAL THERAPY	528,456	1,905,715	0.277301		67.00
68.00	06800 SPEECH PATHOLOGY	97,668	428,575	0.227890		68.00
69.00	06900 ELECTROCARDIOLOGY	1,983,788	20,291,592	0.097764		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,188,760	3,853,455	0.308492		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,956,090	33,052,992	0.240707		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,246,574	33,682,244	0.452659		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,185,275	41,777,279	0.243799		73.00
74.00	07400 RENAL DIALYSIS	415,774	866,189	0.480004		74.00
76.00	03950 ENDOSCOPY	1,104,507	5,876,455	0.187955		76.00
76.06	03330 IMAGING CENTER	3,713,900	21,235,651	0.174890		76.06
76.97	07697 CARDIAC REHABILITATION	280,625	711,554	0.394383		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	877,824	1,691,914	0.518835		90.02
90.03	04952 PALLIATIVE CARE	7,735	0	0.000000		90.03
90.04	04953 SPINE CENTER	212,596	471,786	0.450620		90.04
91.00	09100 EMERGENCY	10,550,869	91,845,775	0.114876		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,703,433	15,094,002	0.179106		92.00
200.00	Subtotal (sum of lines 50 thru 199)	97,441,766	562,850,010			200.00
201.00	Less Observation Beds	2,703,433	0			201.00
202.00	Total (line 200 minus line 201)	94,738,333	562,850,010			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/27/2015 6:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,203,628	0	4,203,628	29,266	143.64	30.00
31.00	INTENSIVE CARE UNIT	1,199,775		1,199,775	2,328	515.37	31.00
43.00	NURSERY	671,058		671,058	4,967	135.10	43.00
200.00	Total (Lines 30-199)	6,074,461		6,074,461	36,561		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	10,252	1,472,597	30.00
31.00	INTENSIVE CARE UNIT	884	455,587	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	11,136	1,928,184	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 6:05 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,833,160	61,291,666	0.046224	17,527,539	810,193	50.00
51.00	05100	RECOVERY ROOM	441,206	21,244,484	0.020768	839,348	17,432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	532,504	11,981,596	0.044443	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	768,190	21,700,712	0.035399	2,457,959	87,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	160,114	12,530,284	0.012778	1,693,081	21,634	55.00
57.00	05700	CT SCAN	348,001	42,447,005	0.008198	4,415,104	36,195	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	301,365	9,668,501	0.031170	772,815	24,089	58.00
59.00	05900	CARDIAC CATHETERIZATION	366,434	34,990,949	0.010472	5,850,728	61,269	59.00
60.00	06000	LABORATORY	326,246	56,366,864	0.005788	12,214,670	70,699	60.00
65.00	06500	RESPIRATORY THERAPY	269,868	11,627,301	0.023210	3,768,257	87,461	65.00
66.00	06600	PHYSICAL THERAPY	120,841	6,215,470	0.019442	1,342,580	26,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,309	1,905,715	0.018003	789,676	14,217	67.00
68.00	06800	SPEECH PATHOLOGY	6,367	428,575	0.014856	206,347	3,065	68.00
69.00	06900	ELECTROCARDIOLOGY	151,250	20,291,592	0.007454	2,850,434	21,247	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166,124	3,853,455	0.043110	66,880	2,883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	621,260	33,052,992	0.018796	5,161,990	97,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,121,878	33,682,244	0.033308	9,436,187	314,301	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	608,675	41,777,279	0.014570	13,661,687	199,051	73.00
74.00	07400	RENAL DIALYSIS	47,704	866,189	0.055073	485,770	26,753	74.00
76.00	03950	ENDOSCOPY	184,355	5,876,455	0.031372	510,425	16,013	76.00
76.06	03330	IMAGING CENTER	537,387	21,235,651	0.025306	39,923	1,010	76.06
76.97	07697	CARDIAC REHABILITATION	13,726	711,554	0.019290	476	9	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	45,130	1,691,914	0.026674	2,859	76	90.02
90.03	04952	PALLIATIVE CARE	3,836	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	7,608	471,786	0.016126	0	0	90.04
91.00	09100	EMERGENCY	1,299,508	91,845,775	0.014149	7,324,036	103,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	353,487	15,094,002	0.023419	396,010	9,274	92.00
200.00		Total (lines 50-199)	11,670,533	562,850,010		91,814,781	2,050,635	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/27/2015 6:05 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,266	0.00	10,252	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,328	0.00	884	0		31.00
43.00	04300	NURSERY	4,967	0.00	0	0		43.00
200.00		Total (lines 30-199)	36,561		11,136	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:05 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,244	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	121,053	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	76.00
76.06	03330	IMAGING CENTER	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	260,273	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	394,570	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:05 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	61,291,666	0.000000	0.000000	17,527,539	50.00
51.00	05100 RECOVERY ROOM	0	21,244,484	0.000000	0.000000	839,348	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	11,981,596	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,244	21,700,712	0.000610	0.000610	2,457,959	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,530,284	0.000000	0.000000	1,693,081	55.00
57.00	05700 CT SCAN	0	42,447,005	0.000000	0.000000	4,415,104	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	9,668,501	0.000000	0.000000	772,815	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	34,990,949	0.000000	0.000000	5,850,728	59.00
60.00	06000 LABORATORY	0	56,366,864	0.000000	0.000000	12,214,670	60.00
65.00	06500 RESPIRATORY THERAPY	0	11,627,301	0.000000	0.000000	3,768,257	65.00
66.00	06600 PHYSICAL THERAPY	0	6,215,470	0.000000	0.000000	1,342,580	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,905,715	0.000000	0.000000	789,676	67.00
68.00	06800 SPEECH PATHOLOGY	0	428,575	0.000000	0.000000	206,347	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,291,592	0.000000	0.000000	2,850,434	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,853,455	0.000000	0.000000	66,880	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,052,992	0.000000	0.000000	5,161,990	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,682,244	0.000000	0.000000	9,436,187	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	121,053	41,777,279	0.002898	0.002898	13,661,687	73.00
74.00	07400 RENAL DIALYSIS	0	866,189	0.000000	0.000000	485,770	74.00
76.00	03950 ENDOSCOPY	0	5,876,455	0.000000	0.000000	510,425	76.00
76.06	03330 IMAGING CENTER	0	21,235,651	0.000000	0.000000	39,923	76.06
76.97	07697 CARDIAC REHABILITATION	0	711,554	0.000000	0.000000	476	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	1,691,914	0.000000	0.000000	2,859	90.02
90.03	04952 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04	04953 SPINE CENTER	0	471,786	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	260,273	91,845,775	0.002834	0.002834	7,324,036	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,094,002	0.000000	0.000000	396,010	92.00
200.00	Total (lines 50-199)	394,570	562,850,010			91,814,781	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2015 6:05 pm

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)		
		11.00	12.00	13.00		
Title VIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	5,310,879	0		50.00
51.00	05100 RECOVERY ROOM	0	1,574,519	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,499	3,100,948	1,892		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,252,607	0		55.00
57.00	05700 CT SCAN	0	6,449,697	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,853,991	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,133,782	0		59.00
60.00	06000 LABORATORY	0	5,240,581	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	210,157	0		65.00
66.00	06600 PHYSICAL THERAPY	0	219	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,189,473	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	941,384	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	961,618	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,689,361	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	39,592	3,923,480	11,370		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 ENDOSCOPY	0	1,771,370	0		76.00
76.06	03330 IMAGING CENTER	0	3,648,600	0		76.06
76.97	07697 CARDIAC REHABILITATION	0	298,561	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	862,957	0		90.02
90.03	04952 PALLIATIVE CARE	0	0	0		90.03
90.04	04953 SPINE CENTER	0	19	0		90.04
91.00	09100 EMERGENCY	20,756	11,677,018	33,093		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,846,158	0		92.00
200.00	Total (Lines 50-199)	61,847	69,937,379	46,355		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.177090	5,310,879	0	0	940,504	50.00
51.00	05100 RECOVERY ROOM	0.198512	1,574,519	0	0	312,561	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335715	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181117	3,100,948	0	0	561,634	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114128	4,252,607	0	0	485,342	55.00
57.00	05700 CT SCAN	0.046242	6,449,697	0	0	298,247	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102672	1,853,991	0	0	190,353	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073262	7,133,782	0	0	522,635	59.00
60.00	06000 LABORATORY	0.093767	5,240,581	0	0	491,394	60.00
65.00	06500 RESPIRATORY THERAPY	0.274004	210,157	0	0	57,584	65.00
66.00	06600 PHYSICAL THERAPY	0.312662	219	0	0	68	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277301	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.227890	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097764	5,189,473	0	0	507,344	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.308492	941,384	0	0	290,409	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.240707	961,618	0	0	231,468	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452659	3,689,361	0	0	1,670,022	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243799	3,923,480	0	178,495	956,541	73.00
74.00	07400 RENAL DIALYSIS	0.480004	0	0	0	0	74.00
76.00	03950 ENDOSCOPY	0.187955	1,771,370	0	0	332,938	76.00
76.06	03330 IMAGING CENTER	0.174890	3,648,600	0	0	638,104	76.06
76.97	07697 CARDIAC REHABILITATION	0.394383	298,561	0	0	117,747	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.518835	862,957	0	0	447,732	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.450620	19	0	0	9	90.04
91.00	09100 EMERGENCY	0.114876	11,677,018	0	0	1,341,409	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.179106	1,846,158	0	0	330,658	92.00
200.00	Subtotal (see instructions)		69,937,379	0	178,495	10,724,703	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		69,937,379	0	178,495	10,724,703	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,517	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 ENDOSCOPY	0	0	76.00
76.06	03330 IMAGING CENTER	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
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)	0	43,517	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	43,517	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/27/2015 6:05 pm
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,203,628	0	4,203,628	29,266	143.64	30.00
31.00	INTENSIVE CARE UNIT	1,199,775		1,199,775	2,328	515.37	31.00
43.00	NURSERY	671,058		671,058	4,967	135.10	43.00
200.00	Total (Lines 30-199)	6,074,461		6,074,461	36,561		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	1,193	171,363	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
43.00	NURSERY	337	45,529	43.00
200.00	Total (Lines 30-199)	1,530	216,892	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 6:05 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,833,160	61,291,666	0.046224	588,798	27,217	50.00
51.00	05100	RECOVERY ROOM	441,206	21,244,484	0.020768	291,889	6,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	532,504	11,981,596	0.044443	236,449	10,509	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	768,190	21,700,712	0.035399	285,955	10,123	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	160,114	12,530,284	0.012778	171,879	2,196	55.00
57.00	05700	CT SCAN	348,001	42,447,005	0.008198	504,847	4,139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	301,365	9,668,501	0.031170	97,245	3,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	366,434	34,990,949	0.010472	383,502	4,016	59.00
60.00	06000	LABORATORY	326,246	56,366,864	0.005788	1,508,873	8,733	60.00
65.00	06500	RESPIRATORY THERAPY	269,868	11,627,301	0.023210	563,889	13,088	65.00
66.00	06600	PHYSICAL THERAPY	120,841	6,215,470	0.019442	80,450	1,564	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,309	1,905,715	0.018003	42,755	770	67.00
68.00	06800	SPEECH PATHOLOGY	6,367	428,575	0.014856	13,158	195	68.00
69.00	06900	ELECTROCARDIOLOGY	151,250	20,291,592	0.007454	229,121	1,708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166,124	3,853,455	0.043110	12,106	522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	621,260	33,052,992	0.018796	1,060,361	19,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,121,878	33,682,244	0.033308	597,018	19,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	608,675	41,777,279	0.014570	1,729,123	25,193	73.00
74.00	07400	RENAL DIALYSIS	47,704	866,189	0.055073	30,221	1,664	74.00
76.00	03950	ENDOSCOPY	184,355	5,876,455	0.031372	63,205	1,983	76.00
76.06	03330	IMAGING CENTER	537,387	21,235,651	0.025306	2,304	58	76.06
76.97	07697	CARDIAC REHABILITATION	13,726	711,554	0.019290	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	45,130	1,691,914	0.026674	113	3	90.02
90.03	04952	PALLIATIVE CARE	3,836	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	7,608	471,786	0.016126	0	0	90.04
91.00	09100	EMERGENCY	1,299,508	91,845,775	0.014149	863,692	12,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	353,487	15,094,002	0.023419	61,161	1,432	92.00
200.00		Total (lines 50-199)	11,670,533	562,850,010		9,418,114	176,242	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/27/2015 6:05 pm	
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	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,266	0.00	1,193	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,328	0.00	0	0		31.00
43.00	04300	NURSERY	4,967	0.00	337	0		43.00
200.00		Total (lines 30-199)	36,561		1,530	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		Title XIX				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,244	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	121,053	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	76.00
76.06	03330	IMAGING CENTER	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	260,273	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	394,570	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:05 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		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	61,291,666	0.000000	0.000000	588,798	50.00
51.00	05100	RECOVERY ROOM	0	21,244,484	0.000000	0.000000	291,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,981,596	0.000000	0.000000	236,449	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,244	21,700,712	0.000610	0.000610	285,955	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,530,284	0.000000	0.000000	171,879	55.00
57.00	05700	CT SCAN	0	42,447,005	0.000000	0.000000	504,847	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,668,501	0.000000	0.000000	97,245	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,990,949	0.000000	0.000000	383,502	59.00
60.00	06000	LABORATORY	0	56,366,864	0.000000	0.000000	1,508,873	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,627,301	0.000000	0.000000	563,889	65.00
66.00	06600	PHYSICAL THERAPY	0	6,215,470	0.000000	0.000000	80,450	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,905,715	0.000000	0.000000	42,755	67.00
68.00	06800	SPEECH PATHOLOGY	0	428,575	0.000000	0.000000	13,158	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,291,592	0.000000	0.000000	229,121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,853,455	0.000000	0.000000	12,106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,052,992	0.000000	0.000000	1,060,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,682,244	0.000000	0.000000	597,018	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,053	41,777,279	0.002898	0.002898	1,729,123	73.00
74.00	07400	RENAL DIALYSIS	0	866,189	0.000000	0.000000	30,221	74.00
76.00	03950	ENDOSCOPY	0	5,876,455	0.000000	0.000000	63,205	76.00
76.06	03330	IMAGING CENTER	0	21,235,651	0.000000	0.000000	2,304	76.06
76.97	07697	CARDIAC REHABILITATION	0	711,554	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	1,691,914	0.000000	0.000000	113	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPINE CENTER	0	471,786	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	260,273	91,845,775	0.002834	0.002834	863,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,094,002	0.000000	0.000000	61,161	92.00
200.00		Total (lines 50-199)	394,570	562,850,010			9,418,114	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	174	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,011	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 ENDOSCOPY	0	0	0		76.00
76.06	03330 IMAGING CENTER	0	0	0		76.06
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	0	0		90.02
90.03	04952 PALLIATIVE CARE	0	0	0		90.03
90.04	04953 SPINE CENTER	0	0	0		90.04
91.00	09100 EMERGENCY	2,448	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	7,633	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:05 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.177090	0	295,730	0	0 50.00
51.00 05100 RECOVERY ROOM	0.198512	0	154,738	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.335715	0	0	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.181117	0	1,024,937	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.114128	0	397,329	0	0 55.00
57.00 05700 CT SCAN	0.046242	0	1,598,444	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.102672	0	347,077	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.073262	0	416,786	0	0 59.00
60.00 06000 LABORATORY	0.093767	0	1,688,388	0	0 60.00
65.00 06500 RESPIRATORY THERAPY	0.274004	0	50,414	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.312662	0	85,933	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.277301	0	10,015	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.227890	0	3,735	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.097764	0	356,492	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.308492	0	66,105	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.240707	0	198,555	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.452659	0	68,358	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.243799	0	450,924	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.480004	0	0	0	0 74.00
76.00 03950 ENDOSCOPY	0.187955	0	105,803	0	0 76.00
76.06 03330 IMAGING CENTER	0.174890	0	405,802	0	0 76.06
76.97 07697 CARDIAC REHABILITATION	0.394383	0	8,528	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0 90.01
90.02 04951 ANTI-COAGULATION CLINIC	0.518835	0	28,537	0	0 90.02
90.03 04952 PALLIATIVE CARE	0.000000	0	0	0	0 90.03
90.04 04953 SPINE CENTER	0.450620	0	0	0	0 90.04
91.00 09100 EMERGENCY	0.114876	0	5,409,458	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.179106	0	753,426	0	0 92.00
200.00	Subtotal (see instructions)	0	13,925,514	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)	0	13,925,514	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:05 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	52,371	0	50.00
51.00	05100 RECOVERY ROOM	30,717	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	185,634	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	45,346	0	55.00
57.00	05700 CT SCAN	73,915	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	35,635	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	30,535	0	59.00
60.00	06000 LABORATORY	158,315	0	60.00
65.00	06500 RESPIRATORY THERAPY	13,814	0	65.00
66.00	06600 PHYSICAL THERAPY	26,868	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,777	0	67.00
68.00	06800 SPEECH PATHOLOGY	851	0	68.00
69.00	06900 ELECTROCARDIOLOGY	34,852	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	20,393	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,794	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,943	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	109,935	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 ENDOSCOPY	19,886	0	76.00
76.06	03330 IMAGING CENTER	70,971	0	76.06
76.97	07697 CARDIAC REHABILITATION	3,363	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	14,806	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
91.00	09100 EMERGENCY	621,417	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	134,943	0	92.00
200.00	Subtotal (see instructions)	1,766,081	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)	1,766,081	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 6:05 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,266	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,266	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)		26,805	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)		10,252	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)		32,148,998	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)		32,148,998	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)		32,148,998	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)		1,098.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,261,925	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)		11,261,925	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2015 6:05 pm	
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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,890,635	2,328	2,530.34	884	2,236,821		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)					17,878,706		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,377,452		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)					1,928,184		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,112,482		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,040,666		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,336,786		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)					2,461		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,098.51		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,703,433		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 6:05 pm	
		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	4,203,628	32,148,998	0.130755	2,703,433	353,487	90.00
91.00	Nursing School cost	0	32,148,998	0.000000	2,703,433	0	91.00
92.00	Allied health cost	0	32,148,998	0.000000	2,703,433	0	92.00
93.00	All other Medical Education	0	32,148,998	0.000000	2,703,433	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2015 6:05 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,266	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,266	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)		26,805	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,193	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)		4,967	15.00
16.00	Nursery days (title V or XIX only)		337	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)		32,148,998	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)		32,148,998	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)		32,148,998	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)		1,098.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,310,522	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,310,522	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/27/2015 6:05 pm	
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)		
42.00 NURSERY (title V & XIX only)	5,321,765	4,967	1,071.42	337	361,069		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,890,635	2,328	2,530.34	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)					1,820,617		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,492,208		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)					216,892		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					183,875		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					400,767		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,091,441		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)					2,461		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,098.51		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,703,433		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 6:05 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,203,628	32,148,998	0.130755	2,703,433	353,487	90.00
91.00	Nursing School cost	0	32,148,998	0.000000	2,703,433	0	91.00
92.00	Allied health cost	0	32,148,998	0.000000	2,703,433	0	92.00
93.00	All other Medical Education	0	32,148,998	0.000000	2,703,433	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 6:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,331,387	30.00
31.00	03100	INTENSIVE CARE UNIT		2,935,991	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.177090	17,527,539	50.00
51.00	05100	RECOVERY ROOM	0.198512	839,348	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335715	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181117	2,457,959	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.114128	1,693,081	55.00
57.00	05700	CT SCAN	0.046242	4,415,104	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102672	772,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073262	5,850,728	59.00
60.00	06000	LABORATORY	0.093767	12,214,670	60.00
65.00	06500	RESPIRATORY THERAPY	0.274004	3,768,257	65.00
66.00	06600	PHYSICAL THERAPY	0.312662	1,342,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277301	789,676	67.00
68.00	06800	SPEECH PATHOLOGY	0.227890	206,347	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097764	2,850,434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.308492	66,880	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.240707	5,161,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452659	9,436,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243799	13,661,687	73.00
74.00	07400	RENAL DIALYSIS	0.480004	485,770	74.00
76.00	03950	ENDOSCOPY	0.187955	510,425	76.00
76.06	03330	IMAGING CENTER	0.174890	39,923	76.06
76.97	07697	CARDIAC REHABILITATION	0.394383	476	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0.518835	2,859	90.02
90.03	04952	PALLIATIVE CARE	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.450620	0	90.04
91.00	09100	EMERGENCY	0.114876	7,324,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.179106	396,010	92.00
200.00		Total (sum of lines 50-94 and 96-98)		91,814,781	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)		91,814,781	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 6:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,330,623	30.00
31.00	03100	INTENSIVE CARE UNIT		603,303	31.00
43.00	04300	NURSERY		224,973	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.177090	588,798	104,270 50.00
51.00	05100	RECOVERY ROOM	0.198512	291,889	57,943 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335715	236,449	79,379 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181117	285,955	51,791 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.114128	171,879	19,616 55.00
57.00	05700	CT SCAN	0.046242	504,847	23,345 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.102672	97,245	9,984 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073262	383,502	28,096 59.00
60.00	06000	LABORATORY	0.093767	1,508,873	141,482 60.00
65.00	06500	RESPIRATORY THERAPY	0.274004	563,889	154,508 65.00
66.00	06600	PHYSICAL THERAPY	0.312662	80,450	25,154 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277301	42,755	11,856 67.00
68.00	06800	SPEECH PATHOLOGY	0.227890	13,158	2,999 68.00
69.00	06900	ELECTROCARDIOLOGY	0.097764	229,121	22,400 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.308492	12,106	3,735 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.240707	1,060,361	255,236 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452659	597,018	270,246 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.243799	1,729,123	421,558 73.00
74.00	07400	RENAL DIALYSIS	0.480004	30,221	14,506 74.00
76.00	03950	ENDOSCOPY	0.187955	63,205	11,880 76.00
76.06	03330	IMAGING CENTER	0.174890	2,304	403 76.06
76.97	07697	CARDIAC REHABILITATION	0.394383	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	ANTI-COAGULATION CLINIC	0.518835	113	59 90.02
90.03	04952	PALLIATIVE CARE	0.000000	0	0 90.03
90.04	04953	SPINE CENTER	0.450620	0	0 90.04
91.00	09100	EMERGENCY	0.114876	863,692	99,217 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.179106	61,161	10,954 92.00
200.00		Total (sum of lines 50-94 and 96-98)		9,418,114	1,820,617 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		9,418,114	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:05 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,327,143	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,927,079	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)		491,447	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		8,871,982	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		147.86	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	Adjustment 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
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)		2.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.57	31.00
32.00	Sum of lines 30 and 31		19.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.69	33.00
34.00	Disproportionate share adjustment (see instructions)		330,792	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:05 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000132035	0.000139730	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,194,439	1,068,606	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		893,375	269,347	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,162,722		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 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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 and 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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		25,239,183		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		25,239,183		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,009,907		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		58,677		53.00
54.00	Special add-on payments for new technologies		2,678		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		61,847		58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,372,292		59.00
60.00	Primary payer payments		3,259		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,369,033		61.00
62.00	Deductibles billed to program beneficiaries		2,412,768		62.00
63.00	Coinurance billed to program beneficiaries		77,216		63.00
64.00	Allowable bad debts (see instructions)		-55,409		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		-36,016		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-103,625		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,843,033		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-40,579		70.93
70.94	HRR adjustment amount (see instructions)		-68,192		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:05 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,734,262		71.00
71.01	Sequestration adjustment (see instructions)		494,685		71.01
72.00	Interim payments		24,149,613		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)		89,964		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,205,501		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 6:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		43,517	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,678,348	2.00
3.00	PPS payments		11,662,422	3.00
4.00	Outlier payment (see instructions)		55,331	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		46,355	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		43,517	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		178,495	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)		178,495	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		178,495	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		134,978	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)		43,517	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)		11,764,108	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)		2,371,601	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)		9,436,024	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)		9,436,024	30.00
31.00	Primary payer payments		2,456	31.00
32.00	Subtotal (line 30 minus line 31)		9,433,568	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)		135,459	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		88,048	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		117,726	36.00
37.00	Subtotal (see instructions)		9,521,616	37.00
38.00	MSP-LCC reconciliation amount from PS&R		188	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)		9,521,428	40.00
40.01	Sequestration adjustment (see instructions)		190,429	40.01
41.00	Interim payments		9,478,270	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-147,271	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150128

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 6:05 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		24,099,313		9,424,470	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	07/31/2014	50,300	07/31/2014	53,800	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		50,300		53,800	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)		24,149,613		9,478,270	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		89,964		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		147,271	6.02
7.00	Total Medicare program liability (see instructions)		24,239,577		9,330,999	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: 150128

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2015 6:05 pm

		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			7,275 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			11,136 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,434 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			29,133 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			634,222,531 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6,017,834 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)			870,159 8.00
9.00	Sequestration adjustment amount (see instructions)			17,403 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			852,756 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			994,565 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)			-141,809 32.00

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

Provider CCN: 150128

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

Worksheet G

Date/Time Prepared:
5/27/2015 6:05 pm

		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	2,675	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	148,388,347	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-122,163,384	0	0	0	6.00
7.00	Inventory	2,670,100	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	137,554	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)	29,035,292	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,000	0	0	0	12.00
13.00	Land improvements	2,660,221	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	171,260,619	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,527,876	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	880,245	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	59,762,636	0	0	0	23.00
24.00	Accumulated depreciation	-106,361,532	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	130,227,065	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	161,040,544	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	161,040,544	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	320,302,901	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	0	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-25,987	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-25,987	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,648,818	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,648,818	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	5,622,831	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	314,680,070				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)	314,680,070	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	320,302,901	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150128

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

Worksheet G-1

Date/Time Prepared:
5/27/2015 6:05 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		259,053,327		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		55,626,742			2.00
3.00	Total (sum of line 1 and line 2)		314,680,069		0	3.00
4.00	ROUNDING	1		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		314,680,070		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		314,680,070		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	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: 150128

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2015 6:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,816,212		77,816,212	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	77,816,212		77,816,212	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,161,409		8,161,409	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)	8,161,409		8,161,409	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	85,977,621		85,977,621	17.00
18.00	Ancillary services	239,436,523	0	239,436,523	18.00
19.00	Outpatient services	0	318,533,360	318,533,360	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)	325,414,144	318,533,360	643,947,504	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		185,312,286		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)		185,312,286		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150128

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

Worksheet G-3

Date/Time Prepared:
5/27/2015 6:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	643,947,504	1.00
2.00	Less contractual allowances and discounts on patients' accounts	409,147,778	2.00
3.00	Net patient revenues (line 1 minus line 2)	234,799,726	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	185,312,286	4.00
5.00	Net income from service to patients (line 3 minus line 4)	49,487,440	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	32,714	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	12,753	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	8,224	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	137,047	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	5,948,564	24.00
25.00	Total other income (sum of lines 6-24)	6,139,302	25.00
26.00	Total (line 5 plus line 25)	55,626,742	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	55,626,742	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150128	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 6:05 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,859,078	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		74,421	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)		82.99	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)		2.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.57	8.00
9.00	Sum of lines 7 and 8		19.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.11	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		76,408	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,009,907	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