

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: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 6/1/2015 10:58 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 6/1/2015 Time: 10:58 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ESKENAZI HEALTH (150024) 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	174,846	272,535	1,441,503	-79,625,288	1.00
2.00 Subprovider - IPF	0	-87,574	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	87,272	272,535	1,441,503	-79,625,288	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 10:57 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 720 ESKENAZI AVENUE			PO Box:						1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46202		County: MARION		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		ESKENAZI HEALTH	150024	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		PSYCHIATRIC	15S024	26900	4	01/01/1984	N	P	P	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
17.10	Hospital-Based (CORF) I										17.10
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)					9		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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 IPFS 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.		22,968	4,521	2	0	6,462	796		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 10:57 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N		48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150024

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

Worksheet S-2
Part I
Date/Time Prepared:
6/1/2015 10:57 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<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 Nonprovider Site	Unweighted FTEs in Hospital	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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

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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.			Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			Y	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			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.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	969,848		15,250		0	
				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	
DO NOT USE THIS LINE							
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
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: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 10:57 am	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 10:57 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 6/1/2015 10:57 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	08/01/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/05/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		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: 150024

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

Worksheet S-2
Part II
Date/Time Prepared:
6/1/2015 10:57 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	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			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	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.			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BISHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	ESKENAZI HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-880-3785		SHIRLEY.BISHOP@ESKENAZIHEALTH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150024

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

Worksheet S-2
Part II
Date/Time Prepared:
6/1/2015 10:57 am

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/05/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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.	DIRECTOR OF REIMBURSEMENT	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: 150024

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	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)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	72	26,280	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	11	4,015	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	24	8,760	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		289	105,485	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
24.10 HOSPICE (non-distinct part)	30.00				0	24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		309			0	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: 150024

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,394	17,232	39,666			1.00
2.00 HMO and other (see instructions)	2,788	7,424				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,394	17,232	39,666			7.00
8.00 INTENSIVE CARE UNIT	4,734	533	16,634			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	502	1,198	3,579			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	4,542	5,473			12.00
13.00 NURSERY	0	3,024	3,761			13.00
14.00 Total (see instructions)	14,630	26,529	69,113	144.67	3,764.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,551	1,872	7,230	0.87	47.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				145.54	3,811.00	27.00
28.00 Observation Bed Days		1,017	3,530			28.00
29.00 Ambulance Trips	20,412					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	796	877			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: 150024

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

Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,007	7,146	16,044	1.00	
2.00 HMO and other (see instructions)			527	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 NEONATAL INTENSIVE CARE UNIT						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	10.00	0	3,007	7,146	16,044	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	234	250	797	16.00	
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00	
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00	
19.00 SKILLED NURSING FACILITY	0.00					19.00	
20.00 NURSING FACILITY	0.00					20.00	
21.00 OTHER LONG TERM CARE	0.00				0	21.00	
22.00 HOME HEALTH AGENCY	0.00					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00	
24.00 HOSPICE	0.00					24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC	0.00					25.00	
25.10 CMHC - CORF	0.00					25.10	
26.00 RURAL HEALTH CLINIC	0.00					26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25	
27.00 Total (sum of lines 14-26)	10.00					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: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 6/1/2015 10:57 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	215,856,884	61,501	215,918,385	8,023,311.00	26.91	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		4,335,222	0	4,335,222	42,865.00	101.14	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	14,169,067	14,169,067	300,910.00	47.09	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		43,488,075	8,373,815	51,861,890	2,280,746.00	22.74	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		14,578,188	0	14,578,188	302,990.00	48.11	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,517,196	0	3,517,196	23,136.00	152.02	13.00
14.00	Home office salaries & wage-related costs		10,490,332	0	10,490,332	251,685.00	41.68	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		58,618,050	0	58,618,050			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		19,085,737	0	19,085,737			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,419,400	0	1,419,400			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,077,131	0	2,077,131	63,398.00	32.76	26.00
27.00	Administrative & General	5.00	29,429,476	-1,163,961	28,265,515	1,072,701.00	26.35	27.00
28.00	Administrative & General under contract (see inst.)		1,693,099	0	1,693,099	11,780.00	143.73	28.00
29.00	Maintenance & Repairs	6.00	1,655,739	1,000	1,656,739	41,238.00	40.18	29.00
30.00	Operation of Plant	7.00	3,894,474	1,250	3,895,724	179,790.00	21.67	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	3,040,978	1,500	3,042,478	227,556.00	13.37	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,191,841	-1,807,665	1,384,176	85,390.00	16.21	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	777,526	1,809,165	2,586,691	164,856.00	15.69	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,414,924	2,500	2,417,424	52,328.00	46.20	38.00
39.00	Central Services and Supply	14.00	718,081	0	718,081	38,288.00	18.75	39.00
40.00	Pharmacy	15.00	7,433,243	-463,792	6,969,451	152,527.00	45.69	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150024

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

Worksheet S-3
Part II
Date/Time Prepared:
6/1/2015 10:57 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	2,015,314	500	2,015,814	87,853.00	22.95	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150024

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

Worksheet S-3
Part III
Date/Time Prepared:
6/1/2015 10:57 am

	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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	213,214,761	-14,107,566	199,107,195	7,691,316.00	25.89	1.00
2.00	Excluded area salaries (see instructions)	43,488,075	8,373,815	51,861,890	2,280,746.00	22.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	169,726,686	-22,481,381	147,245,305	5,410,570.00	27.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,585,716	0	28,585,716	577,811.00	49.47	4.00
5.00	Subtotal wage-related costs (see inst.)	58,618,050	0	58,618,050	0.00	39.81	5.00
6.00	Total (sum of lines 3 thru 5)	256,930,452	-22,481,381	234,449,071	5,988,381.00	39.15	6.00
7.00	Total overhead cost (see instructions)	58,341,826	-1,619,503	56,722,323	2,177,705.00	26.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 6/1/2015 10:57 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		7,866,424	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)		21,930,561	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		20,211	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		26,118,507	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		163,434	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		1,692,421	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,299,617	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		15,539,975	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		428,301	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		980,818	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		79,040,269	24.00
Part B - Other than Core Related Cost				
25.00	LIFE SERVICES - EAP		82,920	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 6/1/2015 10:57 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 6/1/2015 10:57 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.345151	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		126,903,289	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		50,446,062	5.00	
6.00	Medicaid charges		375,806,134	6.00	
7.00	Medicaid cost (line 1 times line 6)		129,709,863	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		64,285,706	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			1.00		
			2.00		
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	409,992,676	0	409,992,676	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	141,509,382	0	141,509,382	21.00
22.00	Partial payment by patients approved for charity care	3,484,938	0	3,484,938	22.00
23.00	Cost of charity care (line 21 minus line 22)	138,024,444	0	138,024,444	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		62,462,955	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,936,817	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		60,526,138	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		20,890,657	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		158,915,101	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		158,915,101	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150024

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

Worksheet A

Date/Time Prepared: 6/1/2015 10:57 am

Table with columns: Cost Center Description, Salaries (1.00), Other (2.00), Total (col. 1 + col. 2) (3.00), Reclassified (col. 4) (4.00), Reclassified Trial Balance (col. 3 +- col. 4) (5.00), and a final column for totals. Rows include categories like DRUGS CHARGED TO PATIENTS, RETAIL PHARMACIES, RENAL DIALYSIS, and various clinical centers.

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150024

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

Worksheet A

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.02 07952 UNUSED SPACE	0	0	0	0	0	194.02
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	0	11,525,485	11,525,485	194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	194.06
194.07 07957 GRANT PROGRAMS	7,854,052	6,727,503	14,581,555	281	14,581,836	194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09 07959 DME	95,177	865,088	960,265	106,852	1,067,117	194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	0	0	0	1,611,096	1,611,096	194.14
194.15 07965 NONREIMB PROF BILLING	800,188	2,757,016	3,557,204	0	3,557,204	194.15
194.16 07966 FOHC	16,906,667	26,597,534	43,504,201	66,542	43,570,743	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0	0	194.17
200.00 TOTAL (SUM OF LINES 118-199)	215,856,884	357,800,537	573,657,421	0	573,657,421	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150024

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

Worksheet A
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	11,678,160	65,198,975	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-28,070	3,617,915	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,949,335	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-81	3,413,306	5.02
5.03	00570	ADMINISTRATIVE	0	4,085,240	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-21,981	10,034,409	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	5,184,219	88,990,795	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	2,096,769	6.00
7.00	00700	OPERATION OF PLANT	-514,745	18,923,694	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,143,977	8.00
9.00	00900	HOUSEKEEPING	-228	5,816,995	9.00
10.00	01000	DIETARY	-2,090,554	1,090,606	10.00
11.00	01100	CAFETERIA	-1,178,720	5,025,449	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-3,466	3,230,111	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-450	1,497,814	14.00
15.00	01500	PHARMACY	-91,084	29,890,526	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-24,242	3,632,243	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,254,403	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	-139,342	1,068,582	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	608,643	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-623,601	25,765,563	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,016,933	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-99,951	3,968,973	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-308,598	4,292,385	35.00
40.00	04000	SUBPROVIDER - IPF	0	3,317,392	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	2,514,708	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	14,078,054	50.00
50.01	05001	AMBULATORY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	936,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,675,932	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	CAT SCAN	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	753,929	56.00
57.00	05700	CT SCAN	0	1,209,155	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	-220	12,151,715	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,845,420	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,337,460	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	461,939	65.01
66.00	06600	PHYSICAL THERAPY	0	3,067,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,738,789	67.00
68.00	06800	SPEECH PATHOLOGY	0	533,886	68.00
69.00	06900	ELECTROCARDIOLOGY	-780	3,647,878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,177,328	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,050,841	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	114,780	73.00
73.01	07301	RETAIL PHARMACIES	0	22,853,513	73.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150024

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

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
74.00	07400	RENAL DIALYSIS	0	1,119,594	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	-2,033,940	1,833,270	90.01
90.02	09002	OB/GYN CLINIC	-75,603	1,132,909	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	-128,154	682,098	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SURGERY CLINIC	0	2,574,675	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	2,962,282	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	-301,368	351,037	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	-4,315,680	8,793,100	90.17
90.18	09018	PSYCH CLINIC	-9,011,407	22,849,615	90.18
90.19	09019	ORAL SURGERY CLINIC	477,924	0	90.19
90.20	09020	DIETARY CLINIC	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	13	0	90.21
90.22	09022	OP BURN CLINIC	-1,758	471,169	90.22
90.23	09023	CLINIC	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	228,147	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	168,546	90.25
90.26	09026	UROLOGY CLINIC	0	0	90.26
91.00	09100	EMERGENCY	-766,818	17,054,767	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-105	1,462,506	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-644,793	24,558,334	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,065,423	492,321,943	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	246,602	190.00
190.01	19001	RETAIL SPA	0	109,475	190.01
191.00	19100	RESEARCH	0	497	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	RENTAL SPACE	0	0	194.01
194.02	07952	UNUSED SPACE	0	0	194.02
194.03	07953	NON REIMB PSYCH PROGRAM	0	11,525,485	194.03
194.04	07954	SENIOR CONNECTIONS - NRCC	0	0	194.04
194.05	07955	LV BEAUTY	0	0	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150024

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

Worksheet A
Date/Time Prepared:
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.06	07956 LV DAYCARE	0	0	194.06
194.07	07957 GRANT PROGRAMS	0	14,581,836	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	194.08
194.09	07959 DME	0	1,067,117	194.09
194.10	07960 FATHER RESOURCE	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	0	1,611,096	194.14
194.15	07965 NONREIMB PROF BILLING	0	3,557,204	194.15
194.16	07966 FQHC	-15,487,339	28,083,404	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	194.17
200.00	TOTAL (SUM OF LINES 118-199)	-20,552,762	553,104,659	200.00

RECLASSIFICATIONS

Provider CCN: 150024

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

Worksheet A-6
Date/Time Prepared:
6/1/2015 10:57 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	1,809,165	2,318,314	1.00
	TOTALS		1,809,165	2,318,314	
B - INTERNS AND RESIDENTS					
1.00	I & R SERVICES-SALARY & FRINGES APPRVD	21.00	0	14,254,403	1.00
	TOTALS		0	14,254,403	
C - CLEAR NEGATIVE COST CENTERS					
1.00	FQHC	194.16	0	76,636	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	76,636	
D - RECLASS PICC LINE EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	0	162,529	1.00
	TOTALS		0	162,529	
E - NON REIMBURSABLE PSYCH PROGRAMS					
1.00	NON REIMB PSYCH PROGRAM	194.03	6,714,570	4,810,915	1.00
	TOTALS		6,714,570	4,810,915	
G - THERAPY ADMIN RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	145,258	48,457	1.00
2.00	SPEECH PATHOLOGY	68.00	42,795	16,350	2.00
3.00	DME	194.09	12,723	91,491	3.00
	TOTALS		200,776	156,298	
I - RHC ADMIN RECLASS					
1.00	OB/GYN CLINIC	90.02	59,122	6,337	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	52,007	5,574	2.00
3.00	SURGERY CLINIC	90.10	150,722	16,155	3.00
4.00	ENDOSCOPY CLINIC	90.12	308,815	33,101	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	30,348	3,253	5.00
6.00	CHC CLINIC	90.17	5,546	594	6.00
7.00	OP BURN CLINIC	90.22	36,861	3,951	7.00
8.00	PLASTIC CLINIC	90.24	1,306	140	8.00
	TOTALS		644,727	69,105	
N - PHARMACY PARAMED					
1.00	PARAMED PRGM-PHARMACY	23.01	464,292	144,351	1.00
	TOTALS		464,292	144,351	
P - SUPPLIES AND IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,177,328	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,050,841	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	114,780	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	6,287	4.00
5.00	SUBPROVIDER - IPF	40.00	0	121	5.00
6.00	CT SCAN	57.00	0	76	6.00
7.00	LABORATORY	60.00	0	442	7.00
8.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,782	8.00
9.00	PULMONARY FUNCTION TESTING	65.01	0	806	9.00
10.00	PHYSICAL THERAPY	66.00	0	1,729	10.00
11.00	OCCUPATIONAL THERAPY	67.00	0	223	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	1,983	12.00
13.00	RENAL DIALYSIS	74.00	0	2,104	13.00
14.00	OPHTHALMOLOGY CLINIC	90.07	0	239	14.00
15.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	143	15.00
16.00	PSYCH CLINIC	90.18	0	480	16.00
17.00	ORAL SURGERY CLINIC	90.19	0	637	17.00
18.00	CENTER OF EXCELLENCE	90.21	0	7,287	18.00
19.00	GRANT PROGRAMS	194.07	0	281	19.00
20.00	DME	194.09	0	2,638	20.00
	TOTALS		0	9,374,207	
Q - FAMILY BEGINNINGS					
1.00	NURSERY	43.00	1,725,348	789,360	1.00
	TOTALS		1,725,348	789,360	
R - HEALTH CONNECTIONS					
1.00	OB/GYN CLINIC	90.02	15,652	14,003	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	20,489	18,330	2.00
3.00	SURGERY CLINIC	90.10	41,642	37,255	3.00
4.00	ENDOSCOPY CLINIC	90.12	74,297	66,470	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	8,095	7,242	5.00
6.00	CHC CLINIC	90.17	44,365	39,691	6.00
7.00	PSYCH CLINIC	90.18	154,253	138,003	7.00
8.00	OP BURN CLINIC	90.22	7,166	6,411	8.00
9.00	PLASTIC CLINIC	90.24	317	283	9.00
10.00	WOUND/OSTOMY CENTER	90.25	64	57	10.00

RECLASSIFICATIONS

Provider CCN: 150024

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	
TOTALS			366,340	327,745	
T - REFERRAL BONUS RECLASS					
1.00	PURCHASING RECEIVING AND STORES	5.02	500	0	1.00
2.00	ADMINISTRATIVE	5.03	500	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	2,000	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	3,500	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	1,000	0	5.00
6.00	OPERATION OF PLANT	7.00	1,250	0	6.00
7.00	HOUSEKEEPING	9.00	1,500	0	7.00
8.00	DIETARY	10.00	1,500	0	8.00
9.00	NURSING ADMINISTRATION	13.00	2,500	0	9.00
10.00	PHARMACY	15.00	500	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	500	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	7,000	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	6,750	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	2,000	0	14.00
15.00	SUBPROVIDER - IPF	40.00	1,000	0	15.00
16.00	OPERATING ROOM	50.00	1,250	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	1,000	0	17.00
18.00	PHYSICAL THERAPY	66.00	2,000	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	500	0	19.00
20.00	RETAIL PHARMACIES	73.01	500	0	20.00
21.00	MEDICINE CLINIC	90.01	1,000	0	21.00
22.00	PSYCH CLINIC	90.18	5,463	0	22.00
23.00	EMERGENCY	91.00	7,000	0	23.00
24.00	AMBULANCE SERVICES	95.00	4,000	0	24.00
25.00	GRANT PROGRAMS	194.07	3,288	0	25.00
26.00	DME	194.09	500	0	26.00
27.00	FQHC	194.16	3,000	0	27.00
TOTALS			61,501	0	
U - TRAUMA ON CALL RECLASS					
1.00	EMERGENCY	91.00	0	2,157,500	1.00
TOTALS			0	2,157,500	
V - NON REIMB MDWISE MEDICAL MGT					
1.00	NONREIMB MDWISE MEDICAL MGMT	194.14	1,170,461	440,635	1.00
TOTALS			1,170,461	440,635	
W - RECLASS COST CENTERS WITHOUT REVENUE					
1.00	CHC CLINIC	90.17	592,004	804,164	1.00
2.00		0.00	0	0	2.00
TOTALS			592,004	804,164	
500.00	Grand Total: Increases		13,749,184	35,886,162	500.00

RECLASSIFICATIONS

Provider CCN: 150024

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 - CAFETERIA						
1.00	DIETARY	10.00	1,809,165	2,318,314	0	1.00
	TOTALS		1,809,165	2,318,314		
B - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	14,254,403	0	1.00
	TOTALS		0	14,254,403		
C - CLEAR NEGATIVE COST CENTERS						
1.00	ORAL SURGERY CLINIC	90.19	0	76,046	0	1.00
2.00	CENTER OF EXCELLENCE	90.21	0	590	0	2.00
	TOTALS		0	76,636		
D - RECLASS PI CC LINE EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	162,529	0	1.00
	TOTALS		0	162,529		
E - NON REIMBURSABLE PSYCH PROGRAMS						
1.00	PSYCH CLINIC	90.18	6,714,570	4,810,915	0	1.00
	TOTALS		6,714,570	4,810,915		
G - THERAPY ADMIN RECLASS						
1.00	PHYSICAL THERAPY	66.00	200,776	156,298	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		200,776	156,298		
I - RHC ADMIN RECLASS						
1.00	MEDICINE CLINIC	90.01	644,708	69,103	0	1.00
2.00	FQHC	194.16	19	2	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		644,727	69,105		
N - PHARMACY PARAMED						
1.00	PHARMACY	15.00	464,292	144,351	0	1.00
	TOTALS		464,292	144,351		
P - SUPPLIES AND IMPLANTS						
1.00	ADULTS & PEDIATRICS	30.00	0	7,248	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	15,852	0	2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	0	1,461	0	3.00
4.00	OPERATING ROOM	50.00	0	7,692,259	0	4.00
5.00	ANESTHESIOLOGY	53.00	0	11,441	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,493,110	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	56,626	0	7.00
8.00	MEDICINE CLINIC	90.01	0	70	0	8.00
9.00	OB/GYN CLINIC	90.02	0	34,736	0	9.00
10.00	SURGERY CLINIC	90.10	0	8,892	0	10.00
11.00	ENDOSCOPY CLINIC	90.12	0	14,859	0	11.00
12.00	CHC CLINIC	90.17	0	839	0	12.00
13.00	OP BURN CLINIC	90.22	0	173	0	13.00
14.00	PLASTIC CLINIC	90.24	0	10	0	14.00
15.00	WOUND/OSTOMY CENTER	90.25	0	1,654	0	15.00
16.00	EMERGENCY	91.00	0	23,154	0	16.00
17.00	AMBULANCE SERVICES	95.00	0	1,684	0	17.00
18.00	RETAIL SPA	190.01	0	66	0	18.00
19.00	FQHC	194.16	0	10,073	0	19.00
20.00		0.00	0	0	0	20.00
	TOTALS		0	9,374,207		
Q - FAMILY BEGINNINGS						
1.00	ADULTS & PEDIATRICS	30.00	1,725,348	789,360	0	1.00
	TOTALS		1,725,348	789,360		
R - HEALTH CONNECTIONS						
1.00	MEDICINE CLINIC	90.01	366,340	327,745	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
	TOTALS		366,340	327,745		

RECLASSIFICATIONS

Provider CCN: 150024

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		
T - REFERRAL BONUS RECLASS							
1.00	PURCHASING RECEIVING AND STORES	5.02	0	500	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.03	0	500	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	2,000	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,500	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	1,000	0		5.00
6.00	OPERATION OF PLANT	7.00	0	1,250	0		6.00
7.00	HOUSEKEEPING	9.00	0	1,500	0		7.00
8.00	DIETARY	10.00	0	1,500	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,500	0		9.00
10.00	PHARMACY	15.00	0	500	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	500	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	7,000	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	6,750	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,000	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	1,000	0		15.00
16.00	OPERATING ROOM	50.00	0	1,250	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,000	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,000	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	500	0		19.00
20.00	RETAIL PHARMACIES	73.01	0	500	0		20.00
21.00	MEDICINE CLINIC	90.01	0	1,000	0		21.00
22.00	PSYCH CLINIC	90.18	0	5,463	0		22.00
23.00	EMERGENCY	91.00	0	7,000	0		23.00
24.00	AMBULANCE SERVICES	95.00	0	4,000	0		24.00
25.00	GRANT PROGRAMS	194.07	0	3,288	0		25.00
26.00	DME	194.09	0	500	0		26.00
27.00	FQHC	194.16	0	3,000	0		27.00
	TOTALS		0	61,501			
U - TRAUMA ON CALL RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,157,500	0		1.00
	TOTALS		0	2,157,500			
V - NON REIMB MDWISE MEDICAL MGT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,170,461	440,635	0		1.00
	TOTALS		1,170,461	440,635			
W - RECLASS COST CENTERS WITHOUT REVENUE							
1.00	SENIOR CARE CLINIC	90.15	256,651	658,072	0		1.00
2.00	DIETARY CLINIC	90.20	335,353	146,092	0		2.00
	TOTALS		592,004	804,164			
500.00	Grand Total: Decreases		13,687,683	35,947,663			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150024

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

Worksheet A-7
Part I
Date/Time Prepared:
6/1/2015 10:57 am

	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	9,709,777	13,137	0	13,137	1.00
2.00	Land Improvements	80,349,752	1,826,275	0	1,826,275	2.00
3.00	Buildings and Fixtures	561,592,234	2,909,697	0	2,909,697	3.00
4.00	Building Improvements	1,818,534	141,053	0	141,053	4.00
5.00	Fixed Equipment	298,629,902	3,915,450	0	3,915,450	5.00
6.00	Movable Equipment	270,864,303	12,566,705	0	12,566,705	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,222,964,502	21,372,317	0	21,372,317	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,222,964,502	21,372,317	0	21,372,317	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,722,914	0			1.00
2.00	Land Improvements	82,176,027	0			2.00
3.00	Buildings and Fixtures	564,501,931	0			3.00
4.00	Building Improvements	1,959,587	0			4.00
5.00	Fixed Equipment	302,545,352	0			5.00
6.00	Movable Equipment	282,982,411	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,243,888,222	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,243,888,222	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150024

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

Worksheet A-7
Part II
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	53,520,815	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)	53,520,815	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	53,520,815				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	53,520,815				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150024

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

Worksheet A-7
Part III
Date/Time Prepared:
6/1/2015 10:57 am

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	65,198,975	0	65,198,975	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	65,198,975	0	65,198,975	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	65,218,899	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	65,218,899	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-19,924	0	0	0	65,198,975	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	-19,924	0	0	0	65,198,975	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150024

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

Worksheet A-8

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-32,611,539					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	53,804,464					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	0RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	0UTILIZATION REVIEW-SNF	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	0NONPHYSICIAN ANESTHETISTS	19.00		0	28.00
29.00 Physicians' assistant			0	0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	0OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	0ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	0SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 FI CARRY FORWARDS	A	2,992	0	CAP REL COSTS-BLDG & FIXT	1.00		11	33.00
34.00			0		0.00		0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150024

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

Worksheet A-8

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
35.00 CABLE TV COSTS	A	-105,384	OTHER ADMINISTRATION AND GENERAL	5.05	9 35.00
35.01 CABLE TV COSTS	A	-1,242	AMBULANCE SERVICES	95.00	0 35.01
35.02 NONALLOWABLE ADV	A	-1,857	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.02
36.00 NONALLOWABLE ADV	A	-81	PURCHASING RECEIVING AND STORES	5.02	0 36.00
36.01 NONALLOWABLE ADV	A	-21,982	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0 36.01
36.02 NONALLOWABLE ADV	A	-969,967	OTHER ADMINISTRATION AND GENERAL	5.05	0 36.02
36.03 NONALLOWABLE ADV	A	212	HOUSEKEEPING	9.00	0 36.03
36.04 NONALLOWABLE ADV	A	-7,248	CAFETERIA	11.00	0 36.04
36.05 NONALLOWABLE ADV	A	-1,423	NURSING ADMINISTRATION	13.00	0 36.05
37.00 NONALLOWABLE ADV	A	-9,258	AMBULANCE SERVICES	95.00	0 37.00
38.00 PARKING LOT	A	-353,317	OPERATION OF PLANT	7.00	0 38.00
38.01		0		0.00	0 38.01
38.02 IUMG SERVICES	A	-8,236,727	OTHER ADMINISTRATION AND GENERAL	5.05	0 38.02
38.03 IUMG SERVICES	A	-623,601	ADULTS & PEDIATRICS	30.00	0 38.03
38.04 IUMG SERVICES	A	-308,598	NEONATAL INTENSIVE CARE UNIT	35.00	0 38.04
39.00 IUMG SERVICES	A	324,407	MEDICINE CLINIC	90.01	0 39.00
39.01 IUMG SERVICES	A	-292,480	OCCUPATIONAL THERAPY CLINIC	90.13	0 39.01
39.02 IUMG SERVICES	A	-549,424	CHC CLINIC	90.17	0 39.02
39.03 IUMG SERVICES	A	-3,398,783	CHC CLINIC	90.17	0 39.03
39.05 IUMG SERVICES	A	-15,487,339	FQHC	194.16	0 39.05
39.06 MI SC REV	B	-22,916	CAP REL COSTS-BLDG & FIXT	1.00	11 39.06
39.07 MI SC REV	B	-2,090,554	DIETARY	10.00	11 39.07
39.08 MI SC REV	B	-1,171,472	CAFETERIA	11.00	0 39.08
39.09 MI SC REV	B	-720	NURSING ADMINISTRATION	13.00	0 39.09
39.10 MI SC REV	B	-450	CENTRAL SERVICES & SUPPLY	14.00	0 39.10
39.11 MI SC REV	B	-91,084	PHARMACY	15.00	0 39.11
39.12 MI SC REV	B	-24,242	MEDICAL RECORDS & LIBRARY	16.00	0 39.12
39.13 MI SC REV	B	-139,342	PARAMEDICAL PRGM-(SPECIFY)	23.00	0 39.13
39.14 MI SC REV	B	-99,951	BURN INTENSIVE CARE UNIT	33.00	0 39.14
39.15 MI SC REV	B	-26,213	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.15
39.16 MI SC REV	B	1	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0 39.16
39.17 MI SC REV	B	-519,055	OTHER ADMINISTRATION AND GENERAL	5.05	0 39.17
39.18 MI SC REV	B	-220	LABORATORY	60.00	0 39.18
39.19 MI SC REV	B	-780	ELECTROCARDIOLOGY	69.00	0 39.19
39.20 MI SC REV	B	-161,428	OPERATION OF PLANT	7.00	0 39.20
39.21 MI SC REV	B	-440	HOUSEKEEPING	9.00	0 39.21
40.00 MI SC REV	B	-10,429	MEDICINE CLINIC	90.01	0 40.00
41.00 MI SC REV	B	-100,536	OPHTHALMOLOGY CLINIC	90.07	0 41.00
42.00 MI SC REV	B	-8,888	OCCUPATIONAL THERAPY CLINIC	90.13	0 42.00
43.00 MI SC REV	B	-133,475	CHC CLINIC	90.17	9 43.00
43.01 MI SC REV	B	-2,293,426	PSYCH CLINIC	90.18	0 43.01
43.02 MI SC REV	B	13	CENTER OF EXCELLENCE	90.21	0 43.02
43.03 MI SC REV	B	-1,758	OP BURN CLINIC	90.22	0 43.03
43.04 MI SC REV	B	-3,376	EMERGENCY	91.00	0 43.04
43.05 MI SC REV	B	-634,293	AMBULANCE SERVICES	95.00	0 43.05
43.06 HEALTH CONNECTION	A	-2,347,918	MEDICINE CLINIC	90.01	0 43.06
43.07		0		0.00	0 43.07
43.08 NURSE PRACTITIONERS	A	-2,172,871	OTHER ADMINISTRATION AND GENERAL	5.05	0 43.08
43.09 NURSE PRACTITIONERS	A	-1,323	NURSING ADMINISTRATION	13.00	0 43.09
43.10 NURSE PRACTITIONERS	A	-75,603	OB/GYN CLINIC	90.02	0 43.10
43.11 NURSE PRACTITIONERS	A	-49,657	EMERGENCY	91.00	0 43.11
43.12 NURSE PRACTITIONERS	A	-105	OBSERVATION BEDS (DISTINCT PART)	92.01	0 43.12
43.13 IU SCHOOL OF DENTISTRY	A	477,924	ORAL SURGERY CLINIC	90.19	0 43.13
43.14		0		0.00	0 43.14
43.15		0		0.00	0 43.15
43.16		0		0.00	0 43.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,552,762			50.00

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

ADJUSTMENTS TO EXPENSES

Provider CCN: 150024

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

Worksheet A-8

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(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: 150024

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

Worksheet A-8-1

Date/Time Prepared:
6/1/2015 10:57 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HQ CAPITAL COSTS	11,698,084	0 1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	HQ OPERATING COSTS	42,106,380	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	0			53,804,464	0 5.00

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

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

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

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

6.00	G	HEALTH AND HOSP	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:	FINANCIAL				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: 150024

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

Worksheet A-8-1

Date/Time Prepared:
6/1/2015 10:57 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	11,698,084	9		1.00
2.00	42,106,380	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	53,804,464			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150024

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

Worksheet A-8-2

Date/Time Prepared:
6/1/2015 10:57 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	24,918,157	24,918,157	0	0	0	2.00
3.00	90.07	OPHTHALMOLOGY CLINIC	27,618	27,618	0	0	0	3.00
4.00	90.17	CHC CLINIC	233,998	233,998	0	0	0	4.00
5.00	90.18	PSYCH CLINIC	6,717,981	6,717,981	0	0	0	5.00
6.00	91.00	EMERGENCY	2,157,500	-715,785	2,157,500	171,400	17,520	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			34,055,254	31,181,969	2,157,500		17,520	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	90.07	OPHTHALMOLOGY CLINIC	0	0	0	0	0	3.00
4.00	90.17	CHC CLINIC	0	0	0	0	0	4.00
5.00	90.18	PSYCH CLINIC	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	1,443,715	72,186	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			1,443,715	72,186	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0		1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	24,918,157		2.00
3.00	90.07	OPHTHALMOLOGY CLINIC	0	0	0	27,618		3.00
4.00	90.17	CHC CLINIC	0	0	0	233,998		4.00
5.00	90.18	PSYCH CLINIC	0	0	0	6,717,981		5.00
6.00	91.00	EMERGENCY	0	1,443,715	713,785	713,785		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	1,443,715	713,785	32,611,539		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

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Table with columns: Cost Center Description, Net Expenses for Cost Allocation, CAPI TAL RELATED COSTS (BLDG & FIXT, MVBLE EQUIP), EMPLOYEE BENEFITS DEPARTMENT, NONPATIENT TELEPHONES. Rows include GENERAL SERVICE COST CENTERS, INPATIENT ROUTINE SERVICE COST CENTERS, and ANCILLARY SERVICE COST CENTERS.

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
191.00 19100 RESEARCH	497	0	0	0	8,865	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 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	35,462	194.00
194.01 07951 RENTAL SPACE	0	0	0	0	0	194.01
194.02 07952 UNUSED SPACE	0	0	0	0	0	194.02
194.03 07953 NON REIMB PSYCH PROGRAM	11,525,485	0	0	132,579	0	194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	194.06
194.07 07957 GRANT PROGRAMS	14,581,836	245,880	0	155,143	53,193	194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09 07959 DME	1,067,117	53,829	0	2,140	8,865	194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	1,611,096	13,196	0	23,111	0	194.14
194.15 07965 NONREIMB PROF BILLING	3,557,204	107,295	0	15,800	8,865	194.15
194.16 07966 FQHC	28,083,404	6,052,799	0	333,881	141,847	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	7,605,440	0	0	150,712	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	553,104,659	65,198,975	0	4,155,023	1,994,723	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

Period:
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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	6.00	
194.05	07955 LV BEAUTY	0	0	0	0	0	194.05
194.06	07956 LV DAYCARE	0	0	0	0	0	194.06
194.07	07957 GRANT PROGRAMS	54,610	0	0	3,233,927	12,377	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09	07959 DME	12,482	0	0	245,224	2,710	194.09
194.10	07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14	07958 NONREIMB MDW/SE MEDICAL MGMT	1,430	0	0	353,378	664	194.14
194.15	07965 NONREIMB PROF BILLING	1,430	0	0	790,919	5,401	194.15
194.16	07966 FOHC	255,108	0	0	1,867,921	304,685	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	1,661,460	382,840	194.17
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)	4,591,034	4,162,379	11,036,129	93,002,289	2,988,286	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
			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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	32,880,203				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,645	1,420,473			8.00
9.00	00900	HOUSEKEEPING	305,789	0	8,108,152		9.00
10.00	01000	DIETARY	164,026	0	62,279	1,943,407	10.00
11.00	01100	CAFETERIA	1,004,282	0	233,722	0	9,416,161
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	37,009	0	0	0	145,872
14.00	01400	CENTRAL SERVICES & SUPPLY	0	63,386	0	0	106,733
15.00	01500	PHARMACY	1,015,673	0	145,848	0	425,191
16.00	01600	MEDICAL RECORDS & LIBRARY	162,031	0	0	0	244,903
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	79,746
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	42,523
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,565,268	139,775	1,733,423	1,153,362	1,320,674
31.00	03100	INTENSIVE CARE UNIT	1,730,444	76,391	657,041	478,871	689,797
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	900,685	121,897	341,996	103,034	186,613
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	596,283	47,135	226,422	0	216,143
40.00	04000	SUBPROVIDER - I PF	594,433	11,376	225,720	208,140	270,848
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	405,888	0	154,130	0	116,730
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,822,881	708,639	692,134	0	482,472
50.01	05001	AMBULATORY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	178,888	0	67,941	0	9,785
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,533,485	4,877	555,177	0	418,941
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0
54.02	05402	CAT SCAN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	1,626	0	0	13,381
57.00	05700	CT SCAN	0	3,249	0	0	61,077
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	559,505	0	212,432	0	501,057
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	55,022	0	20,916	0	231
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	80,987	0	30,742	0	248,248
65.01	03560	PULMONARY FUNCTION TESTING	0	1,941	0	0	19,430
66.00	06600	PHYSICAL THERAPY	18,273	9,752	6,925	0	190,037
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	94,869
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	27,525
69.00	06900	ELECTROCARDIOLOGY	344,273	10,252	130,407	0	182,780
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACIES	315,793	0	0	0	0
74.00	07400	RENAL DIALYSIS	102,614	0	38,977	0	549

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

Period:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.07	07957 GRANT PROGRAMS	156,769	0	0	0	0	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09	07959 DME	34,320	0	13,008	0	12,829	194.09
194.10	07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	8,414	0	3,182	0	0	194.14
194.15	07965 NONREIMB PROF BILLING	68,409	0	0	0	113,390	194.15
194.16	07966 FQHC	3,859,172	16,598	265,540	0	694,366	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	4,849,113	0	0	0	0	194.17
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)	32,880,203	1,420,473	8,108,152	1,943,407	9,416,161	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	4,272,555				13.00
14.00	01400	0	0	2,026,667			14.00
15.00	01500	0	0	0	40,281,691		15.00
16.00	01600	0	0	0	0	5,201,235	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,395,141	0	0	403,289	30.00
31.00	03100	0	728,693	0	0	380,188	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	197,136	0	0	169,891	33.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	0	228,331	0	0	69,218	35.00
40.00	04000	0	0	0	0	54,371	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	123,312	0	0	26,694	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	509,677	0	0	531,678	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	143,473	53.00
54.00	05400	0	0	0	0	565,530	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	24,637	56.00
57.00	05700	0	0	0	0	360,343	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	982,994	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	59,825	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	210,714	65.00
65.01	03560	0	0	0	0	4,922	65.01
66.00	06600	0	0	0	0	85,361	66.00
67.00	06700	0	0	0	0	43,301	67.00
68.00	06800	0	0	0	0	11,257	68.00
69.00	06900	0	0	0	0	86,692	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	675,872	0	307,824	71.00
72.00	07200	0	0	1,350,795	0	184,648	72.00
73.00	07300	0	0	0	40,281,691	271,752	73.00
73.01	07301	0	0	0	0	174,928	73.01

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
74.00	07400	RENAL DIALYSIS	0	580	0	0	24,873	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	90.17
90.18	09018	PSYCH CLINIC	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	90.22
90.23	09023	CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	6,211	0	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	999,579	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	83,895	0	0	22,832	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,272,555	2,026,667	40,281,691	5,201,235	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	0	190.01
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	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RENTAL SPACE	0	0	0	0	0	194.01
194.02	07952	UNUSED SPACE	0	0	0	0	0	194.02
194.03	07953	NON REIMB PSYCH PROGRAM	0	0	0	0	0	194.03
194.04	07954	SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

Period:
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To 12/31/2014

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
194.05	07955 LV BEAUTY	0	0	0	0	0	194.05
194.06	07956 LV DAYCARE	0	0	0	0	0	194.06
194.07	07957 GRANT PROGRAMS	0	0	0	0	0	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09	07959 DME	0	0	0	0	0	194.09
194.10	07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	0	0	0	0	0	194.14
194.15	07965 NONREIMB PROF BILLING	0	0	0	0	0	194.15
194.16	07966 FOHC	0	0	0	0	0	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0	0	194.17
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)	0	4,272,555	2,026,667	40,281,691	5,201,235	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

Period:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMITTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	0					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	17,309,407	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	4,327,354	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	571,537	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	163,296	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	81,648	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	81,648	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	326,593	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	1,632,963	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	734,833	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	734,833	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 05402 CAT SCAN	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	81,648	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	163,296	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

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	Cost Center Description	SOCIAL SERVICE 17.00	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS	
			18.00			SERVICES-SALARY & FRINGES 21.00	
73.01	07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0	0	0	0	1,061,426	90.01
90.02	09002 OB/GYN CLINIC	0	0	0	0	244,944	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SURGERY CLINIC	0	0	0	0	244,944	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0	0	0	0	571,537	90.17
90.18	09018 PSYCH CLINIC	0	0	0	0	244,944	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23	09023 CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTIC CLINIC	0	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CENTER	0	0	0	0	0	90.25
90.26	09026 UROLOGY CLINIC	0	0	0	0	0	90.26
91.00	09100 EMERGENCY	0	0	0	0	1,632,963	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	12,900,407	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 RETAIL SPA	0	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	1,143,074	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 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 RENTAL SPACE	0	0	0	0	0	194.01
194.02	07952 UNUSED SPACE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	0	0	0	0 194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	0 194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	0 194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	0 194.06
194.07 07957 GRANT PROGRAMS	0	0	0	0	0	0 194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	0 194.08
194.09 07959 DME	0	0	0	0	0	0 194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	0 194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	0 194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	0 194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	0 194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	0	0	0	0	0	0 194.14
194.15 07965 NONREIMB PROF BILLING	0	0	0	0	0	0 194.15
194.16 07966 FOHC	0	0	0	0	3,265,926	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0	0	0 194.17
200.00 Cross Foot Adjustments				0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	17,309,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMITTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	1,409,972				23.00
23.01 02301 PARAMED PRGM-PHARMACY	0	0	794,044			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	58,019,469	-4,327,354	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	27,626,584	-571,537	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	9,611,129	-163,296	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	8,318,671	-81,648	35.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	6,961,255	-81,648	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	5,229,156	-326,593	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	29,753,818	-1,632,963	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	3,252,919	-734,833	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	21,097,420	-734,833	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 05402 CAT SCAN	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	1,065,881	0	56.00
57.00 05700 CT SCAN	0	0	0	3,223,309	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	22,066,399	-81,648	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,728,684	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	7,039,015	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	626,967	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	4,463,142	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,445,266	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	740,782	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	6,472,371	-163,296	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

Period:
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To 12/31/2014

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
191.00 19100 RESEARCH	0	0	0	1,154,393	-1,143,074	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 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	42,865	0	194.00
194.01 07951 RENTAL SPACE	0	0	0	0	0	194.01
194.02 07952 UNUSED SPACE	0	0	0	0	0	194.02
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	0	14,272,658	0	194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	194.06
194.07 07957 GRANT PROGRAMS	0	0	0	18,493,735	0	194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09 07959 DME	0	0	0	1,452,524	0	194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	0	0	0	2,014,471	0	194.14
194.15 07965 NONREIMB PROF BILLING	0	0	0	4,668,713	0	194.15
194.16 07966 FOHC	0	0	0	45,141,247	-3,265,926	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	14,649,565	0	194.17
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,409,972	794,044	553,104,659	-17,309,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150024

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

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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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	5.02
5.03	00570	ADMITTING	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	AMBULATORY SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	CAT SCAN	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	RETAIL PHARMACIES	73.01
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description		Total	
		26.00	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 MEDICINE CLINIC	6,419,324	90.01
90.02	09002 OB/GYN CLINIC	2,543,502	90.02
90.03	09003 ORTHO CLINIC	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	90.04
90.05	09005 DENTISTRY CLINIC	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,826,117	90.07
90.08	09008 ENT CLINIC	0	90.08
90.09	09009 GERIATRIC CLINIC	0	90.09
90.10	09010 SURGERY CLINIC	5,815,968	90.10
90.11	09011 NEUROLOGY CLINIC	0	90.11
90.12	09012 ENDOSCOPY CLINIC	5,618,270	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,041,442	90.13
90.14	09014 URGENT VISIT CLINIC	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	90.16
90.17	09017 CHC CLINIC	15,024,756	90.17
90.18	09018 PSYCH CLINIC	30,384,771	90.18
90.19	09019 ORAL SURGERY CLINIC	0	90.19
90.20	09020 DIETARY CLINIC	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	90.21
90.22	09022 OP BURN CLINIC	630,718	90.22
90.23	09023 CLINIC	0	90.23
90.24	09024 PLASTIC CLINIC	306,201	90.24
90.25	09025 WOUND/OSTOMY CENTER	507,723	90.25
90.26	09026 UROLOGY CLINIC	0	90.26
91.00	09100 EMERGENCY	30,950,743	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,246,609	92.01
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	93.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	31,577,890	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)	0	112.00
113.00	11300 INTEREST EXPENSE	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE COST CENTERS	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	437,535,860	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	635,559	190.00
190.01	19001 RETAIL SPA	142,662	190.01
191.00	19100 RESEARCH	11,319	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	42,865	194.00
194.01	07951 RENTAL SPACE	0	194.01
194.02	07952 UNUSED SPACE	0	194.02
194.03	07953 NON REIMB PSYCH PROGRAM	14,272,658	194.03
194.04	07954 SENIOR CONNECTIONS - NRCC	0	194.04
194.05	07955 LV BEAUTY	0	194.05
194.06	07956 LV DAYCARE	0	194.06
194.07	07957 GRANT PROGRAMS	18,493,735	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
194.09	07959 DME	1,452,524	194.09
194.10	07960 FATHER RESOURCE	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	194.13
194.14	07958 NONREIMB MDW/SE MEDICAL MGMT	2,014,471	194.14
194.15	07965 NONREIMB PROF BILLING	4,668,713	194.15
194.16	07966 FOHC	41,875,321	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	14,649,565	194.17
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	535,795,252	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Table with columns: Cost Center Description, Directly Assigned New Capital Related Costs, BLDG & FIXT, MVBLE EQUIP, Subtotal, EMPLOYEE BENEFITS DEPARTMENT. Rows include GENERAL SERVICE COST CENTERS, INPATIENT ROUTINE SERVICE COST CENTERS, and ANCILLARY SERVICE COST CENTERS.

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 RENTAL SPACE	0	0	0	0	0	194.01
194.02 07952 UNUSED SPACE	0	0	0	0	0	194.02
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	0	0	67,159	194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	194.06
194.07 07957 GRANT PROGRAMS	6,559,922	245,880	0	6,805,802	78,589	194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09 07959 DME	863,661	53,829	0	917,490	1,084	194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	0	13,196	0	13,196	11,707	194.14
194.15 07965 NONREIMB PROF BILLING	2,757,016	107,295	0	2,864,311	8,003	194.15
194.16 07966 FOHC	26,534,950	6,052,799	0	32,587,749	169,130	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	7,605,440	0	7,605,440	0	194.17
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	299,770,599	65,198,975	0	364,969,574	2,104,861	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
194.05	07955 LV BEAUTY	0	0	0	0	0	194.05
194.06	07956 LV DAYCARE	0	0	0	0	0	194.06
194.07	07957 GRANT PROGRAMS	43,407	35,201	0	0	2,968,010	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09	07959 DME	7,234	8,046	0	0	225,060	194.09
194.10	07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	0	922	0	0	324,320	194.14
194.15	07965 NONREIMB PROF BILLING	7,234	922	0	0	725,883	194.15
194.16	07966 FQHC	115,751	164,438	0	0	1,714,326	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	122,986	0	0	0	1,524,842	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,627,754	2,959,297	1,657,729	5,322,678	85,354,910	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
194.07	07957 GRANT PROGRAMS	5,057	136,704	0	0	0	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09	07959 DME	1,107	29,928	0	7,789	0	194.09
194.10	07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	271	7,337	0	1,905	0	194.14
194.15	07965 NONREIMB PROF BILLING	2,207	59,654	0	0	0	194.15
194.16	07966 FOHC	124,490	3,365,244	16,322	158,993	0	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	156,424	4,228,484	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,220,972	28,671,926	1,396,865	4,854,782	4,844,057	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	5,266,792					11.00
12.00	01200	0	0				12.00
13.00	01300	81,591		1,686,713			13.00
14.00	01400	59,700		0	1,195,023		14.00
15.00	01500	237,825	0	0	0	32,007,027	15.00
16.00	01600	136,983	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	44,605	0	0	0	0	23.00
23.01	02301	23,784	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	738,698	0	550,771	0	0	30.00
31.00	03100	385,828	0	287,672	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	104,379	0	77,825	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	120,896	0	90,140	0	0	35.00
40.00	04000	151,495	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	65,291	0	48,681	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	269,864	0	201,210	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	5,473	0	0	0	0	53.00
54.00	05400	234,329	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	7,484	0	0	0	0	56.00
57.00	05700	34,163	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	280,259	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	129	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	138,854	0	0	0	0	65.00
65.01	03560	10,868	0	0	0	0	65.01
66.00	06600	106,294	0	0	0	0	66.00
67.00	06700	53,064	0	0	0	0	67.00
68.00	06800	15,396	0	0	0	0	68.00
69.00	06900	102,236	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	398,528	0	71.00
72.00	07200	0	0	0	796,495	0	72.00
73.00	07300	0	0	0	0	32,007,027	73.00
73.01	07301	0	0	0	0	0	73.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
74.00	07400	RENAL DIALYSIS	307	0	229	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	167,093	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	53,859	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	33,484	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SURGERY CLINIC	103,311	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	89,054	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	19,174	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	311,966	0	0	0	0	90.17
90.18	09018	PSYCH CLINIC	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	17,261	0	0	0	0	90.22
90.23	09023	CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	6,692	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	3,288	0	2,452	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	529,257	0	394,613	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	44,421	0	33,120	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,788,655	0	1,686,713	1,195,023	32,007,027	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,154	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	0	190.01
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	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RENTAL SPACE	0	0	0	0	0	194.01
194.02	07952	UNUSED SPACE	0	0	0	0	0	194.02
194.03	07953	NON REIMB PSYCH PROGRAM	0	0	0	0	0	194.03
194.04	07954	SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

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Part II
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Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11.00	12.00	13.00	14.00	15.00	
194.05 07955 LV BEAUTY	0	0	0	0	0	194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	194.06
194.07 07957 GRANT PROGRAMS	0	0	0	0	0	194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09 07959 DME	7,176	0	0	0	0	194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	0	0	0	0	0	194.14
194.15 07965 NONREIMB PROF BILLING	63,423	0	0	0	0	194.15
194.16 07966 FOHC	388,384	0	0	0	0	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0	0	194.17
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)	5,266,792	0	1,686,713	1,195,023	32,007,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

Period:
From 01/01/2014
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,971,886				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	230,403	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	217,205	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	97,061	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	39,545	0	0		35.00
40.00	04000	SUBPROVIDER - I/PF	31,063	0	0		40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	15,250	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	303,753	0	0		50.00
50.01	05001	AMBULATORY SURGERY	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	81,968	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323,093	0	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0		54.01
54.02	05402	CAT SCAN	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	14,075	0	0		56.00
57.00	05700	CT SCAN	205,868	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	561,963	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	34,178	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	120,383	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,812	0	0		65.01
66.00	06600	PHYSICAL THERAPY	48,768	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	24,738	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	6,431	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	49,528	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	175,863	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,491	0	0		72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					16.00			
73.00	07300	DRUGS CHARGED TO PATIENTS	155,255	0	0	0		73.00
73.01	07301	RETAIL PHARMACIES	99,938	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	14,210	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0		90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0		90.02
90.03	09003	ORTHO CLINIC	0	0	0	0		90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0		90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0		90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0		90.07
90.08	09008	ENT CLINIC	0	0	0	0		90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0		90.09
90.10	09010	SURGERY CLINIC	0	0	0	0		90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0		90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0		90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0		90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0		90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0		90.16
90.17	09017	CHC CLINIC	0	0	0	0		90.17
90.18	09018	PSYCH CLINIC	0	0	0	0		90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0		90.19
90.20	09020	DIETARY CLINIC	0	0	0	0		90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0		90.21
90.22	09022	OP BURN CLINIC	0	0	0	0		90.22
90.23	09023	CLINIC	0	0	0	0		90.23
90.24	09024	PLASTIC CLINIC	0	0	0	0		90.24
90.25	09025	WOUND/OSTOMY CENTER	0	0	0	0		90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0		90.26
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	13,044	0	0	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0		112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,971,886	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	RETAIL SPA	0	0	0	0		190.01
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			(SPECIFY)			
	16.00	17.00	18.00	19.00	20.00	
194.01 07951 RENTAL SPACE	0	0	0	0		194.01
194.02 07952 UNUSED SPACE	0	0	0	0		194.02
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	0	0		194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0		194.04
194.05 07955 LV BEAUTY	0	0	0	0		194.05
194.06 07956 LV DAYCARE	0	0	0	0		194.06
194.07 07957 GRANT PROGRAMS	0	0	0	0		194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0		194.08
194.09 07959 DME	0	0	0	0		194.09
194.10 07960 FATHER RESOURCE	0	0	0	0		194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0		194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0		194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0		194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	0	0	0	0		194.14
194.15 07965 NONREIMB PROF BILLING	0	0	0	0		194.15
194.16 07966 FQHC	0	0	0	0		194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0		194.17
200.00 Cross Foot Adjustments				0		0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	2,971,886	0	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,803,798				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			608,559		23.00
23.01 02301	PARAMED ED PRGM-PHARMACY				150,703	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				33,113,957	30.00
31.00 03100	INTENSIVE CARE UNIT				15,730,702	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				6,428,049	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT				4,664,770	35.00
40.00 04000	SUBPROVIDER - I PF				4,152,347	40.00
41.00 04100	SUBPROVIDER - I RF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				1,976,219	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				27,136,884	50.00
50.01 05001	AMBULATORY SURGERY				0	50.01
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				2,022,029	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				14,581,304	54.00
54.01 05401	NUCLEAR MEDICINE				0	54.01
54.02 05402	CAT SCAN				0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				747,107	56.00
57.00 05700	CT SCAN				1,611,306	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				13,829,811	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				2,532,625	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				3,353,888	65.00
65.01 03560	PULMONARY FUNCTION TESTING				355,029	65.01
66.00 06600	PHYSICAL THERAPY				1,969,958	66.00
67.00 06700	OCCUPATIONAL THERAPY				986,722	67.00
68.00 06800	SPEECH PATHOLOGY				311,016	68.00
69.00 06900	ELECTROCARDIOLOGY				3,609,829	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,867,183	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				2,601,685	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				32,743,081	73.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 10:57 am
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	Cost Center Description	INTERNS & RESIDENTS				Subtotal		
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMED ED PRGM-PHARMACY			
		21.00	22.00	23.00	23.01			24.00
73.01	07301	RETAIL PHARMACIES					24,312,039	73.01
74.00	07400	RENAL DIALYSIS					1,708,784	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS					0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					0	90.00
90.01	09001	MEDICINE CLINIC					5,727,225	90.01
90.02	09002	OB/GYN CLINIC					1,596,227	90.02
90.03	09003	ORTHO CLINIC					0	90.03
90.04	09004	PEDIATRICS CLINIC					0	90.04
90.05	09005	DENTISTRY CLINIC					80	90.05
90.06	09006	DERMATOLOGY CLINIC					0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC					1,313,333	90.07
90.08	09008	ENT CLINIC					0	90.08
90.09	09009	GERIATRIC CLINIC					0	90.09
90.10	09010	SURGERY CLINIC					3,869,059	90.10
90.11	09011	NEUROLOGY CLINIC					0	90.11
90.12	09012	ENDOSCOPY CLINIC					3,606,841	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC					982,164	90.13
90.14	09014	URGENT VISIT CLINIC					0	90.14
90.15	09015	SENIOR CARE CLINIC					651,940	90.15
90.16	09016	WOMENS VISIT CLINIC					0	90.16
90.17	09017	CHC CLINIC					13,180,668	90.17
90.18	09018	PSYCH CLINIC					22,939,522	90.18
90.19	09019	ORAL SURGERY CLINIC					-412,811	90.19
90.20	09020	DIETARY CLINIC					146,092	90.20
90.21	09021	CENTER OF EXCELLENCE					-7,586	90.21
90.22	09022	OP BURN CLINIC					355,268	90.22
90.23	09023	CLINIC					0	90.23
90.24	09024	PLASTIC CLINIC					166,613	90.24
90.25	09025	WOUND/OSTOMY CENTER					374,538	90.25
90.26	09026	UROLOGY CLINIC					0	90.26
91.00	09100	EMERGENCY					15,319,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)					1,881,688	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
95.00	09500	AMBULANCE SERVICES					16,601,665	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00	09900	CMHC					0	99.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					0	105.00
106.00	10600	HEART ACQUISITION					0	106.00
107.00	10700	LIVER ACQUISITION					0	107.00
108.00	10800	LUNG ACQUISITION					0	108.00
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)					0	112.00
113.00	11300	INTEREST EXPENSE					0	113.00
114.00	11400	UTILIZATION REVIEW-SNF					0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	11600	HOSPICE					0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS					0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	290,638,364	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					389,205	190.00
190.01	19001	RETAIL SPA					81,051	190.01
191.00	19100	RESEARCH					9,527	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00	19300	NONPAID WORKERS					0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS					35,732	194.00
194.01	07951	RENTAL SPACE					0	194.01
194.02	07952	UNUSED SPACE					0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
194.03 07953 NON REIMB PSYCH PROGRAM					2,440,653	194.03
194.04 07954 SENIOR CONNECTIONS - NRCC					0	194.04
194.05 07955 LV BEAUTY					0	194.05
194.06 07956 LV DAYCARE					0	194.06
194.07 07957 GRANT PROGRAMS					10,072,770	194.07
194.08 07964 CITY COUNTY BUILDING CLINIC					0	194.08
194.09 07959 DME					1,204,914	194.09
194.10 07960 FATHER RESOURCE					0	194.10
194.11 07961 NONREIMB HOUSE CALL COSTS					0	194.11
194.12 07962 RENAL NONCERTIFIED					0	194.12
194.13 07963 NONREIMB FREESTANDING CHC					0	194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT					359,658	194.14
194.15 07965 NONREIMB PROF BILLING					3,731,637	194.15
194.16 07966 FOHC					38,804,827	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS					13,638,176	194.17
200.00 Cross Foot Adjustments	2,803,798	0	608,559	150,703	3,563,060	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,803,798	0	608,559	150,703	364,969,574	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	AMBULATORY SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	54.01
54.02	05402	CAT SCAN	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
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

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 6/1/2015 10:57 am
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,743,081	73.00
73.01	07301	RETAIL PHARMACIES	0	24,312,039	73.01
74.00	07400	RENAL DIALYSIS	0	1,708,784	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	5,727,225	90.01
90.02	09002	OB/GYN CLINIC	0	1,596,227	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	80	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	1,313,333	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SURGERY CLINIC	0	3,869,059	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	3,606,841	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	982,164	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	651,940	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	13,180,668	90.17
90.18	09018	PSYCH CLINIC	0	22,939,522	90.18
90.19	09019	ORAL SURGERY CLINIC	0	-412,811	90.19
90.20	09020	DIETARY CLINIC	0	146,092	90.20
90.21	09021	CENTER OF EXCELLENCE	0	-7,586	90.21
90.22	09022	OP BURN CLINIC	0	355,268	90.22
90.23	09023	CLINIC	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	166,613	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	374,538	90.25
90.26	09026	UROLOGY CLINIC	0	0	90.26
91.00	09100	EMERGENCY	0	15,319,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,881,688	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	16,601,665	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	290,638,364	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	389,205	190.00
190.01	19001	RETAIL SPA	0	81,051	190.01
191.00	19100	RESEARCH	0	9,527	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	35,732	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150024

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.01	07951 RENTAL SPACE	0	0	194.01
194.02	07952 UNUSED SPACE	0	0	194.02
194.03	07953 NON REIMB PSYCH PROGRAM	0	2,440,653	194.03
194.04	07954 SENIOR CONNECTIONS - NRCC	0	0	194.04
194.05	07955 LV BEAUTY	0	0	194.05
194.06	07956 LV DAYCARE	0	0	194.06
194.07	07957 GRANT PROGRAMS	0	10,072,770	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	194.08
194.09	07959 DME	0	1,204,914	194.09
194.10	07960 FATHER RESOURCE	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	0	359,658	194.14
194.15	07965 NONREIMB PROF BILLING	0	3,731,637	194.15
194.16	07966 FQHC	0	38,804,827	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	0	13,638,176	194.17
200.00	Cross Foot Adjustments	0	3,563,060	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	364,969,574	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITIONS)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,437,732				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,844	0	210,437,578		4.00
5.01 00540	NONPATIENT TELEPHONES	933	0	155,864	225	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	24,101	0	1,599,936	6	35,309 5.02
5.03 00570	ADMITTING	0	0	2,474,180	3	13 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	17,094	0	5,631,812	11	137 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	68,301	0	16,723,804	54	809 5.05
6.00 00600	MAINTENANCE & REPAIRS	6,382	0	1,656,739	1	255 6.00
7.00 00700	OPERATION OF PLANT	167,693	0	3,882,060	5	867 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	299	0	0	0	35 8.00
9.00 00900	HOUSEKEEPING	10,576	0	3,042,478	1	307 9.00
10.00 01000	DIETARY	5,673	0	1,384,176	2	81 10.00
11.00 01100	CAFETERIA	34,734	0	2,586,691	0	137 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,280	0	2,416,496	3	24 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	718,081	1	62 14.00
15.00 01500	PHARMACY	35,128	0	6,915,196	6	973 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,604	0	2,015,814	1	20 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	873,443	0	74 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	518,547	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	157,894	0	18,613,877	8	4,278 30.00
31.00 03100	INTENSIVE CARE UNIT	59,849	0	9,449,420	2	1,668 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	31,151	0	2,212,510	1	975 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	20,623	0	3,083,568	1	812 35.00
40.00 04000	SUBPROVIDER - I PF	20,559	0	2,494,423	3	142 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	14,038	0	1,725,348	0	513 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	63,046	0	5,578,846	6	3,661 50.00
50.01 05001	AMBULATORY SURGERY	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	6,187	0	92,863	1	659 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	53,037	0	4,782,268	10	1,678 54.00
54.01 05401	NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02 05402	CAT SCAN	0	0	0	0	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	202,830	1	49 56.00
57.00 05700	CT SCAN	0	0	800,824	1	139 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	19,351	0	5,008,372	5	1,268 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,903	0	3,068	1	124 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,801	0	2,944,228	1	1,341 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	238,275	1	37 65.01
66.00 06600	PHYSICAL THERAPY	632	0	2,282,269	1	151 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,232,434	0	79 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	362,944	0	32 68.00
69.00 06900	ELECTROCARDIOLOGY	11,907	0	2,201,831	2	382 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITIONS)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	712	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	342	73.00
73.01	07301	RETAIL PHARMACIES	10,922	0	4,384,808	1	314	73.01
74.00	07400	RENAL DIALYSIS	3,549	0	7,834	0	70	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	39,810	0	914,402	6	349	90.01
90.02	09002	OB/GYN CLINIC	9,813	0	774,209	3	261	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,213	0	419,219	1	121	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SURGERY CLINIC	24,016	0	1,388,016	4	448	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	17,698	0	1,570,099	1	586	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	6,175	0	274,346	1	117	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	40,858	0	4,142,158	3	738	90.17
90.18	09018	PSYCH CLINIC	18,974	0	20,548,626	8	918	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	119	0	238,288	0	66	90.22
90.23	09023	CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	5	0	125,095	1	19	90.24
90.25	09025	WOUND/OSTOMY CENTER	2,888	0	92,481	0	50	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	61,687	0	10,551,762	8	2,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,954	0	1,070,969	1	3	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	12,789	0	14,216,841	1	1,015	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,123,090	0	176,624,668	178	32,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,192	0	195,678	1	0	190.00
190.01	19001	RETAIL SPA	0	0	56,606	0	53	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUIREMENTS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
191.00 19100 RESEARCH	0	0	0	1	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 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	4	0	194.00
194.01 07951 RENTAL SPACE	0	0	0	0	0	194.01
194.02 07952 UNUSED SPACE	0	0	0	0	0	194.02
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	6,714,570	0	735	194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	194.06
194.07 07957 GRANT PROGRAMS	5,422	0	7,857,340	6	420	194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09 07959 DME	1,187	0	108,400	1	96	194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	291	0	1,170,461	0	11	194.14
194.15 07965 NONREIMB PROF BILLING	2,366	0	800,188	1	11	194.15
194.16 07966 FQHC	133,473	0	16,909,667	16	1,962	194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	167,711	0	0	17	0	194.17
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)	65,198,975	0	4,155,023	1,994,723	4,591,034	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	45.348490	0.000000	0.019745	8,865.435556	130.024470	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			2,104,861	1,627,754	2,959,297	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.010002	7,234.462222	83.811408	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1 Date/Time Prepared: 6/1/2015 10:57 am

Table with columns: Cost Center Description, ADMITTING (GROSS CHARGES), CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES), OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST), MAINTENANCE & REPAIRS (SQUARE FEET), OPERATION OF PLANT (SQUARE FEET), and additional numeric columns (5.03, 5.04, 5.05, 6.00, 7.00). Rows include various service cost centers like GENERAL SERVICE, INPATIENT ROUTINE SERVICE, and ANCILLARY SERVICE.

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5.05	6.00	7.00	
194.01	07951 RENTAL SPACE	0	0	0	0	0	194.01
194.02	07952 UNUSED SPACE	0	0	0	0	0	194.02
194.03	07953 NON REIMB PSYCH PROGRAM	0	0	11,753,573	0	0	194.03
194.04	07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04
194.05	07955 LV BEAUTY	0	0	0	0	0	194.05
194.06	07956 LV DAYCARE	0	0	0	0	0	194.06
194.07	07957 GRANT PROGRAMS	0	0	15,089,247	5,422	5,422	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09	07959 DME	0	0	1,144,196	1,187	1,187	194.09
194.10	07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	0	0	1,648,832	291	291	194.14
194.15	07965 NONREIMB PROF BILLING	0	0	3,690,363	2,366	2,366	194.15
194.16	07966 FQHC	0	0	8,715,569	133,473	133,473	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	7,752,238	167,711	167,711	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,162,379	11,036,129	93,002,289	2,988,286	32,880,203	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004814	0.012764	0.214320	2.282743	28.913502	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,657,729	5,322,678	85,354,910	1,220,972	28,671,926	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001917	0.006156	0.196697	0.932697	25.212916	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800	770,677					8.00
9.00	00900	0	173,284				9.00
10.00	01000	0	1,331	350,979			10.00
11.00	01100	0	4,995	0	3,377,818		11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	52,328	0	13.00
14.00	01400	34,390	0	0	38,288	0	14.00
15.00	01500	0	3,117	0	152,527	0	15.00
16.00	01600	0	0	0	87,853	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	28,607	0	23.00
23.01	02301	0	0	0	15,254	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	75,835	37,046	208,297	473,759	0	30.00
31.00	03100	41,446	14,042	86,484	247,448	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	66,135	7,309	18,608	66,943	0	33.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	25,573	4,839	0	77,536	0	35.00
40.00	04000	6,172	4,824	37,590	97,160	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	3,294	0	41,874	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	384,472	14,792	0	173,075	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	1,452	0	3,510	0	53.00
54.00	05400	2,646	11,865	0	150,285	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	882	0	0	4,800	0	56.00
57.00	05700	1,763	0	0	21,910	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	4,540	0	179,742	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	447	0	83	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	657	0	89,053	0	65.00
65.01	03560	1,053	0	0	6,970	0	65.01
66.00	06600	5,291	148	0	68,171	0	66.00
67.00	06700	0	0	0	34,032	0	67.00
68.00	06800	0	0	0	9,874	0	68.00
69.00	06900	5,562	2,787	0	65,568	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	8.00	9.00	10.00	11.00	12.00	
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	0	0	0	0 194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	0 194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	0 194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	0 194.06
194.07 07957 GRANT PROGRAMS	0	0	0	0	0	0 194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	0 194.08
194.09 07959 DME	0	278	0	4,602	0	0 194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	0 194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	0 194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	0 194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	0 194.13
194.14 07958 NONREIMB MDWISE MEDICAL MGMT	0	68	0	0	0	0 194.14
194.15 07965 NONREIMB PROF BILLING	0	0	0	40,676	0	0 194.15
194.16 07966 FOHC	9,005	5,675	0	249,087	0	0 194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0	0	0 194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,420,473	8,108,152	1,943,407	9,416,161	0	0 202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.843150	46.791117	5.537103	2.787646	0.000000	0 203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,396,865	4,854,782	4,844,057	5,266,792	0	0 204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.812517	28.016332	13.801558	1.559229	0.000000	0 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (100% ALLOC)	PHARMACY (100% ALLOC)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	1,450,865					13.00
14.00	01400	0	2,135				14.00
15.00	01500	0	0	1,000			15.00
16.00	01600	0	0	0	864,616,313		16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	473,759	0	0	67,036,134	0	30.00
31.00	03100	247,448	0	0	63,196,127	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	66,943	0	0	28,239,901	0	33.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	77,536	0	0	11,505,696	0	35.00
40.00	04000	0	0	0	9,037,680	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	41,874	0	0	4,437,112	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	173,075	0	0	88,377,274	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	23,848,587	0	53.00
54.00	05400	0	0	0	94,004,379	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	4,095,265	0	56.00
57.00	05700	0	0	0	59,897,477	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	163,445,859	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	9,944,260	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	35,025,636	0	65.00
65.01	03560	0	0	0	818,119	0	65.01
66.00	06600	0	0	0	14,189,057	0	66.00
67.00	06700	0	0	0	7,197,597	0	67.00
68.00	06800	0	0	0	1,871,095	0	68.00
69.00	06900	0	0	0	14,410,176	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	712	0	51,167,504	0	71.00
72.00	07200	0	1,423	0	30,692,894	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (100% ALLOC)	PHARMACY (100% ALLOC)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
194.01	07951 RENTAL SPACE	0	0	0	0	0	194.01
194.02	07952 UNUSED SPACE	0	0	0	0	0	194.02
194.03	07953 NON REIMB PSYCH PROGRAM	0	0	0	0	0	194.03
194.04	07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	194.04
194.05	07955 LV BEAUTY	0	0	0	0	0	194.05
194.06	07956 LV DAYCARE	0	0	0	0	0	194.06
194.07	07957 GRANT PROGRAMS	0	0	0	0	0	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	194.08
194.09	07959 DME	0	0	0	0	0	194.09
194.10	07960 FATHER RESOURCE	0	0	0	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	0	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	0	0	0	0	0	194.14
194.15	07965 NONREIMB PROF BILLING	0	0	0	0	0	194.15
194.16	07966 FQHC	0	0	0	0	0	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,272,555	2,026,667	40,281,691	5,201,235	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.944833	949.258548	40,281.691000	0.006016	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,686,713	1,195,023	32,007,027	2,971,886	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.162557	559.729742	32,007.027000	0.003437	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMITTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			212		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				212	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0					23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0		0	53	53	30.00
31.00 03100 INTENSIVE CARE UNIT	0		0	7	7	31.00
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0	2	2	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0		0	1	1	35.00
40.00 04000 SUBPROVIDER - I PF	0		0	1	1	40.00
41.00 04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	42.00
43.00 04300 NURSERY	0		0	4	4	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 04500 NURSING FACILITY	0		0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	20	20	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	9	9	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	9	9	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 05402 CAT SCAN	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	1	1	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2	2	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			19.00	20.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	13	13	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	3	3	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SURGERY CLINIC	0	0	0	3	3	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	7	7	90.17
90.18 09018 PSYCH CLINIC	0	0	0	3	3	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTIC CLINIC	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	0	0	0	0	0	90.25
90.26 09026 UROLOGY CLINIC	0	0	0	0	0	90.26
91.00 09100 EMERGENCY	0	0	0	20	20	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	158	158	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	14	14	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			19.00	20.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 07951 RENTAL SPACE	0	0	0	0	0	0 194.01
194.02 07952 UNUSED SPACE	0	0	0	0	0	0 194.02
194.03 07953 NON REIMB PSYCH PROGRAM	0	0	0	0	0	0 194.03
194.04 07954 SENIOR CONNECTIONS - NRCC	0	0	0	0	0	0 194.04
194.05 07955 LV BEAUTY	0	0	0	0	0	0 194.05
194.06 07956 LV DAYCARE	0	0	0	0	0	0 194.06
194.07 07957 GRANT PROGRAMS	0	0	0	0	0	0 194.07
194.08 07964 CITY COUNTY BUILDING CLINIC	0	0	0	0	0	0 194.08
194.09 07959 DME	0	0	0	0	0	0 194.09
194.10 07960 FATHER RESOURCE	0	0	0	0	0	0 194.10
194.11 07961 NONREIMB HOUSE CALL COSTS	0	0	0	0	0	0 194.11
194.12 07962 RENAL NONCERTIFIED	0	0	0	0	0	0 194.12
194.13 07963 NONREIMB FREESTANDING CHC	0	0	0	0	0	0 194.13
194.14 07958 NONREIMB MDW/SE MEDICAL MGMT	0	0	0	0	0	0 194.14
194.15 07965 NONREIMB PROF BILLING	0	0	0	0	0	0 194.15
194.16 07966 FOHC	0	0	0	40	40	0 194.16
194.17 07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	0	0	0	0 194.17
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)	0	0	0	17,309,407	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	81,648.146226	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	2,803,798	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	13,225.462264	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMITTING		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	100	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	AMBULATORY SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	54.01
54.02	05402	CAT SCAN	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
73.01	07301	RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SURGERY CLINIC	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	0	90.17
90.18	09018	PSYCH CLINIC	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	90.22
90.23	09023	CLINIC	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	90.26
91.00	09100	EMERGENCY	100	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	RETAIL SPA	0	0	190.01
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	RENTAL SPACE	0	0	194.01
194.02	07952	UNUSED SPACE	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150024

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
194.03	07953 NON REIMB PSYCH PROGRAM	0	0	194.03
194.04	07954 SENIOR CONNECTIONS - NRCC	0	0	194.04
194.05	07955 LV BEAUTY	0	0	194.05
194.06	07956 LV DAYCARE	0	0	194.06
194.07	07957 GRANT PROGRAMS	0	0	194.07
194.08	07964 CITY COUNTY BUILDING CLINIC	0	0	194.08
194.09	07959 DME	0	0	194.09
194.10	07960 FATHER RESOURCE	0	0	194.10
194.11	07961 NONREIMB HOUSE CALL COSTS	0	0	194.11
194.12	07962 RENAL NONCERTIFIED	0	0	194.12
194.13	07963 NONREIMB FREESTANDING CHC	0	0	194.13
194.14	07958 NONREIMB MDWISE MEDICAL MGMT	0	0	194.14
194.15	07965 NONREIMB PROF BILLING	0	0	194.15
194.16	07966 FOHC	0	0	194.16
194.17	07967 FOB LEASED SPACE AND OTHER NR COSTS	0	0	194.17
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,409,972	794,044	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14,099.720000	7,940.440000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	608,559	150,703	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6,085.590000	1,507.030000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
1.00	2.00	3.00	4.00	5.00				
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	630,718	630,718	0	630,718	0	90.22
90.23	09023	CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	306,201	306,201	0	306,201	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	507,723	507,723	0	507,723	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	30,950,743	30,950,743	713,785	31,664,528	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,387,755	4,387,755	0	4,387,755	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,246,609	3,246,609	0	3,246,609	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	31,577,890	31,577,890	0	31,577,890	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
200.00		Subtotal (see instructions)	441,923,615	0	441,923,615	713,785	442,637,400	200.00
201.00		Less Observation Beds	4,387,755	0	4,387,755	0	4,387,755	201.00
202.00		Total (see instructions)	437,535,860	0	437,535,860	713,785	438,249,645	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2015 10:57 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.20	09020	DIETARY CLINIC	0	0	0	0.000000	0.000000	90.20	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	0.000000	90.21	
90.22	09022	OP BURN CLINIC	57,754	2,082,313	2,140,067	0.294719	0.000000	90.22	
90.23	09023	CLINIC	0	0	0	0.000000	0.000000	90.23	
90.24	09024	PLASTIC CLINIC	21,208	73,318	94,526	3.239331	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CENTER	15,732	3,352	19,084	26.604643	0.000000	90.25	
90.26	09026	UROLOGY CLINIC	0	0	0	0.000000	0.000000	90.26	
91.00	09100	EMERGENCY	40,464,045	94,419,262	134,883,307	0.229463	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	586,539	4,464,531	5,051,070	0.868678	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	430,182	3,365,101	3,795,283	0.855433	0.000000	92.01	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	147,664,814	147,664,814	0.213848	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0			117.00	
200.00		Subtotal (see instructions)	541,375,762	726,288,690	1,267,664,452			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	541,375,762	726,288,690	1,267,664,452			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.318191			50.00
50.01	05001 AMBULATORY SURGERY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.105586			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.216613			54.00
54.01	05401 NUCLEAR MEDICINE	0.000000			54.01
54.02	05402 CAT SCAN	0.000000			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.260272			56.00
57.00	05700 CT SCAN	0.053814			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.134508			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.274398			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.200968			65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.766352			65.01
66.00	06600 PHYSICAL THERAPY	0.314548			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.339734			67.00
68.00	06800 SPEECH PATHOLOGY	0.395908			68.00
69.00	06900 ELECTROCARDIOLOGY	0.437821			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.318083			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.940968			73.00
73.01	07301 RETAIL PHARMACIES	1.019858			73.01
74.00	07400 RENAL DIALYSIS	0.442664			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 MEDICINE CLINIC	1.061610			90.01
90.02	09002 OB/GYN CLINIC	0.544146			90.02
90.03	09003 ORTHO CLINIC	0.000000			90.03
90.04	09004 PEDIATRICS CLINIC	0.000000			90.04
90.05	09005 DENTISTRY CLINIC	0.000000			90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000			90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.298448			90.07
90.08	09008 ENT CLINIC	0.000000			90.08
90.09	09009 GERIATRIC CLINIC	0.000000			90.09
90.10	09010 SURGERY CLINIC	0.467682			90.10
90.11	09011 NEUROLOGY CLINIC	0.000000			90.11
90.12	09012 ENDOSCOPY CLINIC	0.253215			90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.430802			90.13
90.14	09014 URGENT VISIT CLINIC	0.000000			90.14
90.15	09015 SENIOR CARE CLINIC	0.000000			90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000			90.16
90.17	09017 CHC CLINIC	1.134036			90.17
90.18	09018 PSYCH CLINIC	0.659598			90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000			90.19
90.20	09020 DIETARY CLINIC	0.000000			90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000			90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 6/1/2015 10:57 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
90.22	09022 OP BURN CLINIC	0.294719		90.22
90.23	09023 CLINIC	0.000000		90.23
90.24	09024 PLASTIC CLINIC	3.239331		90.24
90.25	09025 WOUND/OSTOMY CENTER	26.604643		90.25
90.26	09026 UROLOGY CLINIC	0.000000		90.26
91.00	09100 EMERGENCY	0.234755		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.868678		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.855433		92.01
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.213848		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
117.00	06950 OTHER SPECIAL PURPOSE COST CENTERS			117.00
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: 150024

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
1.00	2.00	3.00	4.00	5.00				
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	630,718	630,718	0	630,718	0	90.22
90.23	09023	CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	306,201	306,201	0	306,201	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	507,723	507,723	0	507,723	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	32,583,706	32,583,706	713,785	33,297,491	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,387,755	4,387,755	0	4,387,755	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,246,609	3,246,609	0	3,246,609	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	31,577,890	31,577,890	0	31,577,890	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
200.00		Subtotal (see instructions)	454,824,022	0	454,824,022	713,785	455,537,807	200.00
201.00		Less Observation Beds	4,387,755	0	4,387,755	0	4,387,755	201.00
202.00		Total (see instructions)	450,436,267	0	450,436,267	713,785	451,150,052	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C Part I Date/Time Prepared: 6/1/2015 10:57 am

Table with columns: Cost Center Description, Inpatient, Outpatient, Total (col. 6 + col. 7), Cost or Other Ratio, TEFRA Inpatient Ratio, and a final column with numerical values. It lists various medical services under categories like 'INPATIENT ROUTINE SERVICE COST CENTERS', 'ANCILLARY SERVICE COST CENTERS', and 'OUTPATIENT SERVICE COST CENTERS'.

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

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			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		
90.20	09020	DIETARY CLINIC	0	0	0	0.000000	0.000000	90.20	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	0.000000	90.21	
90.22	09022	OP BURN CLINIC	57,754	2,082,313	2,140,067	0.294719	0.000000	90.22	
90.23	09023	CLINIC	0	0	0	0.000000	0.000000	90.23	
90.24	09024	PLASTIC CLINIC	21,208	73,318	94,526	3.239331	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CENTER	15,732	3,352	19,084	26.604643	0.000000	90.25	
90.26	09026	UROLOGY CLINIC	0	0	0	0.000000	0.000000	90.26	
91.00	09100	EMERGENCY	40,464,045	94,419,262	134,883,307	0.241570	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	586,539	4,464,531	5,051,070	0.868678	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	430,182	3,365,101	3,795,283	0.855433	0.000000	92.01	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	147,664,814	147,664,814	0.213848	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0			117.00	
200.00		Subtotal (see instructions)	541,375,762	726,288,690	1,267,664,452			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	541,375,762	726,288,690	1,267,664,452			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150024

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.336668			50.00
50.01	05001 AMBULATORY SURGERY	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.136399			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.224430			54.00
54.01	05401 NUCLEAR MEDICINE	0.000000			54.01
54.02	05402 CAT SCAN	0.000000			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.260272			56.00
57.00	05700 CT SCAN	0.053814			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.135007			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.274398			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.200968			65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.766352			65.01
66.00	06600 PHYSICAL THERAPY	0.314548			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.339734			67.00
68.00	06800 SPEECH PATHOLOGY	0.395908			68.00
69.00	06900 ELECTROCARDIOLOGY	0.449153			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.318083			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.940968			73.00
73.01	07301 RETAIL PHARMACIES	1.019858			73.01
74.00	07400 RENAL DIALYSIS	0.442664			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 MEDICINE CLINIC	1.237146			90.01
90.02	09002 OB/GYN CLINIC	0.596549			90.02
90.03	09003 ORTHO CLINIC	0.000000			90.03
90.04	09004 PEDIATRICS CLINIC	0.000000			90.04
90.05	09005 DENTISTRY CLINIC	0.000000			90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000			90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.298448			90.07
90.08	09008 ENT CLINIC	0.000000			90.08
90.09	09009 GERIATRIC CLINIC	0.000000			90.09
90.10	09010 SURGERY CLINIC	0.487379			90.10
90.11	09011 NEUROLOGY CLINIC	0.000000			90.11
90.12	09012 ENDOSCOPY CLINIC	0.253215			90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.430802			90.13
90.14	09014 URGENT VISIT CLINIC	0.000000			90.14
90.15	09015 SENIOR CARE CLINIC	0.000000			90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000			90.16
90.17	09017 CHC CLINIC	1.177174			90.17
90.18	09018 PSYCH CLINIC	0.664915			90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000			90.19
90.20	09020 DIETARY CLINIC	0.000000			90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000			90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 6/1/2015 10:57 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
90.22	09022 OP BURN CLINIC	0.294719		90.22
90.23	09023 CLINIC	0.000000		90.23
90.24	09024 PLASTIC CLINIC	3.239331		90.24
90.25	09025 WOUND/OSTOMY CENTER	26.604643		90.25
90.26	09026 UROLOGY CLINIC	0.000000		90.26
91.00	09100 EMERGENCY	0.246861		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.868678		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.855433		92.01
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.213848		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
117.00	06950 OTHER SPECIAL PURPOSE COST CENTERS			117.00
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: 150024

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

Worksheet C
Part II
Date/Time Prepared:
6/1/2015 10:57 am

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				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	117.00
200.00		Subtotal (sum of lines 50 thru 199)	339,057,758	227,698,812	111,358,946	0	0	200.00
201.00		Less Observation Beds	4,387,755	2,706,095	1,681,660	0	0	201.00
202.00		Total (line 200 minus line 201)	334,670,003	224,992,717	109,677,286	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 6/1/2015 10:57 am
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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)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	29,753,818	88,377,274	0.336668		50.00
50.01	05001 AMBULATORY SURGERY	0	0	0.000000		50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	3,252,919	23,848,587	0.136399		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,097,420	94,004,379	0.224430		54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0.000000		54.01
54.02	05402 CAT SCAN	0	0	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	1,065,881	4,095,265	0.260272		56.00
57.00	05700 CT SCAN	3,223,309	59,897,477	0.053814		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	06000 LABORATORY	22,066,399	163,445,859	0.135007		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,728,684	9,944,260	0.274398		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	7,039,015	35,025,636	0.200968		65.00
65.01	03560 PULMONARY FUNCTION TESTING	626,967	818,119	0.766352		65.01
66.00	06600 PHYSICAL THERAPY	4,463,142	14,189,057	0.314548		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,445,266	7,197,598	0.339734		67.00
68.00	06800 SPEECH PATHOLOGY	740,782	1,871,096	0.395908		68.00
69.00	06900 ELECTROCARDIOLOGY	6,472,371	14,410,176	0.449153		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,046,537	51,167,504	0.118171		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,762,879	30,692,894	0.318083		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,505,022	45,171,570	0.940968		73.00
73.01	07301 RETAIL PHARMACIES	29,654,639	29,077,210	1.019858		73.01
74.00	07400 RENAL DIALYSIS	1,830,161	4,134,421	0.442664		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 MEDICINE CLINIC	7,480,750	6,046,779	1.237146		90.01
90.02	09002 OB/GYN CLINIC	2,788,446	4,674,297	0.596549		90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,826,117	6,118,703	0.298448		90.07
90.08	09008 ENT CLINIC	0	0	0.000000		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000		90.09
90.10	09010 SURGERY CLINIC	6,060,912	12,435,727	0.487379		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000		90.11
90.12	09012 ENDOSCOPY CLINIC	5,618,270	22,187,777	0.253215		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,041,442	2,417,449	0.430802		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000		90.16
90.17	09017 CHC CLINIC	15,596,293	13,248,926	1.177174		90.17
90.18	09018 PSYCH CLINIC	30,629,715	46,065,611	0.664915		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000		90.19
90.20	09020 DIETARY CLINIC	0	0	0.000000		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000		90.21
90.22	09022 OP BURN CLINIC	630,718	2,140,067	0.294719		90.22
90.23	09023 CLINIC	0	0	0.000000		90.23
90.24	09024 PLASTIC CLINIC	306,201	94,526	3.239331		90.24
90.25	09025 WOUND/OSTOMY CENTER	507,723	19,084	26.604643		90.25
90.26	09026 UROLOGY CLINIC	0	0	0.000000		90.26
91.00	09100 EMERGENCY	32,583,706	134,883,307	0.241570		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,387,755	5,051,070	0.868678		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,246,609	3,795,283	0.855433		92.01
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	31,577,890	147,664,814	0.213848		95.00

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

Provider CCN: 150024

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

Worksheet C
Part II
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0.000000	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0.000000	112.00
113.00	11300	INTEREST EXPENSE	0	0	0.000000	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
117.00	06950	OTHER SPECIAL PURPOSE COST CENTERS	0	0	0.000000	117.00
200.00		Subtotal (sum of lines 50 thru 199)	339,057,758	1,084,211,802		200.00
201.00		Less Observation Beds	4,387,755	0		201.00
202.00		Total (line 200 minus line 201)	334,670,003	1,084,211,802		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150024

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

Worksheet D
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		Title XVIII			Hospital		PPS	
		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	33,113,957	0	33,113,957	43,196	766.60	30.00	
31.00	INTENSIVE CARE UNIT	15,730,702		15,730,702	16,634	945.70	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	6,428,049		6,428,049	3,579	1,796.05	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
35.00	NEONATAL INTENSIVE CARE UNIT	4,664,770		4,664,770	5,473	852.32	35.00	
40.00	SUBPROVIDER - IPF	4,152,347	0	4,152,347	7,230	574.32	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	1,976,219		1,976,219	3,761	525.45	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	66,066,044		66,066,044	79,873		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	9,394	7,201,440					30.00
31.00	INTENSIVE CARE UNIT	4,734	4,476,944					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	502	901,617					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	2,551	1,465,090					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	17,181	14,045,091					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150024

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

Worksheet D Part II Date/Time Prepared: 6/1/2015 10:57 am

Table with 8 columns: Cost Center Description, Capital Related Cost, Total Charges, Ratio of Cost to Charges, Inpatient Program Charges, Capital Costs, and two blank columns. Rows include categories like ANCI LLARY SERVICE COST CENTERS and OUTPATIENT SERVICE COST CENTERS with various medical and service descriptions.

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/1/2015 10:57 am	
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	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	210,676,750	936,546,988		83,691,536	14,657,837	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description	Title XVIII				Hospital	PPS	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,196	0.00	9,394	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,634	0.00	4,734	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,579	0.00	502	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,473	0.00	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	7,230	0.00	2,551	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,761	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	79,873		17,181	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 150024
 Period: From 01/01/2014 To 12/31/2014
 Worksheet D Part IV
 Date/Time Prepared: 6/1/2015 10:57 am

Title XVIII					Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402	CAT SCAN	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	794,044	0	794,044	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SURGERY CLINIC	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	90.17
90.18	09018	PSYCH CLINIC	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	90.22
90.23	09023	CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	0	0	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	1,409,972	0	1,409,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am		
Cost Center Description			Title XVIII			Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
			1.00	2.00	3.00	4.00	5.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	2,204,016	0	2,204,016	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am

			Title XVIII		Hospital	PPS		
Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient			
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	88,377,274	0.000000	0.000000	9,026,102	50.00
50.01	05001	AMBULATORY SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,848,587	0.000000	0.000000	1,507,185	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,004,379	0.000000	0.000000	8,373,158	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0.000000	0.000000	0	54.01
54.02	05402	CAT SCAN	0	0	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,095,265	0.000000	0.000000	227,763	56.00
57.00	05700	CT SCAN	0	59,897,477	0.000000	0.000000	5,374,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	163,445,859	0.000000	0.000000	15,337,979	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,944,260	0.000000	0.000000	1,164,694	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	35,025,636	0.000000	0.000000	9,296,260	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	818,119	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	14,189,057	0.000000	0.000000	1,425,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,197,598	0.000000	0.000000	960,769	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,871,096	0.000000	0.000000	385,460	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,410,176	0.000000	0.000000	1,767,134	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,167,504	0.000000	0.000000	6,961,686	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,692,894	0.000000	0.000000	4,527,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	794,044	45,171,570	0.017578	0.017578	6,298,035	73.00
73.01	07301	RETAIL PHARMACIES	0	29,077,210	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	4,134,421	0.000000	0.000000	1,027,490	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0	6,046,779	0.000000	0.000000	12,186	90.01
90.02	09002	OB/GYN CLINIC	0	4,674,297	0.000000	0.000000	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	6,118,703	0.000000	0.000000	7,135	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10	09010	SURGERY CLINIC	0	12,435,727	0.000000	0.000000	542,883	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	22,187,777	0.000000	0.000000	791,405	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,417,449	0.000000	0.000000	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	09017	CHC CLINIC	0	13,248,926	0.000000	0.000000	8,898	90.17
90.18	09018	PSYCH CLINIC	0	46,065,611	0.000000	0.000000	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0	2,140,067	0.000000	0.000000	0	90.22
90.23	09023	CLINIC	0	0	0.000000	0.000000	0	90.23
90.24	09024	PLASTIC CLINIC	0	94,526	0.000000	0.000000	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	19,084	0.000000	0.000000	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0.000000	0.000000	0	90.26
91.00	09100	EMERGENCY	1,409,972	134,883,307	0.010453	0.010453	8,613,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,051,070	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,795,283	0.000000	0.000000	54,898	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description			Title XVIII			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		
95.00	09500	AMBULANCE SERVICES						95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00	
200.00		Total (lines 50-199)	2,204,016	936,546,988			83,691,536	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description	Title XVII			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	7,730,049	0	50.00
50.01	05001	AMBULATORY SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,043,705	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,197,967	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402	CAT SCAN	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,035,257	0	56.00
57.00	05700	CT SCAN	0	6,481,169	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	8,866,267	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	98,283	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	417,332	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	185,418	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,933	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	1,872,569	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,283,813	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,640,932	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,707	4,948,773	86,990	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	59,329	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	1,586,227	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	1,561,158	0	90.07
90.08	09008	ENT CLINIC	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	90.09
90.10	09010	SURGERY CLINIC	0	2,771,295	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	3,593,588	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	90.16
90.17	09017	CHC CLINIC	0	1,508,355	0	90.17
90.18	09018	PSYCH CLINIC	0	2,439,062	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	90.22
90.23	09023	CLINIC	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	90.26
91.00	09100	EMERGENCY	90,040	12,680,324	132,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	581,267	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description			Title XVIII			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)		
95.00	09500	AMBULANCE SERVICES	11.00	12.00	13.00		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00		Total (lines 50-199)	200,747	76,584,072	219,537		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150024

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

Worksheet D
Part V
Date/Time Prepared:
6/1/2015 10:57 am

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	0.318191	7,730,049	0	0	2,459,632	50.00
50.01 05001 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.105586	1,043,705	0	0	110,201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.216613	12,197,967	0	0	2,642,238	54.00
54.01 05401 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.01
54.02 05402 CAT SCAN	0.000000	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.260272	1,035,257	0	0	269,448	56.00
57.00 05700 CT SCAN	0.053814	6,481,169	0	0	348,778	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.134508	8,866,267	0	0	1,192,584	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.274398	98,283	0	0	26,969	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.200968	417,332	0	0	83,870	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.766352	185,418	0	0	142,095	65.01
66.00 06600 PHYSICAL THERAPY	0.314548	1,933	0	0	608	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.339734	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.395908	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.437821	1,872,569	0	0	819,850	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171	3,283,813	0	0	388,051	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.318083	1,640,932	0	0	521,953	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.940968	4,948,773	3,077	48,493	4,656,637	73.00
73.01 07301 RETAIL PHARMACIES	1.019858	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.442664	59,329	0	0	26,263	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	1.061610	1,586,227	0	293	1,683,954	90.01
90.02 09002 OB/GYN CLINIC	0.544146	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0.298448	1,561,158	0	0	465,924	90.07
90.08 09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10 09010 SURGERY CLINIC	0.467682	2,771,295	0	0	1,296,085	90.10
90.11 09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0.253215	3,593,588	0	0	909,950	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0.430802	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17 09017 CHC CLINIC	1.134036	1,508,355	0	144	1,710,529	90.17
90.18 09018 PSYCH CLINIC	0.659598	2,439,062	0	0	1,608,800	90.18
90.19 09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0.294719	0	0	0	0	90.22
90.23 09023 CLINIC	0.000000	0	0	0	0	90.23
90.24 09024 PLASTIC CLINIC	3.239331	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	26.604643	0	0	0	0	90.25
90.26 09026 UROLOGY CLINIC	0.000000	0	0	0	0	90.26
91.00 09100 EMERGENCY	0.229463	12,680,324	0	269	2,909,665	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.868678	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.855433	581,267	0	0	497,235	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	93.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 10:57 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.213848		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		76,584,072	3,077	49,199	24,771,319	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		76,584,072	3,077	49,199	24,771,319	202.00

		Title XVII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	AMBULATORY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	CAT SCAN	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
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	2,895	45,630	73.00
73.01	07301	RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	311	90.01
90.02	09002	OB/GYN CLINIC	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SURGERY CLINIC	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	163	90.17
90.18	09018	PSYCH CLINIC	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	90.22
90.23	09023	CLINIC	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	90.26
91.00	09100	EMERGENCY	0	62	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 10:57 am
	Title XVIII	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		
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	2,895	46,166	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,895	46,166	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/1/2015 10:57 am	
		Title XVII		Subprovider - IPF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	27,136,884	88,377,274	0.307057	8,759	2,690	50.00
50.01 05001	AMBULATORY SURGERY	0	0	0.000000	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00 05300	ANESTHESIOLOGY	2,022,029	23,848,587	0.084786	437	37	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,581,304	94,004,379	0.155113	30,702	4,762	54.00
54.01 05401	NUCLEAR MEDICINE	0	0	0.000000	0	0	54.01
54.02 05402	CAT SCAN	0	0	0.000000	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00 05600	RADIOISOTOPE	747,107	4,095,265	0.182432	2,984	544	56.00
57.00 05700	CT SCAN	1,611,306	59,897,477	0.026901	42,415	1,141	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 06000	LABORATORY	13,829,811	163,445,859	0.084614	341,513	28,897	60.00
60.01 06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,532,625	9,944,260	0.254682	1,443	368	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,353,888	35,025,636	0.095755	7,754	742	65.00
65.01 03560	PULMONARY FUNCTION TESTING	355,029	818,119	0.433958	0	0	65.01
66.00 06600	PHYSICAL THERAPY	1,969,958	14,189,057	0.138836	14,759	2,049	66.00
67.00 06700	OCCUPATIONAL THERAPY	986,722	7,197,598	0.137090	3,120	428	67.00
68.00 06800	SPEECH PATHOLOGY	311,016	1,871,096	0.166221	2,532	421	68.00
69.00 06900	ELECTROCARDIOLOGY	3,609,829	14,410,176	0.250506	1,964	492	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,867,183	51,167,504	0.036492	7,585	277	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,601,685	30,692,894	0.084765	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	32,743,081	45,171,570	0.724860	453,497	328,722	73.00
73.01 07301	RETAIL PHARMACIES	24,312,039	29,077,210	0.836120	0	0	73.01
74.00 07400	RENAL DIALYSIS	1,708,784	4,134,421	0.413307	5,178	2,140	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000	CLINIC	0	0	0.000000	0	0	90.00
90.01 09001	MEDICINE CLINIC	5,727,225	6,046,779	0.947153	983	931	90.01
90.02 09002	OB/GYN CLINIC	1,596,227	4,674,297	0.341490	0	0	90.02
90.03 09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04 09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05 09005	DENTISTRY CLINIC	80	0	0.000000	0	0	90.05
90.06 09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07 09007	OPHTHALMOLOGY CLINIC	1,313,333	6,118,703	0.214642	889	191	90.07
90.08 09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09 09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10 09010	SURGERY CLINIC	3,869,059	12,435,727	0.311124	4,012	1,248	90.10
90.11 09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12 09012	ENDOSCOPY CLINIC	3,606,841	22,187,777	0.162560	5,094	828	90.12
90.13 09013	OCCUPATIONAL THERAPY CLINIC	982,164	2,417,449	0.406281	0	0	90.13
90.14 09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15 09015	SENIOR CARE CLINIC	651,940	0	0.000000	0	0	90.15
90.16 09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17 09017	CHC CLINIC	13,180,668	13,248,926	0.994848	1,109	1,103	90.17
90.18 09018	PSYCH CLINIC	22,939,522	46,065,611	0.497975	0	0	90.18
90.19 09019	ORAL SURGERY CLINIC	-412,811	0	0.000000	0	0	90.19
90.20 09020	DIETARY CLINIC	146,092	0	0.000000	0	0	90.20
90.21 09021	CENTER OF EXCELLENCE	-7,586	0	0.000000	0	0	90.21
90.22 09022	OP BURN CLINIC	355,268	2,140,067	0.166008	0	0	90.22
90.23 09023	CLINIC	0	0	0.000000	0	0	90.23
90.24 09024	PLASTIC CLINIC	166,613	94,526	1.762616	0	0	90.24
90.25 09025	WOUND/OSTOMY CENTER	374,538	19,084	19.625760	0	0	90.25
90.26 09026	UROLOGY CLINIC	0	0	0.000000	0	0	90.26
91.00 09100	EMERGENCY	15,319,514	134,883,307	0.113576	294,934	33,497	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,051,070	0.000000	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,881,688	3,795,283	0.495796	71,636	35,517	92.01
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/1/2015 10:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	207,970,655	936,546,988		1,303,299	447,025 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Title XVII		Total Cost (sum of col 1 through col. 4)	
			Allied Health	Subprovider - IPF		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 05402 CAT SCAN	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	794,044	0	794,044	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SURGERY CLINIC	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	90.17
90.18 09018 PSYCH CLINIC	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTIC CLINIC	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	0	0	0	0	0	90.25
90.26 09026 UROLOGY CLINIC	0	0	0	0	0	90.26
91.00 09100 EMERGENCY	0	0	1,409,972	0	1,409,972	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	2,204,016	0	2,204,016	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
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	Title XVIIII	Subprovider - IPF	PPS
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	88,377,274	0.000000	0.000000	8,759	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0.000000	0.000000	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	23,848,587	0.000000	0.000000	437	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	94,004,379	0.000000	0.000000	30,702	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0.000000	0.000000	0	54.01
54.02 05402 CAT SCAN	0	0	0.000000	0.000000	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	4,095,265	0.000000	0.000000	2,984	56.00
57.00 05700 CT SCAN	0	59,897,477	0.000000	0.000000	42,415	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	163,445,859	0.000000	0.000000	341,513	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	9,944,260	0.000000	0.000000	1,443	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	35,025,636	0.000000	0.000000	7,754	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	818,119	0.000000	0.000000	0	65.01
66.00 06600 PHYSICAL THERAPY	0	14,189,057	0.000000	0.000000	14,759	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,197,598	0.000000	0.000000	3,120	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,871,096	0.000000	0.000000	2,532	68.00
69.00 06900 ELECTROCARDIOLOGY	0	14,410,176	0.000000	0.000000	1,964	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,167,504	0.000000	0.000000	7,585	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,692,894	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	794,044	45,171,570	0.017578	0.017578	453,497	73.00
73.01 07301 RETAIL PHARMACIES	0	29,077,210	0.000000	0.000000	0	73.01
74.00 07400 RENAL DIALYSIS	0	4,134,421	0.000000	0.000000	5,178	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 MEDICINE CLINIC	0	6,046,779	0.000000	0.000000	983	90.01
90.02 09002 OB/GYN CLINIC	0	4,674,297	0.000000	0.000000	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	6,118,703	0.000000	0.000000	889	90.07
90.08 09008 ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10 09010 SURGERY CLINIC	0	12,435,727	0.000000	0.000000	4,012	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	22,187,777	0.000000	0.000000	5,094	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	2,417,449	0.000000	0.000000	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17 09017 CHC CLINIC	0	13,248,926	0.000000	0.000000	1,109	90.17
90.18 09018 PSYCH CLINIC	0	46,065,611	0.000000	0.000000	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0	90.21
90.22 09022 OP BURN CLINIC	0	2,140,067	0.000000	0.000000	0	90.22
90.23 09023 CLINIC	0	0	0.000000	0.000000	0	90.23
90.24 09024 PLASTIC CLINIC	0	94,526	0.000000	0.000000	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	0	19,084	0.000000	0.000000	0	90.25
90.26 09026 UROLOGY CLINIC	0	0	0.000000	0.000000	0	90.26
91.00 09100 EMERGENCY	1,409,972	134,883,307	0.010453	0.010453	294,934	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,051,070	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	3,795,283	0.000000	0.000000	71,636	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES						95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	2,204,016	936,546,988			1,303,299	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
	Component CCN: 15S024	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02 05402 CAT SCAN	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
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	7,972	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09
90.10 09010 SURGERY CLINIC	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	90.17
90.18 09018 PSYCH CLINIC	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	90.22
90.23 09023 CLINIC	0	0	0	90.23
90.24 09024 PLASTIC CLINIC	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	0	0	0	90.25
90.26 09026 UROLOGY CLINIC	0	0	0	90.26
91.00 09100 EMERGENCY	3,083	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	11,055	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150024

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

Worksheet D
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		Title XIX			Hospital		PPS
		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	33,113,957	0	33,113,957	43,196	766.60	30.00
31.00	INTENSIVE CARE UNIT	15,730,702		15,730,702	16,634	945.70	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	6,428,049		6,428,049	3,579	1,796.05	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	4,664,770		4,664,770	5,473	852.32	35.00
40.00	SUBPROVIDER - IPF	4,152,347	0	4,152,347	7,230	574.32	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	1,976,219		1,976,219	3,761	525.45	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	66,066,044		66,066,044	79,873		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	17,232	13,210,051				
31.00	INTENSIVE CARE UNIT	533	504,058				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	1,198	2,151,668				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	4,542	3,871,237				
40.00	SUBPROVIDER - IPF	1,872	1,075,127				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	3,024	1,588,961				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	28,401	22,401,102				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 6/1/2015 10:57 am	
Title XIX				Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,136,884	88,377,274	0.307057	18,540,475	5,692,983	50.00
50.01	05001 AMBULATORY SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2,022,029	23,848,587	0.084786	2,984,287	253,026	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,581,304	94,004,379	0.155113	10,121,972	1,570,049	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0.000000	0	0	54.01
54.02	05402 CAT SCAN	0	0	0.000000	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	747,107	4,095,265	0.182432	157,486	28,730	56.00
57.00	05700 CT SCAN	1,611,306	59,897,477	0.026901	4,996,805	134,419	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	13,829,811	163,445,859	0.084614	17,300,433	1,463,859	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,532,625	9,944,260	0.254682	2,965,395	755,233	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,353,888	35,025,636	0.095755	12,767,433	1,222,546	65.00
65.01	03560 PULMONARY FUNCTION TESTING	355,029	818,119	0.433958	38,381	16,656	65.01
66.00	06600 PHYSICAL THERAPY	1,969,958	14,189,057	0.138836	1,467,258	203,708	66.00
67.00	06700 OCCUPATIONAL THERAPY	986,722	7,197,598	0.137090	1,241,787	170,237	67.00
68.00	06800 SPEECH PATHOLOGY	311,016	1,871,096	0.166221	436,426	72,543	68.00
69.00	06900 ELECTROCARDIOLOGY	3,609,829	14,410,176	0.250506	1,157,319	289,915	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,867,183	51,167,504	0.036492	1,248,131	45,547	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,601,685	30,692,894	0.084765	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	32,743,081	45,171,570	0.724860	8,180,874	5,929,988	73.00
73.01	07301 RETAIL PHARMACIES	24,312,039	29,077,210	0.836120	0	0	73.01
74.00	07400 RENAL DIALYSIS	1,708,784	4,134,421	0.413307	2,070,252	855,650	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 MEDICINE CLINIC	5,727,225	6,046,779	0.947153	12,502	11,841	90.01
90.02	09002 OB/GYN CLINIC	1,596,227	4,674,297	0.341490	19,895	6,794	90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 DENTISTRY CLINIC	80	0	0.000000	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,313,333	6,118,703	0.214642	14,591	3,132	90.07
90.08	09008 ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010 SURGERY CLINIC	3,869,059	12,435,727	0.311124	406,258	126,397	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	3,606,841	22,187,777	0.162560	994,740	161,705	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	982,164	2,417,449	0.406281	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	651,940	0	0.000000	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017 CHC CLINIC	13,180,668	13,248,926	0.994848	7,236	7,199	90.17
90.18	09018 PSYCH CLINIC	22,939,522	46,065,611	0.497975	791	394	90.18
90.19	09019 ORAL SURGERY CLINIC	-412,811	0	0.000000	0	0	90.19
90.20	09020 DIETARY CLINIC	146,092	0	0.000000	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	-7,586	0	0.000000	0	0	90.21
90.22	09022 OP BURN CLINIC	355,268	2,140,067	0.166008	10,566	1,754	90.22
90.23	09023 CLINIC	0	0	0.000000	0	0	90.23
90.24	09024 PLASTIC CLINIC	166,613	94,526	1.762616	1,104	1,946	90.24
90.25	09025 WOUND/OSTOMY CENTER	374,538	19,084	19.625760	4,195	82,330	90.25
90.26	09026 UROLOGY CLINIC	0	0	0.000000	0	0	90.26
91.00	09100 EMERGENCY	15,319,514	134,883,307	0.113576	10,135,954	1,151,201	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,706,096	5,051,070	0.535747	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,881,688	3,795,283	0.495796	65,639	32,544	92.01
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/1/2015 10:57 am	
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	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	210,676,751	936,546,988		97,348,185	20,292,326	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description	Title XIX			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
200.00 Total (lines 30-199)	0	0	0	0	0

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	43,196	0.00	17,232	0	30.00
31.00 03100 INTENSIVE CARE UNIT	16,634	0.00	533	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	3,579	0.00	1,198	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	5,473	0.00	4,542	0	35.00
40.00 04000 SUBPROVIDER - IPF	7,230	0.00	1,872	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	3,761	0.00	3,024	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	79,873		28,401	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
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			Title XIX			Hospital	PPS
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	CAT SCAN	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
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	794,044	0	794,044
73.01	07301	RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	90.09
90.10	09010	SURGERY CLINIC	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	90.17
90.18	09018	PSYCH CLINIC	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	90.22
90.23	09023	CLINIC	0	0	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	0	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	0	0	90.26
91.00	09100	EMERGENCY	0	0	1,409,972	0	1,409,972
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D
Part IV
Date/Time Prepared:
6/1/2015 10:57 am

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			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	2,204,016	0	2,204,016	200.00		

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		PPS	
					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	88,377,274	0.000000	0.000000	18,540,475	50.00
50.01	05001	AMBULATORY SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,848,587	0.000000	0.000000	2,984,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,004,379	0.000000	0.000000	10,121,972	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0.000000	0.000000	0	54.01
54.02	05402	CAT SCAN	0	0	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	4,095,265	0.000000	0.000000	157,486	56.00
57.00	05700	CT SCAN	0	59,897,477	0.000000	0.000000	4,996,805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	163,445,859	0.000000	0.000000	17,300,433	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,944,260	0.000000	0.000000	2,965,395	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	35,025,636	0.000000	0.000000	12,767,433	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	818,119	0.000000	0.000000	38,381	65.01
66.00	06600	PHYSICAL THERAPY	0	14,189,057	0.000000	0.000000	1,467,258	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,197,598	0.000000	0.000000	1,241,787	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,871,096	0.000000	0.000000	436,426	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,410,176	0.000000	0.000000	1,157,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,167,504	0.000000	0.000000	1,248,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,692,894	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	794,044	45,171,570	0.017578	0.017578	8,180,874	73.00
73.01	07301	RETAIL PHARMACIES	0	29,077,210	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	4,134,421	0.000000	0.000000	2,070,252	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0	6,046,779	0.000000	0.000000	12,502	90.01
90.02	09002	OB/GYN CLINIC	0	4,674,297	0.000000	0.000000	19,895	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	6,118,703	0.000000	0.000000	14,591	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10	09010	SURGERY CLINIC	0	12,435,727	0.000000	0.000000	406,258	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	22,187,777	0.000000	0.000000	994,740	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	2,417,449	0.000000	0.000000	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	09017	CHC CLINIC	0	13,248,926	0.000000	0.000000	7,236	90.17
90.18	09018	PSYCH CLINIC	0	46,065,611	0.000000	0.000000	791	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0	2,140,067	0.000000	0.000000	10,566	90.22
90.23	09023	CLINIC	0	0	0.000000	0.000000	0	90.23
90.24	09024	PLASTIC CLINIC	0	94,526	0.000000	0.000000	1,104	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	19,084	0.000000	0.000000	4,195	90.25
90.26	09026	UROLOGY CLINIC	0	0	0.000000	0.000000	0	90.26
91.00	09100	EMERGENCY	1,409,972	134,883,307	0.010453	0.010453	10,135,954	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,051,070	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,795,283	0.000000	0.000000	65,639	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D
Part IV
Date/Time Prepared:
6/1/2015 10:57 am

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		
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	0	98.00
200.00		Total (lines 50-199)	2,204,016	936,546,988				97,348,185	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	6,634,830	0		50.00
50.01	05001 AMBULATORY SURGERY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,213,524	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,297,510	0		54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0		54.01
54.02	05402 CAT SCAN	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	509,298	0		56.00
57.00	05700 CT SCAN	0	4,869,689	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	12,033,896	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	353,272	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	335,648	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	106,314	0		65.01
66.00	06600 PHYSICAL THERAPY	0	1,070,847	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	534,584	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	109,913	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,116,298	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	61,950	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	143,803	3,480,360	61,178		73.00
73.01	07301 RETAIL PHARMACIES	0	4,160	0		73.01
74.00	07400 RENAL DIALYSIS	0	46,584	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 MEDICINE CLINIC	0	1,480,745	0		90.01
90.02	09002 OB/GYN CLINIC	0	453,301	0		90.02
90.03	09003 ORTHO CLINIC	0	0	0		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	370,483	0		90.07
90.08	09008 ENT CLINIC	0	0	0		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0		90.09
90.10	09010 SURGERY CLINIC	0	1,304,193	0		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0		90.11
90.12	09012 ENDOSCOPY CLINIC	0	2,469,084	0		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0	0		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0		90.16
90.17	09017 CHC CLINIC	0	1,356,627	0		90.17
90.18	09018 PSYCH CLINIC	0	3,304,698	0		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0		90.19
90.20	09020 DIETARY CLINIC	0	0	0		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0		90.21
90.22	09022 OP BURN CLINIC	0	415,441	0		90.22
90.23	09023 CLINIC	0	0	0		90.23
90.24	09024 PLASTIC CLINIC	0	8,615	0		90.24
90.25	09025 WOUND/OSTOMY CENTER	0	416	0		90.25
90.26	09026 UROLOGY CLINIC	0	0	0		90.26
91.00	09100 EMERGENCY	105,951	10,808,483	112,981		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	414,242	0		92.01
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150024

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

Worksheet D
Part IV
Date/Time Prepared:
6/1/2015 10:57 am

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)		
95.00	09500	AMBULANCE SERVICES	11.00	12.00	13.00		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00		Total (lines 50-199)	249,754	64,165,005	174,159		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 10:57 am	
Title XIX			Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.336668	6,634,830	0	0	2,233,735	50.00
50.01 05001 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.136399	1,213,524	0	0	165,523	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.224430	9,297,510	0	0	2,086,640	54.00
54.01 05401 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.01
54.02 05402 CAT SCAN	0.000000	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.260272	509,298	0	0	132,556	56.00
57.00 05700 CT SCAN	0.053814	4,869,689	0	0	262,057	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.135007	12,033,896	0	0	1,624,660	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.274398	353,272	0	0	96,937	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.200968	335,648	0	0	67,455	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.766352	106,314	0	0	81,474	65.01
66.00 06600 PHYSICAL THERAPY	0.314548	1,070,847	0	0	336,833	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.339734	534,584	0	0	181,616	67.00
68.00 06800 SPEECH PATHOLOGY	0.395908	109,913	0	0	43,515	68.00
69.00 06900 ELECTROCARDIOLOGY	0.449153	1,116,298	0	0	501,389	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171	61,950	0	0	7,321	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.318083	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.940968	3,480,360	0	0	3,274,907	73.00
73.01 07301 RETAIL PHARMACIES	1.019858	4,160	0	0	4,243	73.01
74.00 07400 RENAL DIALYSIS	0.442664	46,584	0	0	20,621	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	1.237146	1,480,745	0	0	1,831,898	90.01
90.02 09002 OB/GYN CLINIC	0.596549	453,301	0	0	270,416	90.02
90.03 09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0.298448	370,483	0	0	110,570	90.07
90.08 09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10 09010 SURGERY CLINIC	0.487379	1,304,193	0	0	635,636	90.10
90.11 09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0.253215	2,469,084	0	0	625,209	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0.430802	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17 09017 CHC CLINIC	1.177174	1,356,627	0	0	1,596,986	90.17
90.18 09018 PSYCH CLINIC	0.664915	3,304,698	0	0	2,197,343	90.18
90.19 09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0.294719	415,441	0	0	122,438	90.22
90.23 09023 CLINIC	0.000000	0	0	0	0	90.23
90.24 09024 PLASTIC CLINIC	3.239331	8,615	0	0	27,907	90.24
90.25 09025 WOUND/OSTOMY CENTER	26.604643	416	0	0	11,068	90.25
90.26 09026 UROLOGY CLINIC	0.000000	0	0	0	0	90.26
91.00 09100 EMERGENCY	0.241570	10,808,483	0	0	2,611,005	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.868678	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.855433	414,242	0	0	354,356	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	93.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150024

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

Worksheet D
Part V
Date/Time Prepared:
6/1/2015 10:57 am

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
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.213848	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Subtotal (see instructions)		64,165,005	0	21,516,314
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00		Net Charges (line 200 +/- line 201)		64,165,005	0	21,516,314

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 10:57 am	
		Title XIX	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	AMBULATORY SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	CAT SCAN	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SURGERY CLINIC	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	0	90.17
90.18	09018	PSYCH CLINIC	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	90.22
90.23	09023	CLINIC	0	0	90.23
90.24	09024	PLASTIC CLINIC	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	0	0	90.25
90.26	09026	UROLOGY CLINIC	0	0	90.26
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 6/1/2015 10:57 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 6/1/2015 10:57 am		
				Title XIX		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	207,970,655	936,546,988		1,062,708	253,739	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
	Component CCN: 15S024	Title XIX Subprovider - IPF PPS	

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 05402 CAT SCAN	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	794,044	0	794,044	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SURGERY CLINIC	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	90.17
90.18 09018 PSYCH CLINIC	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTIC CLINIC	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	0	0	0	0	0	90.25
90.26 09026 UROLOGY CLINIC	0	0	0	0	0	90.26
91.00 09100 EMERGENCY	0	0	1,409,972	0	1,409,972	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	2,204,016	0	2,204,016	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
	Component CCN: 15S024	Title XIX	Subprovider - IPF PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	88,377,274	0.000000	0.000000	17,419	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0.000000	0.000000	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	23,848,587	0.000000	0.000000	6,088	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	94,004,379	0.000000	0.000000	9,963	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0.000000	0.000000	0	54.01
54.02 05402 CAT SCAN	0	0	0.000000	0.000000	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	4,095,265	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	59,897,477	0.000000	0.000000	18,201	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	163,445,859	0.000000	0.000000	204,057	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	9,944,260	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	35,025,636	0.000000	0.000000	14,565	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	818,119	0.000000	0.000000	0	65.01
66.00 06600 PHYSICAL THERAPY	0	14,189,057	0.000000	0.000000	10,114	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,197,598	0.000000	0.000000	941	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,871,096	0.000000	0.000000	616	68.00
69.00 06900 ELECTROCARDIOLOGY	0	14,410,176	0.000000	0.000000	3,072	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,167,504	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,692,894	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	794,044	45,171,570	0.017578	0.017578	218,976	73.00
73.01 07301 RETAIL PHARMACIES	0	29,077,210	0.000000	0.000000	0	73.01
74.00 07400 RENAL DIALYSIS	0	4,134,421	0.000000	0.000000	2,852	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 MEDICINE CLINIC	0	6,046,779	0.000000	0.000000	0	90.01
90.02 09002 OB/GYN CLINIC	0	4,674,297	0.000000	0.000000	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0.000000	0.000000	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0.000000	0.000000	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	6,118,703	0.000000	0.000000	214	90.07
90.08 09008 ENT CLINIC	0	0	0.000000	0.000000	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0.000000	0.000000	0	90.09
90.10 09010 SURGERY CLINIC	0	12,435,727	0.000000	0.000000	2,309	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0.000000	0.000000	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	22,187,777	0.000000	0.000000	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	2,417,449	0.000000	0.000000	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0.000000	0.000000	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0.000000	0.000000	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0.000000	0.000000	0	90.16
90.17 09017 CHC CLINIC	0	13,248,926	0.000000	0.000000	0	90.17
90.18 09018 PSYCH CLINIC	0	46,065,611	0.000000	0.000000	791	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0.000000	0.000000	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0.000000	0.000000	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0.000000	0.000000	0	90.21
90.22 09022 OP BURN CLINIC	0	2,140,067	0.000000	0.000000	0	90.22
90.23 09023 CLINIC	0	0	0.000000	0.000000	0	90.23
90.24 09024 PLASTIC CLINIC	0	94,526	0.000000	0.000000	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	0	19,084	0.000000	0.000000	0	90.25
90.26 09026 UROLOGY CLINIC	0	0	0.000000	0.000000	0	90.26
91.00 09100 EMERGENCY	1,409,972	134,883,307	0.010453	0.010453	550,034	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,051,070	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	3,795,283	0.000000	0.000000	2,496	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES						95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	2,204,016	936,546,988			1,062,708	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
	Component CCN: 15S024	Title XIX	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 AMBULATORY SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02 05402 CAT SCAN	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
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	3,849	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09
90.10 09010 SURGERY CLINIC	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	90.17
90.18 09018 PSYCH CLINIC	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	90.22
90.23 09023 CLINIC	0	0	0	90.23
90.24 09024 PLASTIC CLINIC	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CENTER	0	0	0	90.25
90.26 09026 UROLOGY CLINIC	0	0	0	90.26
91.00 09100 EMERGENCY	5,750	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 6/1/2015 10:57 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	9,599	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 6/1/2015 10:57 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,196	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,196	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)		39,666	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,394	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)		53,692,115	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)		53,692,115	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)		53,692,115	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)		1,242.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,676,648	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)		11,676,648	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 10:57 am	
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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	27,055,047	16,634	1,626.49	4,734	7,699,804	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	9,447,833	3,579	2,639.80	502	1,325,180	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	8,237,023	5,473	1,505.03	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,337,672	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,039,304	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)					12,580,001	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,858,584	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					27,438,585	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,600,719	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,530	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,242.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,387,755	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	33,113,957	53,692,115	0.616738	4,387,755	2,706,095	90.00
91.00	Nursing School cost	0	53,692,115	0.000000	4,387,755	0	91.00
92.00	Allied health cost	0	53,692,115	0.000000	4,387,755	0	92.00
93.00	All other Medical Education	0	53,692,115	0.000000	4,387,755	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15S024		Date/Time Prepared: 6/1/2015 10:57 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,230	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,230	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,230	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,551	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,879,607	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,879,607	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,879,607	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)		951.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,427,379	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)		2,427,379	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S024				Date/Time Prepared: 6/1/2015 10:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					634,161		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,061,540		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)					1,465,090		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					458,080		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,923,170		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,138,370		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 10:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,152,347	6,879,607	0.603573	0	0	90.00
91.00	Nursing School cost	0	6,879,607	0.000000	0	0	91.00
92.00	Allied health cost	0	6,879,607	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,879,607	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 6/1/2015 10:57 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,196	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,196	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)		39,666	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)		17,232	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)		3,761	15.00
16.00	Nursery days (title V or XIX only)		3,024	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)		58,019,469	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)		58,019,469	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)		58,019,469	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)		1,343.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,145,505	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)		23,145,505	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description			Title XIX	Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	
42.00	5,229,156	3,761	1,390.36	3,024	4,204,449	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	27,626,584	16,634	1,660.85	533	885,233	43.00
44.00	0	0	0.00	0	0	44.00
45.00	9,611,129	3,579	2,685.42	1,198	3,217,133	45.00
46.00	0	0	0.00	0	0	46.00
47.00	8,318,671	5,473	1,519.95	4,542	6,903,613	47.00
Cost Center Description						
48.00					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				28,480,331	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				66,836,264	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)				21,325,975	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				20,542,080	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				41,868,055	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				24,968,209	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				3,530	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,343.17	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				4,741,390	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	33,113,957	58,019,469	0.570739	4,741,390	2,706,096	90.00
91.00	Nursing School cost	0	58,019,469	0.000000	4,741,390	0	91.00
92.00	Allied health cost	0	58,019,469	0.000000	4,741,390	0	92.00
93.00	All other Medical Education	0	58,019,469	0.000000	4,741,390	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15S024		Date/Time Prepared: 6/1/2015 10:57 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,230	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,230	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,230	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)		1,872	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)		3,761	15.00
16.00	Nursery days (title V or XIX only)		3,024	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,961,255	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,961,255	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,961,255	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)		962.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,802,418	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)		1,802,418	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S024				Date/Time Prepared: 6/1/2015 10:57 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				392,453		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,194,871		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)				1,075,127		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				263,338		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,338,465		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				856,406		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150024 Component CCN: 15S024		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 6/1/2015 10:57 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,152,347	6,961,255	0.596494	0	0	90.00
91.00	Nursing School cost	0	6,961,255	0.000000	0	0	91.00
92.00	Allied health cost	0	6,961,255	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,961,255	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		11,933,487		30.00
31.00	03100 INTENSIVE CARE UNIT		18,079,007		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		4,317,053		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.318191	9,026,102	2,872,024	50.00
50.01	05001 AMBULATORY SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.105586	1,507,185	159,138	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.216613	8,373,158	1,813,735	54.00
54.01	05401 NUCLEAR MEDICINE	0.000000	0	0	54.01
54.02	05402 CAT SCAN	0.000000	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.260272	227,763	59,280	56.00
57.00	05700 CT SCAN	0.053814	5,374,040	289,199	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.134508	15,337,979	2,063,081	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.274398	1,164,694	319,590	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.200968	9,296,260	1,868,251	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.766352	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.314548	1,425,147	448,277	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.339734	960,769	326,406	67.00
68.00	06800 SPEECH PATHOLOGY	0.395908	385,460	152,607	68.00
69.00	06900 ELECTROCARDIOLOGY	0.437821	1,767,134	773,688	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171	6,961,686	822,669	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.318083	4,527,458	1,440,107	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.940968	6,298,035	5,926,249	73.00
73.01	07301 RETAIL PHARMACIES	1.019858	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.442664	1,027,490	454,833	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 MEDICINE CLINIC	1.061610	12,186	12,937	90.01
90.02	09002 OB/GYN CLINIC	0.544146	0	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.298448	7,135	2,129	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	90.09
90.10	09010 SURGERY CLINIC	0.467682	542,883	253,897	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.253215	791,405	200,396	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.430802	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	90.16
90.17	09017 CHC CLINIC	1.134036	8,898	10,091	90.17
90.18	09018 PSYCH CLINIC	0.659598	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	90.21
90.22	09022 OP BURN CLINIC	0.294719	0	0	90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 6/1/2015 10:57 am
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
90.23	09023	CLINIC	0.000000	0	0
90.24	09024	PLASTIC CLINIC	3.239331	0	0
90.25	09025	WOUND/OSTOMY CENTER	26.604643	0	0
90.26	09026	UROLOGY CLINIC	0.000000	0	0
91.00	09100	EMERGENCY	0.234755	8,613,771	2,022,126
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.868678	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.855433	54,898	46,962
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0
200.00		Total (sum of lines 50-94 and 96-98)		83,691,536	22,337,672
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		83,691,536	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3
			Component CCN: 15S024		Date/Time Prepared: 6/1/2015 10:57 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		205,636	30.00
31.00	03100	INTENSIVE CARE UNIT		46,713	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		3,195,024	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.318191	8,759	50.00
50.01	05001	AMBULATORY SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.105586	437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.216613	30,702	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	54.01
54.02	05402	CAT SCAN	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.260272	2,984	56.00
57.00	05700	CT SCAN	0.053814	42,415	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.134508	341,513	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.274398	1,443	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200968	7,754	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.766352	0	65.01
66.00	06600	PHYSICAL THERAPY	0.314548	14,759	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339734	3,120	67.00
68.00	06800	SPEECH PATHOLOGY	0.395908	2,532	68.00
69.00	06900	ELECTROCARDIOLOGY	0.437821	1,964	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171	7,585	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.318083	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.940968	453,497	73.00
73.01	07301	RETAIL PHARMACIES	1.019858	0	73.01
74.00	07400	RENAL DIALYSIS	0.442664	5,178	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	1.061610	983	90.01
90.02	09002	OB/GYN CLINIC	0.544146	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.298448	889	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SURGERY CLINIC	0.467682	4,012	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.253215	5,094	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.430802	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	1.134036	1,109	90.17
90.18	09018	PSYCH CLINIC	0.659598	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3		
		Component CCN: 15S024		Date/Time Prepared: 6/1/2015 10:57 am		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
		1.00	2.00	3.00		
90.22	09022	OP BURN CLINIC	0.294719	0	0	90.22
90.23	09023	CLINIC	0.000000	0	0	90.23
90.24	09024	PLASTIC CLINIC	3.239331	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	26.604643	0	0	90.25
90.26	09026	UROLOGY CLINIC	0.000000	0	0	90.26
91.00	09100	EMERGENCY	0.234755	294,934	69,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.868678	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.855433	71,636	61,280	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,303,299	634,161	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)		1,303,299		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Title XIX	Hospital	Date/Time Prepared: 6/1/2015 10:57 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,810,877	30.00
31.00	03100	INTENSIVE CARE UNIT		20,717,510	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		7,724,299	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		5,835,910	35.00
40.00	04000	SUBPROVIDER - I PF		1,723,080	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.336668	18,540,475	50.00
50.01	05001	AMBULATORY SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.136399	2,984,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224430	10,121,972	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	54.01
54.02	05402	CAT SCAN	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.260272	157,486	56.00
57.00	05700	CT SCAN	0.053814	4,996,805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.135007	17,300,433	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.274398	2,965,395	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200968	12,767,433	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.766352	38,381	65.01
66.00	06600	PHYSICAL THERAPY	0.314548	1,467,258	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339734	1,241,787	67.00
68.00	06800	SPEECH PATHOLOGY	0.395908	436,426	68.00
69.00	06900	ELECTROCARDIOLOGY	0.449153	1,157,319	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171	1,248,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.318083	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.940968	8,180,874	73.00
73.01	07301	RETAIL PHARMACIES	1.019858	0	73.01
74.00	07400	RENAL DIALYSIS	0.442664	2,070,252	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	1.237146	12,502	90.01
90.02	09002	OB/GYN CLINIC	0.596549	19,895	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.298448	14,591	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SURGERY CLINIC	0.487379	406,258	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.253215	994,740	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.438020	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	1.177174	7,236	90.17
90.18	09018	PSYCH CLINIC	0.664915	791	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.294719	10,566	90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 6/1/2015 10:57 am
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
90.23	09023	CLINIC	0.000000	0	0
90.24	09024	PLASTIC CLINIC	3.239331	1,104	3,576
90.25	09025	WOUND/OSTOMY CENTER	26.604643	4,195	111,606
90.26	09026	UROLOGY CLINIC	0.000000	0	0
91.00	09100	EMERGENCY	0.246861	10,135,954	2,502,172
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.868678	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.855433	65,639	56,150
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0
200.00		Total (sum of lines 50-94 and 96-98)		97,348,185	28,480,331
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0
202.00		Net Charges (line 200 minus line 201)		97,348,185	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S024		Date/Time Prepared: 6/1/2015 10:57 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,376	30.00
31.00	03100	INTENSIVE CARE UNIT		366	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		1,723,080	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.336668	17,419	50.00
50.01	05001	AMBULATORY SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.136399	6,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224430	9,963	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	54.01
54.02	05402	CAT SCAN	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.260272	0	56.00
57.00	05700	CT SCAN	0.053814	18,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.135007	204,057	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.274398	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.200968	14,565	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.766352	0	65.01
66.00	06600	PHYSICAL THERAPY	0.314548	10,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.339734	941	67.00
68.00	06800	SPEECH PATHOLOGY	0.395908	616	68.00
69.00	06900	ELECTROCARDIOLOGY	0.449153	3,072	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.118171	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.318083	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.940968	218,976	73.00
73.01	07301	RETAIL PHARMACIES	1.019858	0	73.01
74.00	07400	RENAL DIALYSIS	0.442664	2,852	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	1.237146	0	90.01
90.02	09002	OB/GYN CLINIC	0.596549	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.298448	214	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SURGERY CLINIC	0.487379	2,309	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.253215	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.430802	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	1.177174	0	90.17
90.18	09018	PSYCH CLINIC	0.664915	791	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	0.000000	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3		
		Component CCN: 15S024		Date/Time Prepared: 6/1/2015 10:57 am		
		Title XIX	Subprovider - IPF	PPS		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
		1.00	2.00	3.00		
90.22	09022	OP BURN CLINIC	0.294719	0	0	90.22
90.23	09023	CLINIC	0.000000	0	0	90.23
90.24	09024	PLASTIC CLINIC	3.239331	0	0	90.24
90.25	09025	WOUND/OSTOMY CENTER	26.604643	0	0	90.25
90.26	09026	UROLOGY CLINIC	0.000000	0	0	90.26
91.00	09100	EMERGENCY	0.246861	550,034	135,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.868678	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.855433	2,496	2,135	92.01
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,062,708	392,453	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,062,708		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/1/2015 10:57 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
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)		20,297,386	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,950,509	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,474,656	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		4,740,259	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		279.33	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)		149.07	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)		149.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		207.55	10.00
11.00	FTE count for residents in dental and podiatric programs.		9.12	11.00
12.00	Current year allowable FTE (see instructions)		158.19	12.00
13.00	Total allowable FTE count for the prior year.		160.33	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.		160.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.		159.72	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		159.72	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.571797	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.631637	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.571797	21.00
22.00	IME payment adjustment (see instructions)		8,679,698	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)		58.48	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)		8,679,698	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)		17.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		49.65	31.00
32.00	Sum of lines 30 and 31		67.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)		44.97	33.00
34.00	Disproportionate share adjustment (see instructions)		3,063,345	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/1/2015 10:57 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.001160425	0.001090158	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		10,497,648	8,337,141	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		7,851,663	2,101,418	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,953,081		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)		51,418,675		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)		51,418,675		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,365,972		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).		2,462,300		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		7,616		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)		200,747		58.00
59.00	Total (sum of amounts on lines 49 through 58)		57,455,310		59.00
60.00	Primary payer payments		16,014		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,439,296		61.00
62.00	Deductibles billed to program beneficiaries		2,536,688		62.00
63.00	Coinurance billed to program beneficiaries		139,992		63.00
64.00	Allowable bad debts (see instructions)		1,144,830		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		744,140		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		766,205		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,506,756		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)		15,294		70.93
70.94	HRR adjustment amount (see instructions)		-138,296		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 6/1/2015 10:57 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		163,531		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		55,220,223		71.00
71.01	Sequestration adjustment (see instructions)		1,104,404		71.01
72.00	Interim payments		53,940,973		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)		174,846		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)		4,908,828		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/1/2015 10:57 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,297,386	0	20,255,275	0	20,255,275	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,950,509	0	0	6,875,928	6,875,928	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,474,656	0	1,846,220	628,436	2,474,656	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,740,259	0	3,225,620	1,514,640	4,740,260	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.571797	0.571797	0.571797	0.571797		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,679,698	0	6,402,993	2,276,705	8,679,698	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,679,698	0	6,402,993	2,276,705	8,679,698	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4497	0.4497	0.4497	0.4497		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,063,345	0	2,290,319	773,026	3,063,345	11.00
11.01	Uncompensated care payments	36.00	9,953,081	0	7,560,325	2,092,614	9,652,939	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	51,418,675	0	38,771,966	12,646,709	51,418,675	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	51,418,675	0	38,771,966	12,646,709	51,418,675	15.00
16.00	Payment for inpatient program capital	50.00	3,365,972	0	2,503,506	862,466	3,365,972	16.00
17.00	Special add-on payments for new technologies	54.00	7,616	0	5,911	1,705	7,616	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/1/2015 10:57 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	41,281,383	13,510,880	54,792,263	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,169,024	0	1,619,039	549,985	2,169,024	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	267,304	0	190,547	76,757	267,304	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2820	0.2820	0.2820	0.2820		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	611,665	0	456,569	155,096	611,665	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1466	0.1466	0.1466	0.1466		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	317,979	0	237,351	80,628	317,979	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,365,972	0	2,503,506	862,466	3,365,972	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150024

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/1/2015 10:57 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,297,386	20,297,386		20,297,386	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,950,509		6,950,509	6,950,509	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	2,474,656	0	2,474,656	2,474,656	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	4,740,259	0	4,740,259	4,740,259	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.571797	0.571797	0.571797		
6.00	IME payment adjustment (see instructions)	22.00	8,679,698	5,507,513	3,172,185	8,679,698	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,679,698	5,507,513	3,172,185	8,679,698	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4497	0.4497	0.4497		
11.00	Disproportionate share adjustment (see instructions)	34.00	3,063,345	2,281,934	781,411	3,063,345	
11.01	Uncompensated care payments	36.00	9,953,081	7,795,401	2,157,680	9,953,081	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	51,418,675	35,882,234	15,536,441	51,418,675	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	51,418,675	35,882,234	15,536,441	51,418,675	
16.00	Payment for inpatient program capital	50.00	3,365,972	2,503,506	862,466	3,365,972	
17.00	Special add-on payments for new technologies	54.00	7,616	5,911	1,705	7,616	
17.01	Net organ acquisition cost	55.00	0	0	0	0	
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			38,391,651	16,400,612	54,792,263	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150024

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/1/2015 10:57 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,169,024	1,619,039	549,985	2,169,024	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	267,304	190,547	76,757	267,304	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2820	0.2820	0.2820		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	611,665	456,569	155,096	611,665	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1466	0.1466	0.1466		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	317,979	237,351	80,628	317,979	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,365,972	2,503,506	862,466	3,365,972	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	15,294	33,948	-18,654	15,294	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-138,296	-109,410	-28,886	-138,296	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	163,531	163,531	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 6/1/2015 10:57 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		49,061	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,551,782	2.00
3.00	PPS payments		17,331,459	3.00
4.00	Outlier payment (see instructions)		577,660	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		219,537	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		49,061	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		52,276	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)		52,276	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)		52,276	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,215	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)		49,061	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)		18,128,656	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)		4,055,115	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)		14,122,602	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,325,982	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		15,448,584	30.00
31.00	Primary payer payments		3,022	31.00
32.00	Subtotal (line 30 minus line 31)		15,445,562	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)		1,834,887	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,192,677	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,333,913	36.00
37.00	Subtotal (see instructions)		16,638,239	37.00
38.00	MSP-LCC reconciliation amount from PS&R		225	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)		16,638,014	40.00
40.01	Sequestration adjustment (see instructions)		332,760	40.01
41.00	Interim payments		16,032,719	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		272,535	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: 150024

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

Worksheet E-1
Part I
Date/Time Prepared:
6/1/2015 10:57 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		53,940,973		16,032,719	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		53,940,973		16,032,719	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		174,846		272,535	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		54,115,819		16,305,254	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150024
Component CCN: 15S024

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

Worksheet E-1
Part I
Date/Time Prepared:
6/1/2015 10:57 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,931,762		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,931,762		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		87,574		0	6.02
7.00	Total Medicare program liability (see instructions)		1,844,188		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150024

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

Worksheet E-1
Part II
Date/Time Prepared:
6/1/2015 10:57 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	16,044	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	14,630	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,788	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	65,352	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,267,664,452	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	409,992,676	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,470,921	8.00
9.00	Sequestration adjustment amount (see instructions)	29,418	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,441,503	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	1,441,503	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024 Component CCN: 15S024	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 6/1/2015 10:57 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,008,835 1.00
2.00	Net IPF PPS Outlier Payments			96,863 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			2.50 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			19.808219 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,105,698 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,105,698 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,105,698 18.00
19.00	Deductibles			145,856 19.00
20.00	Subtotal (line 18 minus line 19)			1,959,842 20.00
21.00	Coinsurance			89,072 21.00
22.00	Subtotal (line 20 minus line 21)			1,870,770 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,870,770 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			11,055 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,881,825 31.00
31.01	Sequestration adjustment (see instructions)			37,637 31.01
32.00	Interim payments			1,931,762 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			-87,574 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			96,863 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 6/1/2015 10:57 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		60,800,551		8.00
9.00	Ancillary service charges		97,348,185	64,165,005	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		158,148,736	64,165,005	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		158,148,736	64,165,005	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		158,148,736	64,165,005	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		249,754	174,159	26.00
27.00	Subtotal (sum of lines 22 through 26)		249,754	174,159	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		158,141,882	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		249,754	174,159	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		249,754	174,159	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		249,754	174,159	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		249,754	174,159	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		249,754	174,159	40.00
41.00	Interim payments		60,891,238	19,157,963	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-60,641,484	-18,983,804	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 6/1/2015 10:57 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			149.29	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			149.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			195.15	6.00
7.00	Enter the lesser of line 5 or line 6			149.29	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	78.47	110.53	189.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	60.03	84.56	144.59	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.21		10.00
11.00	Total weighted FTE count	60.03	86.77		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	61.18	93.37		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	62.52	92.16		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	61.24	90.77		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	61.24	90.77		17.00
18.00	Per resident amount	96,583.26	91,455.84		18.00
19.00	Approved amount for resident costs	5,914,759	8,301,447	14,216,206	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			45.86	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			14,216,206	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,181	2,788		26.00
27.00	Total Inpatient Days (see instructions)	73,459	73,459		27.00
28.00	Ratio of inpatient days to total inpatient days	0.233886	0.037953		28.00
29.00	Program direct GME amount	3,324,972	539,548		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		76,238		30.00
31.00	Net Program direct GME amount			3,788,282	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 6/1/2015 10:57 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,134,421	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		46,100,844	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		16,014	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,084,830	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		24,820,380	42.00
43.00	Primary payer payments (see instructions)		3,022	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,817,358	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		70,902,188	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.649978	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.350022	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,788,282	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,462,300	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,325,982	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150024 Period: From 01/01/2014 To 12/31/2014 Worksheet G
 Date/Time Prepared: 6/1/2015 10:57 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	66,081,839	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	54,015,395	0	0	0	4.00
5.00	Other receivable	16,318,633	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,278,176	0	0	0	7.00
8.00	Prepaid expenses	7,544,437	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	149,238,480	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,722,914	0	0	0	12.00
13.00	Land improvements	82,176,027	0	0	0	13.00
14.00	Accumulated depreciation	-11,215,129	0	0	0	14.00
15.00	Buildings	566,461,518	0	0	0	15.00
16.00	Accumulated depreciation	-150,967,339	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	302,545,352	0	0	0	19.00
20.00	Accumulated depreciation	-79,576,976	0	0	0	20.00
21.00	Automobiles and trucks	8,192,121	0	0	0	21.00
22.00	Accumulated depreciation	-7,468,644	0	0	0	22.00
23.00	Major movable equipment	214,688,002	0	0	0	23.00
24.00	Accumulated depreciation	-128,600,064	0	0	0	24.00
25.00	Minor equipment depreciable	89,879,169	0	0	0	25.00
26.00	Accumulated depreciation	-104,751,136	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)	791,085,815	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	59,610,972	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	59,610,972	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	999,935,267	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	74,693,680	0	0	0	37.00
38.00	Salaries, wages, and fees payable	39,038,440	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	21,977,257	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	135,709,377	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	135,709,377	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	864,225,890				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)	864,225,890	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	999,935,267	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150024

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

Worksheet G-1

Date/Time Prepared:
6/1/2015 10:57 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		840,998,714		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,249,967			2.00
3.00	Total (sum of line 1 and line 2)		870,248,681		0	3.00
4.00	RECONCILE BEG FUND BAL	1,133,720		0		4.00
5.00	MISC MINOR ADJ	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)		1,133,720		0	10.00
11.00	Subtotal (line 3 plus line 10)		871,382,401		0	11.00
12.00	ACCELERATED DEPR	7,156,510		0		12.00
13.00	TO BALANCE	1		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)		7,156,511		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		864,225,890		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	RECONCILE BEG FUND BAL		0			4.00
5.00	MISC MINOR ADJ		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	ACCELERATED DEPR		0			12.00
13.00	TO BALANCE		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: 150024

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/1/2015 10:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	71,473,246		71,473,246	1.00
2.00	SUBPROVIDER - IPF	9,037,680		9,037,680	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	80,510,926		80,510,926	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	63,196,127		63,196,127	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	28,239,901		28,239,901	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	11,505,696		11,505,696	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	102,941,724		102,941,724	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	183,452,650		183,452,650	17.00
18.00	Ancillary services	311,028,203	366,340,179	677,368,382	18.00
19.00	Outpatient services	46,894,909	212,283,697	259,178,606	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	147,664,814	147,664,814	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	541,375,762	726,288,690	1,267,664,452	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		573,657,421		29.00
30.00	UNMAPPED EXPENSES	16,352,102			30.00
31.00	MISC	-8,489,490			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)		7,862,612		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)		581,520,033		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150024

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

Worksheet G-3

Date/Time Prepared:
6/1/2015 10:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,267,664,452	1.00
2.00	Less contractual allowances and discounts on patients' accounts	947,347,047	2.00
3.00	Net patient revenues (line 1 minus line 2)	320,317,405	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	581,520,033	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-261,202,628	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	42,706,682	24.00
24.01	MENTAL HEALTH TAX	5,226,003	24.01
24.02	H&H SUPPORT	129,999,997	24.02
24.03	PRO FEES	33,790,043	24.03
24.04	NEGATIVE REVENUE ADJ	-1,550	24.04
24.05	CONTRIBUTED CAPITAL & CIP	15,024,676	24.05
24.06	NR CC / UNMAPPED	63,706,745	24.06
25.00	Total other income (sum of lines 6-24)	290,452,596	25.00
26.00	Total (line 5 plus line 25)	29,249,968	26.00
27.00	RECONCILE TO FS	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,249,967	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 6/1/2015 10:57 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150024	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 6/1/2015 10:57 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,169,024	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		267,304	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)		181.45	3.00
4.00	Number of interns & residents (see instructions)		159.72	4.00
5.00	Indirect medical education percentage (see instructions)		28.20	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		611,665	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		17.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		49.65	8.00
9.00	Sum of lines 7 and 8		67.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		14.66	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		317,979	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,365,972	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