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: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 9:45 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/27/2015 Time: 9:45 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH EAST (150109) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	215,206	143,450	94,319	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-4,135	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	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	211,071	143,450	94,319	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/27/2015 9:45 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1701 SOUTH CREASY LANCE	PO Box:			1.00
2.00	City: LAFAYETTE	State: IN	Zip Code: 47905-	County: TIPPECANOE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. ELIZABETH EAST	150109	29140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ST. ELIZABETH REHAB UNIT	15T109	29140	5	01/01/1995	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. ELIZABETH HHA	157124	29140		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. ELIZABETH HOSPICE	151563	29140		01/01/1984				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: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2014	12/31/2014	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	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	Y	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,184	1,477	8	37	4,920	175	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	93	59	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 9:45 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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/27/2015 9:45 am

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

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 9:45 am

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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N	N	0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/27/2015 9:45 am

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

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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:	575,934	187,001	0	118.01

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/27/2015 9:45 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	158014	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: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290		142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546-1290	143.00

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

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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 9:45 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)	01/01/2014	12/31/2014	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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II | Date/Time Prepared: 5/27/2015 9:45 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
			Y/N	Type	Date
			1.00	2.00	3.00
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	04/24/2015 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	Legal Oper.
				1.00	2.00
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			Y	Y 6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y	7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N	8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			N	9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			N	10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N	11.00
					Y/N
					1.00
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y 12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N 13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N 14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	03/16/2015	Y 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N 19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N 20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 9:45 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				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.				Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID	OSTHEIMER	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSEH - EAST		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5925	DAVID.OSTHEIMER@FRANCISCANALLIANCE.O	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 9:45 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)	03/16/2015			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 ACCOUNTING		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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/27/2015 9:45 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	138	50,370	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)		138	50,370	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	17	4,021	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0	12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		169	59,501	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		187				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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I | Date/Time Prepared: 5/27/2015 9:45 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,844	2,797	28,214			1.00
2.00	HMO and other (see instructions)	2,218	4,920				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,844	2,797	28,214			7.00
8.00	INTENSIVE CARE UNIT	1,852	369	3,479			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	0	1,715	2,756			12.00
13.00	NURSERY		0	1,236			13.00
14.00	Total (see instructions)	13,696	4,881	35,685	0.00	1,107.42	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	1,003	152	2,017	0.00	11.81	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	11,747	0	15,627	0.00	39.90	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	2.93	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,162.06	27.00
28.00	Observation Bed Days		0	0			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	2,535			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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I | Date/Time Prepared: 5/27/2015 9:45 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,394	1,430	8,582	1.00
2.00	HMO and other (see instructions)			518	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)	0.00	0	3,394	1,430	8,582	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	95	16	182	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 9:45 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	59,092,828	3,513,834	62,606,662	2,303,430.00	27.18	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,905,532	161,483	5,067,015	138,010.00	36.71	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,879	0	7,879	94.00	83.82	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		10,146,971	0	10,146,971	193,394.00	52.47	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)		17,765,115	0	17,765,115			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,369,874	0	2,369,874			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,017,213	-238,762	778,451	25,610.00	30.40	26.00
27.00	Administrative & General	5.00	5,809,822	1,579,904	7,389,726	292,243.00	25.29	27.00
28.00	Administrative & General under contract (see inst.)		364,934	0	364,934	5,614.00	65.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,936,163	497,075	2,433,238	110,572.00	22.01	30.00
31.00	Laundry & Linen Service	8.00	36,914	79,497	116,411	9,247.00	12.59	31.00
32.00	Housekeeping	9.00	1,306,425	0	1,306,425	99,371.00	13.15	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,183,623	-554,746	628,877	29,802.00	21.10	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	370,007	554,746	924,753	75,696.00	12.22	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,742,156	-342,350	2,399,806	63,182.00	37.98	38.00
39.00	Central Services and Supply	14.00	406,737	0	406,737	25,151.00	16.17	39.00
40.00	Pharmacy	15.00	2,140,549	-21,253	2,119,296	53,382.00	39.70	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 9:45 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	1,305,651	-100,056	1,205,595	52,712.00	22.87	41.00
42.00	Social Service	17.00	492,947	-64,077	428,870	17,201.00	24.93	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part III Date/Time Prepared: 5/27/2015 9:45 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		59,457,762	3,513,834	62,971,596	2,309,044.00	27.27	1.00
2.00	Excluded area salaries (see instructions)		4,905,532	161,483	5,067,015	138,010.00	36.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)		54,552,230	3,352,351	57,904,581	2,171,034.00	26.67	3.00
4.00	Subtotal other wages & related costs (see inst.)		10,154,850	0	10,154,850	193,488.00	52.48	4.00
5.00	Subtotal wage-related costs (see inst.)		17,765,115	0	17,765,115	0.00	30.68	5.00
6.00	Total (sum of lines 3 thru 5)		82,472,195	3,352,351	85,824,546	2,364,522.00	36.30	6.00
7.00	Total overhead cost (see instructions)		19,113,141	1,389,978	20,503,119	859,783.00	23.85	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 9:45 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,869,306	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	5,826,591	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	354,894	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	30,516	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	215,343	14.00
15.00	'Workers' Compensation Insurance	441,716	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	3,321,211	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	91,482	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	47,047	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,198,106	24.00
	Part B - Other than Core Related Cost		
25.00	EMPLOYEE ASSISTANCE & TDA	567,010	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 9:45 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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 150109 | Component CCN: 157124 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-4 | Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I | PPS

		1.00	
0.00	County	TIPPEECANOE	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	990	18	170	1,178	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	619.00	13.00	325.00	957.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)			
			Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		13.24	0.00	13.24	5.00
6.00	Direct Nursing Service		7.81	0.00	7.81	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		1.54	0.00	1.54	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		0.06	0.00	0.06	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.14	0.00	0.14	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.12	0.00	0.12	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		1.32	0.00	1.32	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION		6.89	0.00	6.89	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		29140			20.00

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	5,246	0	210	68	5,524	21.00
22.00	Skilled Nursing Visit Charges	1,495,994	0	46,231	18,762	1,560,987	22.00
23.00	Physical Therapy Visits	3,504	0	46	46	3,596	23.00
24.00	Physical Therapy Visit Charges	1,124,374	0	13,160	14,476	1,152,010	24.00
25.00	Occupational Therapy Visits	1,164	0	6	10	1,180	25.00
26.00	Occupational Therapy Visit Charges	380,746	0	1,974	3,290	386,010	26.00
27.00	Speech Pathology Visits	64	0	4	0	68	27.00
28.00	Speech Pathology Visit Charges	20,980	0	1,316	0	22,296	28.00
29.00	Medical Social Service Visits	68	0	1	0	69	29.00
30.00	Medical Social Service Visit Charges	25,888	0	382	0	26,270	30.00
31.00	Home Health Aide Visits	1,295	0	3	12	1,310	31.00
32.00	Home Health Aide Visit Charges	195,377	0	462	1,848	197,687	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,341	0	270	136	11,747	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,243,359	0	63,525	38,376	3,345,260	35.00
36.00	Total Number of Episodes (standard/non outlier)	651		73	10	734	36.00
37.00	Total Number of Outlier Episodes		0		1	1	37.00
38.00	Total Non-Routine Medical Supply Charges	434,392	0	12,497	2,369	449,258	38.00

HOSPITAL IDENTIFICATION DATA | Provider CCN: 150109 | Component CCN: 151563 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-9 Parts I & II Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		Unduplicated Days Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	2,499	55	0	0	19	2,573	2.00
3.00	Inpatient Respite Care	8	0	0	0	0	8	3.00
4.00	General Inpatient Care	2	0	0	0	0	2	4.00
5.00	Total Hospice Days	2,509	55	0	0	19	2,583	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	59	2	0	0	3	64	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	42.53	27.50	0.00	0.00	6.33	40.36	8.00
9.00	Unduplicated Census Count	62	0	0	0	0	62	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-10 | Date/Time Prepared: 5/27/2015 9:45 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.251556	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	19,327,111	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	97,499,370	6.00
7.00	Medicaid cost (line 1 times line 6)	24,526,552	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)	5,199,441	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	5,199,441	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	34,973,718	0	34,973,718	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,797,849	0	8,797,849	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,797,849	0	8,797,849	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)	5,597,545	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	520,906	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	5,076,639	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,277,059	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,074,908	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	15,274,349	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		15,584,891	15,584,891	4,084,516	19,669,407	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,503,951	2,503,951	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,017,213	26,775,236	27,792,449	0	27,792,449	4.00
5.01	01160	COMMUNICATIONS	112,237	746,382	858,619	0	858,619	5.01
5.02	01140	MGMT INFO SYSTEMS	0	12,300,667	12,300,667	0	12,300,667	5.02
5.03	00550	PURCHASING	634,367	457,366	1,091,733	0	1,091,733	5.03
5.04	00570	ADMITTING	123,837	811	124,648	0	124,648	5.04
5.05	00580	PATIENT ACCOUNTING	225,076	937,643	1,162,719	0	1,162,719	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,714,305	30,296,851	35,011,156	-261,597	34,749,559	5.06
7.00	00700	OPERATION OF PLANT	1,936,163	6,927,444	8,863,607	-4,179	8,859,428	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,914	175,029	211,943	0	211,943	8.00
9.00	00900	HOUSEKEEPING	1,306,425	600,208	1,906,633	-990	1,905,643	9.00
10.00	01000	DIETARY	1,183,623	595,264	1,778,887	-748,994	1,029,893	10.00
11.00	01100	CAFETERIA	370,007	444,811	814,818	704,601	1,519,419	11.00
13.00	01300	NURSING ADMINISTRATION	2,742,156	67,266	2,809,422	-51	2,809,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	406,737	868,676	1,275,413	-828,499	446,914	14.00
15.00	01500	PHARMACY	2,140,549	5,728,883	7,869,432	-5,196,072	2,673,360	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,305,651	1,084,694	2,390,345	-80,357	2,309,988	16.00
17.00	01700	SOCIAL SERVICE	492,947	2,734	495,681	0	495,681	17.00
20.00	02000	NURSING SCHOOL	546,051	81,789	627,840	195,538	823,378	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	26,287	9,338	35,625	42,396	78,021	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,360,467	1,598,123	14,958,590	-5,089,440	9,869,150	30.00
31.00	03100	INTENSIVE CARE UNIT	1,013,800	58,068	1,071,868	-50,212	1,021,656	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,462,013	364,838	1,826,851	-65,902	1,760,949	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	901,202	152,428	1,053,630	-27,734	1,025,896	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	534,436	534,436	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,156,942	40,144,074	43,301,016	-20,422,983	22,878,033	50.00
51.00	05100	RECOVERY ROOM	634,447	35,364	669,811	-33,881	635,930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,138,446	3,138,446	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,668,724	13,583,321	16,252,045	-2,717,306	13,534,739	54.00
55.00	03630	ULTRA SOUND	336,072	29,590	365,662	0	365,662	55.00
56.00	05600	RADIOISOTOPE	30,127	4,685	34,812	-893	33,919	56.00
56.01	03950	CARDIAC CATH LAB	1,109,341	3,952,222	5,061,563	-3,829,412	1,232,151	56.01
57.00	05700	CT SCAN	565,203	305,788	870,991	0	870,991	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	212,795	213,040	425,835	0	425,835	58.00
60.00	06000	LABORATORY	62,854	6,751,502	6,814,356	-108,728	6,705,628	60.00
65.00	06500	RESPIRATORY THERAPY	1,403,558	406,274	1,809,832	-223,340	1,586,492	65.00
66.00	06600	PHYSICAL THERAPY	1,222,386	99,832	1,322,218	-60,397	1,261,821	66.00
67.00	06700	OCCUPATIONAL THERAPY	154,949	32,905	187,854	-6,462	181,392	67.00
68.00	06800	SPEECH PATHOLOGY	105,623	2,985	108,608	-143	108,465	68.00
69.00	06900	ELECTROCARDIOLOGY	749,472	460,916	1,210,388	-24,140	1,186,248	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	407,679	122,509	530,188	-22,146	508,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,600,009	14,600,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,150,387	15,150,387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,637,564	5,637,564	73.00
73.01	07301	DIABETES CENTER	253,393	20,220	273,613	-3,434	270,179	73.01
74.00	07400	RENAL DIALYSIS	29,726	112,608	142,334	-3,374	138,960	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	92,755	92,755	-509	92,246	76.98
		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	259,650	612,062	871,712	-266,587	605,125	90.00
91.00	09100	EMERGENCY	4,868,078	1,063,112	5,931,190	-879,679	5,051,511	91.00
91.01	04950	WOUND CARE	286,777	99,514	386,291	-91,640	294,651	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,085,013	260,284	1,345,297	-255,006	1,090,291	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	533,702	202,454	736,156	-35,402	700,754	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,559,058	981,646	3,540,704	0	3,540,704	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		9,632,473	9,632,473	-5,252,355	4,380,118	113.00
116.00	11600	HOSPICE	248,678	143,058	391,736	0	391,736	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,002,274	185,224,633	244,226,907	0	244,226,907	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/27/2015 9:45 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	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,124	27,491	34,615	0	34,615	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	60,584	47	60,631	0	60,631	194.00
194.01	07951	LIFELINE	11,881	39,970	51,851	0	51,851	194.01
194.02	07952	PATIENT TRANSPORT	2,433	13,378	15,811	0	15,811	194.02
194.03	07953	SETON LEASE 1 NORTH	8,532	3,339	11,871	0	11,871	194.03
200.00		TOTAL (SUM OF LINES 118-199)	59,092,828	185,308,858	244,401,686	0	244,401,686	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-4,583,293	15,086,114		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	5,501,507	8,005,458		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,787,251	21,005,198		4.00
5.01	01160	COMMUNICATIONS	309,954	1,168,573		5.01
5.02	01140	MGMT INFO SYSTEMS	-11,039,630	1,261,037		5.02
5.03	00550	PURCHASING	-294,083	797,650		5.03
5.04	00570	ADMITTING	300,618	425,266		5.04
5.05	00580	PATIENT ACCOUNTING	1,166,397	2,329,116		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-12,294,690	22,454,869		5.06
7.00	00700	OPERATION OF PLANT	-123,585	8,735,843		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	407,086	619,029		8.00
9.00	00900	HOUSEKEEPING	0	1,905,643		9.00
10.00	01000	DIETARY	-102,727	927,166		10.00
11.00	01100	CAFETERIA	-829,190	690,229		11.00
13.00	01300	NURSING ADMINISTRATION	-350,013	2,459,358		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-113,315	333,599		14.00
15.00	01500	PHARMACY	-45,902	2,627,458		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-199,524	2,110,464		16.00
17.00	01700	SOCIAL SERVICE	-64,510	431,171		17.00
20.00	02000	NURSING SCHOOL	-4,573	818,805		20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	3,605	81,626		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,324,129	11,193,279		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,021,656		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-207,255	1,553,694		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	1,025,896		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	534,436		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-271,237	22,606,796		50.00
51.00	05100	RECOVERY ROOM	0	635,930		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,138,446		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,954,753	11,579,986		54.00
55.00	03630	ULTRA SOUND	0	365,662		55.00
56.00	05600	RADIOISOTOPE	-400	33,519		56.00
56.01	03950	CARDIAC CATH LAB	-118,340	1,113,811		56.01
57.00	05700	CT SCAN	0	870,991		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	425,835		58.00
60.00	06000	LABORATORY	-125,721	6,579,907		60.00
65.00	06500	RESPIRATORY THERAPY	-18,755	1,567,737		65.00
66.00	06600	PHYSICAL THERAPY	850,776	2,112,597		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	181,392		67.00
68.00	06800	SPEECH PATHOLOGY	0	108,465		68.00
69.00	06900	ELECTROCARDIOLOGY	32,160	1,218,408		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-259,176	248,866		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-516,056	14,083,953		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	-77,298	15,073,089		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,637,564		73.00
73.01	07301	DIABETES CENTER	-5,633	264,546		73.01
74.00	07400	RENAL DIALYSIS	184,660	323,620		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	92,246		76.98
		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	605,125		90.00
91.00	09100	EMERGENCY	-38,800	5,012,711		91.00
91.01	04950	WOUND CARE	-706	293,945		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,090,291		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	-5,334	695,420		95.00
99.10	09910	CORF	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	-13,083	3,527,621		101.00
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE	-4,380,118	0		113.00
116.00	11600	HOSPICE	-83	391,653		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-34,744,142	209,482,765		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,615		190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	MOB	0	60,631		194.00
194.01	07951	LIFELINE	0	51,851		194.01
194.02	07952	PATIENT TRANSPORT	0	15,811		194.02
194.03	07953	SETON LEASE 1 NORTH	0	11,871		194.03
200.00		TOTAL (SUM OF LINES 118-199)	-34,744,142	209,657,544		200.00

RECLASSIFICATIONS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/27/2015 9:45 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - BUILDING RENTAL				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,211,737	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		0	1,211,737	
	B - EQUIPMENT RENTAL				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	112,125	1.00
2.00	DIETARY	10.00	0	612	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	112,737	
	C - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,600,009	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	15,150,387	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		0	29,750,396	
	D - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,637,564	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00

RECLASSIFICATIONS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/27/2015 9:45 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	5,637,564	
	E - LDRP				
1.00	NURSERY	43.00	525,097	9,339	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,083,602	54,844	2.00
	TOTALS		3,608,699	64,183	
	F - CAFETERIA				
1.00	CAFETERIA	11.00	554,746	194,860	1.00
	TOTALS		554,746	194,860	
	G - CAPITAL EXP (INT & DEP)				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,862	1.00
	TOTALS		0	12,862	
	H - FSEH SHARED SERVICES				
1.00	COMMUNICATIONS	5.01	286,503	0	1.00
2.00	ADMITTING	5.04	298,662	0	2.00
3.00	PATIENT ACCOUNTING	5.05	608,857	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	784,730	0	4.00
5.00	OPERATION OF PLANT	7.00	748,936	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	79,497	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	38,030	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	262,497	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	238,762	9.00
10.00	PURCHASING	5.03	0	48,585	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	339,860	11.00
12.00	OPERATION OF PLANT	7.00	0	251,861	12.00
13.00	NURSING ADMINISTRATION	13.00	0	342,350	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	127,071	14.00
15.00	SOCIAL SERVICE	17.00	0	64,077	15.00
16.00	RESPIRATORY THERAPY	65.00	0	2,438	16.00
17.00	PHYSICAL THERAPY	66.00	0	72,430	17.00
18.00	EMERGENCY	91.00	55,131	0	18.00
	TOTALS		3,162,843	1,487,434	
	I - INTEREST				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,872,779	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,379,576	2.00
	TOTALS		0	5,252,355	
	J - PURCHASED SERVICES				
1.00	INTENSIVE CARE UNIT	31.00	1,257,267	0	1.00
2.00	LABORATORY	60.00	0	15,756	2.00
3.00	PHYSICAL THERAPY	66.00	864,264	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	40,317	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	227,033	5.00
	TOTALS		2,121,531	283,106	
	K - NURSING SCHOOL				
1.00	NURSING SCHOOL	20.00	124,785	70,753	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		124,785	70,753	
	L - PARAMED PROGRAM				
1.00	PARAMEDICAL EDUCATION PROGRAM	23.00	21,143	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00	PARAMEDICAL EDUCATION PROGRAM	23.00	21,253	0	5.00
	TOTALS		42,396	0	
500.00	Grand Total: Increases		9,615,000	44,077,987	500.00

RECLASSIFICATIONS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/27/2015 9:45 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	248,688	10		1.00
2.00	CAFETERIA	11.00	0	44,883	10		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	245,989	10		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	456,273	10		4.00
5.00	LABORATORY	60.00	0	2,506	10		5.00
6.00	PHYSICAL THERAPY	66.00	0	7,154	10		6.00
7.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	200,469	10		7.00
8.00	AMBULANCE SERVICES	95.00	0	5,775	10		8.00
	TOTALS		0	1,211,737			
	B - EQUIPMENT RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,095	10		1.00
2.00	OPERATION OF PLANT	7.00	0	4,179	10		2.00
3.00	HOUSEKEEPING	9.00	0	990	10		3.00
4.00	CAFETERIA	11.00	0	122	10		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,606	10		5.00
6.00	PHARMACY	15.00	0	133	10		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	19,520	10		7.00
8.00	SUBPROVIDER - IRF	41.00	0	245	10		8.00
9.00	OPERATING ROOM	50.00	0	53,279	10		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	990	10		10.00
11.00	CARDIAC CATH LAB	56.01	0	5,053	10		11.00
12.00	RESPIRATORY THERAPY	65.00	0	21,305	10		12.00
13.00	PHYSICAL THERAPY	66.00	0	2,261	10		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	165	10		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,182	10		15.00
16.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	612	10		16.00
	TOTALS		0	112,737			
	C - MEDICAL SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	51	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	826,256	0		2.00
3.00	PHARMACY	15.00	0	218,983	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	999,544	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	45,381	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	63,884	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	26,775	0		7.00
8.00	OPERATING ROOM	50.00	0	20,158,994	0		8.00
9.00	RECOVERY ROOM	51.00	0	33,598	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,098,629	0		10.00
11.00	RADIOISOTOPE	56.00	0	893	0		11.00
12.00	CARDIAC CATH LAB	56.01	0	3,823,858	0		12.00
13.00	LABORATORY	60.00	0	106,221	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	201,107	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	50,824	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	6,462	0		16.00
17.00	SPEECH PATHOLOGY	68.00	0	143	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	22,872	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,964	0		19.00
20.00	DIABETES CENTER	73.01	0	3,434	0		20.00
21.00	RENAL DIALYSIS	74.00	0	3,258	0		21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	509	0		22.00
23.00	CLINIC	90.00	0	61,266	0		23.00
24.00	EMERGENCY	91.00	0	819,134	0		24.00
25.00	WOUND CARE	91.01	0	89,134	0		25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	50,079	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	18,143	0		27.00
	TOTALS		0	29,750,396			
	D - DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	637	0		1.00
2.00	PHARMACY	15.00	0	4,955,703	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	48,138	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,831	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,018	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	714	0		6.00
7.00	OPERATING ROOM	50.00	0	210,710	0		7.00
8.00	RECOVERY ROOM	51.00	0	283	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	148,552	0		9.00
10.00	CARDIAC CATH LAB	56.01	0	501	0		10.00
11.00	LABORATORY	60.00	0	1	0		11.00

RECLASSIFICATIONS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/27/2015 9:45 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	RESPIRATORY THERAPY	65.00	0	928	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	158	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	1,103	0	14.00
15.00	RENAL DIALYSIS	74.00	0	116	0	15.00
16.00	CLINIC	90.00	0	205,321	0	16.00
17.00	EMERGENCY	91.00	0	45,100	0	17.00
18.00	WOUND CARE	91.01	0	2,506	0	18.00
19.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	4,458	0	19.00
20.00	AMBULANCE SERVICES	95.00	0	5,786	0	20.00
	TOTALS		0	5,637,564		
	E - LDRP					
1.00	ADULTS & PEDIATRICS	30.00	3,608,699	64,183	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		3,608,699	64,183		
	F - CAFETERIA					
1.00	DIETARY	10.00	554,746	194,860	0	1.00
	TOTALS		554,746	194,860		
	G - CAPITAL EXP (INT & DEP)					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,862	9	1.00
	TOTALS		0	12,862		
	H - FSEH SHARED SERVICES					
1.00	COMMUNICATIONS	5.01	0	286,503	0	1.00
2.00	ADMITTING	5.04	0	298,662	0	2.00
3.00	PATIENT ACCOUNTING	5.05	0	608,857	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	784,730	0	4.00
5.00	OPERATION OF PLANT	7.00	0	748,936	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	79,497	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	38,030	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	262,497	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	238,762	0	0	9.00
10.00	PURCHASING	5.03	48,585	0	0	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	339,860	0	0	11.00
12.00	OPERATION OF PLANT	7.00	251,861	0	0	12.00
13.00	NURSING ADMINISTRATION	13.00	342,350	0	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	127,071	0	0	14.00
15.00	SOCIAL SERVICE	17.00	64,077	0	0	15.00
16.00	RESPIRATORY THERAPY	65.00	2,438	0	0	16.00
17.00	PHYSICAL THERAPY	66.00	72,430	0	0	17.00
18.00	EMERGENCY	91.00	0	55,131	0	18.00
	TOTALS		1,487,434	3,162,843		
	I - INTEREST					
1.00	INTEREST EXPENSE	113.00	0	5,252,355	11	1.00
2.00		0.00	0	0	11	2.00
	TOTALS		0	5,252,355		
	J - PURCHASED SERVICES					
1.00	INTENSIVE CARE UNIT	31.00	0	1,257,267	0	1.00
2.00	LABORATORY	60.00	15,756	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	864,264	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	40,317	0	0	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	227,033	0	0	5.00
	TOTALS		283,106	2,121,531		
	K - NURSING SCHOOL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	10,403	1,411	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	11,015	69,342	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	103,367	0	0	3.00
	TOTALS		124,785	70,753		
	L - PARAMED PROGRAM					
1.00	EMERGENCY	91.00	13,736	0	0	1.00
2.00	AMBULANCE SERVICES	95.00	3,989	0	0	2.00
3.00	EMERGENCY	91.00	1,709	0	0	3.00
4.00	AMBULANCE SERVICES	95.00	1,709	0	0	4.00
5.00	PHARMACY	15.00	21,253	0	0	5.00
	TOTALS		42,396	0		
500.00	Grand Total: Decreases		6,101,166	47,591,821		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part I | Date/Time Prepared: 5/27/2015 9:45 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	5,794,381	2,784,000	0	2,784,000	0	1.00
2.00	Land Improvements	2,562,084	0	0	0	0	2.00
3.00	Buildings and Fixtures	189,990,788	474,628	0	474,628	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	60,906,443	2,005,022	0	2,005,022	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	259,253,696	5,263,650	0	5,263,650	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	259,253,696	5,263,650	0	5,263,650	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	8,578,381	8,578,381	1.00
2.00	Land Improvements	2,562,084	2,562,084	2.00
3.00	Buildings and Fixtures	190,465,416	190,465,416	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	62,911,465	62,911,465	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	264,517,346	264,517,346	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	264,517,346	264,517,346	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part II | Date/Time Prepared: 5/27/2015 9:45 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	NEW CAP REL COSTS-BLDG & FIXT	15,584,891	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,584,891	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	15,584,891	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	15,584,891	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part III | Date/Time Prepared: 5/27/2015 9:45 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	11,011,231	1,211,737	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,522,348	111,513	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,533,579	1,323,250	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,863,146	0	0	0	15,086,114	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,371,597	0	0	0	8,005,458	2.00
3.00	Total (sum of lines 1-2)	5,234,743	0	0	0	23,091,572	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/27/2015 9:45 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-9,633	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-7,979	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,826,807			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	-24,923,763			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-829,190	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-7,177	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/27/2015 9:45 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	PROPERTY TAX	A	-21,280	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	RECRUITMENT	A	-150	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	RECRUITMENT	A	-46,704	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03	HAF	A	-1,991,878	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	ADVERTISING EXP	A	-1,983	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	ADVERTISING EXP	A	-8	DIETARY	10.00	0	33.05
33.06	ADVERTISING EXP	A	-4,573	NURSING SCHOOL	20.00	0	33.06
33.07	ADVERTISING EXP	A	-2,750	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	ADVERTISING EXP	A	-12,158	ELECTROCARDIOLOGY	69.00	0	33.08
33.09	MARKETING EXP - PUBLIC RELATIONS	A	-276,217	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.09
33.10	MARKETING EXP	A	-1,085	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.10
33.11	MARKETING EXP	A	-145	DIETARY	10.00	0	33.11
33.12	MARKETING EXP	A	-1,320	PHYSICAL THERAPY	66.00	0	33.12
33.13	MARKETING EXP	A	-1,627	ELECTROCARDIOLOGY	69.00	0	33.13
33.14	MARKETING EXP	A	-29	WOUND CARE	91.01	0	33.14
33.15	MARKETING EXP	A	-4,304	HOME HEALTH AGENCY	101.00	0	33.15
33.16	MARKETING EXP	A	-83	HOSPICE	116.00	0	33.16
33.17	BLDG RENT REV	B	-172,643	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.17
33.18	DISCOUNTS/REBATES	B	-653	MGMT INFO SYSTEMS	5.02	0	33.18
33.19	DISCOUNTS/REBATES	B	-8,492	PURCHASING	5.03	0	33.19
33.20	EXP ALLOC -- SCMC PHYSICIANS	B	-861,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.20
33.21	MISC REV	B	-184,345	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.21
33.22	MAINTENANCE/SECURITY REV	B	-79,651	OPERATION OF PLANT	7.00	0	33.22
33.23	MAINTENANCE/SECURITY REV	B	-15,930	OPERATION OF PLANT	7.00	0	33.23
33.24	MISC REV/DISCOUNTS/REBATES	B	-21,873	OPERATION OF PLANT	7.00	0	33.24
33.25	MISC REV/DISCOUNTS/REBATES	B	-95,376	DIETARY	10.00	0	33.25
33.26	FOOD SERVICE DAY CARE	B	-21	DIETARY	10.00	0	33.26
33.27	DISCOUNTS/REBATES	B	-113,315	CENTRAL SERVICES & SUPPLY	14.00	0	33.27
33.28	MISC REV/DISCOUNTS/REBATES	B	-85,334	PHARMACY	15.00	0	33.28
33.29	MISC REV	B	-32,313	MEDICAL RECORDS & LIBRARY	16.00	0	33.29
33.30	DISCOUNTS/REBATES	B	-211,237	OPERATING ROOM	50.00	0	33.30
33.31	DISCOUNTS/REBATES	B	-35,939	RADIOLOGY-DIAGNOSTIC	54.00	0	33.31
33.32	MISC REV	B	-2,084	RADIOLOGY-DIAGNOSTIC	54.00	0	33.32
33.33	MISC REV/DISCOUNTS/REBATES	B	-400	RADIOISOTOPE	56.00	0	33.33
33.34	MISC REV/DISCOUNTS/REBATES	B	-118,340	CARDIAC CATH LAB	56.01	0	33.34
33.35	DISCOUNTS/REBATES	B	-8,876	LABORATORY	60.00	0	33.35
33.36	DISCOUNTS/REBATES	B	-1,695	RESPIRATORY THERAPY	65.00	0	33.36
33.37	ATHLETIC TRAINING REV	B	-1,720	PHYSICAL THERAPY	66.00	0	33.37
33.38	ST VINCENT PRUDENTIAL	B	-71,513	ELECTROCARDIOLOGY	69.00	0	33.38
33.39	MISC REV	B	-4,814	EMERGENCY	91.00	0	33.39
33.40	EDUCATION/TEXTBOOK REV	B	-46,079	EMERGENCY	91.00	0	33.40
33.41	DISCOUNTS/REBATES	B	-7,504	HOME HEALTH AGENCY	101.00	0	33.41
33.42	MISC REV	B	-1,275	HOME HEALTH AGENCY	101.00	0	33.42
33.43	PENSION	A	409,123	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.43
33.44			0		0.00	0	33.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,744,142				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-1 | Date/Time Prepared: 5/27/2015 9:45 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	NEW CAP REL COSTS-BLDG & FIX	FRANCISCAN DEPRECIATION	1,929,374	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	FRANCISCAN DEPRECIATION	1,533,821	0	2.00
3.00	113.00	INTEREST EXPENSE	FRANCISCAN INTEREST	5,252,355	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	FRANCISCAN A&G	14,541,130	0	4.00
4.01	15.00	PHARMACY	FRANCISCAN COEP	483,327	0	4.01
4.02	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	0	10,889,295	4.02
4.03	5.03	PURCHASING	PURCHASING SERVICES	0	210,090	4.03
4.04	5.05	PATIENT ACCOUNTING	PATIENT ACCT	0	556,193	4.04
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATION	0	4,892,994	4.05
4.06	15.00	PHARMACY	PHARMACY	0	366,820	4.06
4.07	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	0	1,254	4.07
4.08	113.00	INTEREST EXPENSE	INTEREST	0	9,632,473	4.08
4.09	1.00	NEW CAP REL COSTS-BLDG & FIX	FSEH-E SHARED SERVICES	0	11,331,327	4.09
4.10	1.00	NEW CAP REL COSTS-BLDG & FIX	FSEH-E SHARED SERVICES	5,000,936	0	4.10
4.11	2.00	NEW CAP REL COSTS-MVBLE EQUI	FSEH-E SHARED SERVICES	3,975,665	0	4.11
4.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH-E SHARED SERVICES	14,207,009	21,401,250	4.12
4.13	5.01	COMMUNICATIONS	FSEH-E SHARED SERVICES	510,438	569,348	4.13
4.14	5.02	MGMT INFO SYSTEMS	FSEH-E SHARED SERVICES	1,259,034	1,408,716	4.14
4.15	5.03	PURCHASING	FSEH-E SHARED SERVICES	580,131	655,632	4.15
4.16	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH-E SHARED SERVICES	5,390,527	23,214,038	4.16
4.17	7.00	OPERATION OF PLANT	FSEH-E SHARED SERVICES	4,923,793	6,260,209	4.17
4.18	13.00	NURSING ADMINISTRATION	FSEH-E SHARED SERVICES	1,694,644	2,044,657	4.18
4.19	16.00	MEDICAL RECORDS & LIBRARY	FSEH-E SHARED SERVICES	1,134,543	1,407,718	4.19
4.20	17.00	SOCIAL SERVICE	FSEH-E SHARED SERVICES	312,335	376,845	4.20
4.21	65.00	RESPIRATORY THERAPY	FSEH-E SHARED SERVICES	11,904	14,363	4.21
4.22	66.00	PHYSICAL THERAPY	FSEH-E SHARED SERVICES	352,910	425,801	4.22
4.23	91.00	EMERGENCY	FSEH-E SHARED SERVICES	-266,772	-321,872	4.23
4.24	5.01	COMMUNICATIONS	FSEH-C SHARED SERVICES	368,864	0	4.24
4.25	5.04	ADMITTING	FSEH-C SHARED SERVICES	300,618	0	4.25
4.26	5.05	PATIENT ACCOUNTING	FSEH-C SHARED SERVICES	1,722,590	0	4.26
4.27	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH-C SHARED SERVICES	1,454,804	0	4.27
4.28	7.00	OPERATION OF PLANT	FSEH-C SHARED SERVICES	1,330,285	0	4.28
4.29	8.00	LAUNDRY & LINEN SERVICE	FSEH-C SHARED SERVICES	407,086	0	4.29
4.30	16.00	MEDICAL RECORDS & LIBRARY	FSEH-C SHARED SERVICES	136,150	0	4.30
4.31	69.00	ELECTROCARDIOLOGY	FSEH-C SHARED SERVICES	459,505	0	4.31
4.32	30.00	ADULTS & PEDIATRICS	FSEH PURCHASED SERVICES	1,380,834	0	4.32
4.33	60.00	LABORATORY	FSEH PURCHASED SERVICES	0	74,494	4.33
4.34	66.00	PHYSICAL THERAPY	FSEH PURCHASED SERVICES	926,707	0	4.34
4.35	69.00	ELECTROCARDIOLOGY	FSEH PURCHASED SERVICES	0	50,448	4.35
4.36	70.00	ELECTROENCEPHALOGRAPHY	FSEH PURCHASED SERVICES	0	254,196	4.36
4.37	71.00	MEDICAL SUPPLIES CHARGED TO	FSEH PURCHASED SERVICES	0	516,056	4.37
4.38	72.00	IMPL. DEV. CHARGED TO PATIEN	FSEH PURCHASED SERVICES	0	77,298	4.38
4.39	74.00	RENAL DIALYSIS	FSEH PURCHASED SERVICES	184,660	0	4.39
4.40	15.00	PHARMACY	FSEH-PARAMED PROGRAM	0	63,759	4.40
4.41	91.00	EMERGENCY	FSEH-PARAMED PROGRAM	0	41,207	4.41
4.42	15.00	PHARMACY	FSEH-PHARMACY PROGRAM	0	11,966	4.42
4.43	23.00	PARAMEDICAL EDUCATION PROGRA	FSEH-PHARMACY PROGRAM	3,605	0	4.43
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			71,502,812	96,426,575	5.00

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 5/27/2015 9:45 am

				Related Organization(s) and/or Home Office		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
6.00	G	FSEH	100.00	FSEH - EAST	100.00	6.00
7.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	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:	FSEH- SHARED SV				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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-1 | Date/Time Prepared: 5/27/2015 9:45 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	1,929,374	9		1.00
2.00	1,533,821	9		2.00
3.00	5,252,355	0		3.00
4.00	14,541,130	0		4.00
4.01	483,327	0		4.01
4.02	-10,889,295	0		4.02
4.03	-210,090	0		4.03
4.04	-556,193	0		4.04
4.05	-4,892,994	0		4.05
4.06	-366,820	0		4.06
4.07	-1,254	0		4.07
4.08	-9,632,473	0		4.08
4.09	-11,331,327	9		4.09
4.10	5,000,936	9		4.10
4.11	3,975,665	9		4.11
4.12	-7,194,241	0		4.12
4.13	-58,910	0		4.13
4.14	-149,682	0		4.14
4.15	-75,501	0		4.15
4.16	-17,823,511	0		4.16
4.17	-1,336,416	0		4.17
4.18	-350,013	0		4.18
4.19	-273,175	0		4.19
4.20	-64,510	0		4.20
4.21	-2,459	0		4.21
4.22	-72,891	0		4.22
4.23	55,100	0		4.23
4.24	368,864	0		4.24
4.25	300,618	0		4.25
4.26	1,722,590	0		4.26
4.27	1,454,804	0		4.27
4.28	1,330,285	0		4.28
4.29	407,086	0		4.29
4.30	136,150	0		4.30
4.31	459,505	0		4.31
4.32	1,380,834	0		4.32
4.33	-74,494	0		4.33
4.34	926,707	0		4.34
4.35	-50,448	0		4.35
4.36	-254,196	0		4.36
4.37	-516,056	0		4.37
4.38	-77,298	0		4.38
4.39	184,660	0		4.39
4.40	-63,759	0		4.40
4.41	-41,207	0		4.41
4.42	-11,966	0		4.42
4.43	3,605	0		4.43
5.00	-24,923,763			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	SISTER FACILITY		6.00
7.00	HOME OFFICE		7.00
8.00			8.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 5/27/2015 9:45 am

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-2 | Date/Time Prepared: 5/27/2015 9:45 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	33,600	0	33,600	171,400	242	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	75,833	0	0	171,400	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	117,200	0	0	171,400	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	2,670,590	1,703,702	966,888	171,400	16,309	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	281,217	0	0	171,400	0	5.00
6.00	15.00	PHARMACY	1,350	0	0	171,400	0	6.00
7.00	16.00	MEDICAL RECORDS & LIBRARY	30,186	0	0	171,400	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	42,900	0	0	154,100	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	12,000	0	0	154,100	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	14,400	0	14,400	154,100	170	10.00
11.00	35.00	NEONATAL INTENSIVE CARE UNIT	264,000	0	108,000	152,100	776	11.00
12.00	41.00	SUBPROVIDER - IRF	109,562	0	109,562	171,400	1,692	12.00
13.00	50.00	OPERATING ROOM	60,000	0	0	204,100	0	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	1,953,835	0	96,725	231,100	370	14.00
15.00	60.00	LABORATORY	112,000	0	112,000	219,500	660	15.00
16.00	65.00	RESPIRATORY THERAPY	32,400	0	32,400	171,400	216	16.00
17.00	69.00	ELECTROCARDIOLOGY	282,777	0	0	159,800	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	8,822	0	0	159,800	0	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	18,000	0	18,000	171,400	158	19.00
20.00	73.01	DIABETES CENTER	12,225	0	12,225	171,400	80	20.00
21.00	91.00	EMERGENCY	1,800	0	0	171,400	0	21.00
22.00	91.01	WOUND CARE	3,750	0	3,750	159,800	40	22.00
23.00	95.00	AMBULANCE SERVICES	11,250	0	11,250	159,800	77	23.00
200.00			6,149,697	1,703,702	1,518,800		20,790	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	19,942	997	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,343,924	67,196	0	0	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.00
6.00	15.00	PHARMACY	0	0	0	0	0	6.00
7.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	12,595	630	0	0	0	10.00
11.00	35.00	NEONATAL INTENSIVE CARE UNIT	56,745	2,837	0	0	0	11.00
12.00	41.00	SUBPROVIDER - IRF	139,427	6,971	0	0	0	12.00
13.00	50.00	OPERATING ROOM	0	0	0	0	0	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	41,109	2,055	0	0	0	14.00
15.00	60.00	LABORATORY	69,649	3,482	0	0	0	15.00
16.00	65.00	RESPIRATORY THERAPY	17,799	890	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	13,020	651	0	0	0	19.00
20.00	73.01	DIABETES CENTER	6,592	330	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	0	21.00
22.00	91.01	WOUND CARE	3,073	154	0	0	0	22.00
23.00	95.00	AMBULANCE SERVICES	5,916	296	0	0	0	23.00
200.00			1,729,791	86,489	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	19,942	13,658	13,658		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	75,833		2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	117,200		3.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-2 | Date/Time Prepared: 5/27/2015 9:45 am

	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		
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	1,343,924	0	1,703,702		4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	281,217		5.00
6.00	15.00	PHARMACY	0	0	0	1,350		6.00
7.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	30,186		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	42,900		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	12,000		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	12,595	1,805	1,805		10.00
11.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	56,745	51,255	207,255		11.00
12.00	41.00	SUBPROVIDER - IRF	0	139,427	0	0		12.00
13.00	50.00	OPERATING ROOM	0	0	0	60,000		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	41,109	55,616	1,912,726		14.00
15.00	60.00	LABORATORY	0	69,649	42,351	42,351		15.00
16.00	65.00	RESPIRATORY THERAPY	0	17,799	14,601	14,601		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	282,777		17.00
18.00	69.00	ELECTROCARDIOLOGY	0	0	0	8,822		18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	0	13,020	4,980	4,980		19.00
20.00	73.01	DIABETES CENTER	0	6,592	5,633	5,633		20.00
21.00	91.00	EMERGENCY	0	0	0	1,800		21.00
22.00	91.01	WOUND CARE	0	3,073	677	677		22.00
23.00	95.00	AMBULANCE SERVICES	0	5,916	5,334	5,334		23.00
200.00			0	1,729,791	195,910	4,826,807		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	15,086,114	15,086,114				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	8,005,458		8,005,458			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,005,198	136,036	72,347	21,213,581		4.00
5.01	01160	COMMUNICATIONS	1,168,573	17,712	9,420	136,810	1,332,515	5.01
5.02	01140	MGMT INFO SYSTEMS	1,261,037	77,751	41,350	0	43,472	5.02
5.03	00550	PURCHASING	797,650	222,756	118,466	200,985	26,461	5.03
5.04	00570	ADMITTING	425,266	11,431	6,079	144,962	0	5.04
5.05	00580	PATIENT ACCOUNTING	2,329,116	188,209	100,094	286,127	26,461	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	22,454,869	930,521	494,871	1,770,139	137,977	5.06
7.00	00700	OPERATION OF PLANT	8,735,843	2,491,793	1,325,190	834,856	103,955	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	619,029	106,469	56,623	39,941	1,890	8.00
9.00	00900	HOUSEKEEPING	1,905,643	234,498	124,711	448,241	17,011	9.00
10.00	01000	DIETARY	927,166	425,933	226,520	215,771	56,703	10.00
11.00	01100	CAFETERIA	690,229	309,250	164,466	317,287	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,459,358	116,683	62,055	823,385	17,011	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	333,599	199,753	106,233	139,553	7,560	14.00
15.00	01500	PHARMACY	2,627,458	173,497	92,269	734,433	43,472	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,110,464	89,464	47,579	417,425	32,132	16.00
17.00	01700	SOCIAL SERVICE	431,171	23,031	12,248	147,147	17,011	17.00
20.00	02000	NURSING SCHOOL	818,805	397,271	211,277	187,353	0	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	81,626	3,225	1,715	9,019	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,193,279	2,582,046	1,373,189	3,345,892	217,359	30.00
31.00	03100	INTENSIVE CARE UNIT	1,021,656	444,635	236,466	779,214	41,582	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,553,694	236,422	125,734	501,624	32,132	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,025,896	0	0	309,207	45,362	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	534,436	104,234	55,434	180,163	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,606,796	968,888	515,275	1,083,163	45,362	50.00
51.00	05100	RECOVERY ROOM	635,930	91,445	48,632	217,682	15,121	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,138,446	612,133	325,546	1,057,999	49,142	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,579,986	783,196	416,521	915,653	113,406	54.00
55.00	03630	ULTRA SOUND	365,662	25,238	13,422	115,308	0	55.00
56.00	05600	RADIOISOTOPE	33,519	19,721	10,488	10,337	0	56.00
56.01	03950	CARDIAC CATH LAB	1,113,811	310,551	165,158	380,620	0	56.01
57.00	05700	CT SCAN	870,991	68,188	36,264	193,924	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	425,835	48,778	25,941	73,011	0	58.00
60.00	06000	LABORATORY	6,579,907	295,329	157,062	16,160	83,164	60.00
65.00	06500	RESPIRATORY THERAPY	1,567,737	204,280	108,641	480,731	64,263	65.00
66.00	06600	PHYSICAL THERAPY	2,112,597	149,107	79,299	691,089	11,341	66.00
67.00	06700	OCCUPATIONAL THERAPY	181,392	0	0	53,164	0	67.00
68.00	06800	SPEECH PATHOLOGY	108,465	24,361	12,956	36,240	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,218,408	274,194	145,822	333,379	11,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	248,866	35,395	18,824	61,981	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,083,953	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,073,089	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,637,564	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	264,546	0	0	86,940	11,341	73.01
74.00	07400	RENAL DIALYSIS	323,620	110,770	58,910	10,199	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	92,246	0	0	0	0	76.98
		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	605,125	0	0	89,087	60,483	90.00
91.00	09100	EMERGENCY	5,012,711	1,313,476	698,535	1,689,178	0	91.00
91.01	04950	WOUND CARE	293,945	68,754	36,565	98,395	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,090,291	0	0	372,273	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	695,420	25,238	13,422	183,116	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,527,621	0	0	878,026	0	101.00
		SPECIAL PURPOSE COST CENTERS						
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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	391,653	33,217	0	85,323	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	209,482,765	14,984,879	7,951,619	21,182,512	1,332,515	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,615	42,073	22,375	2,444	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	60,631	0	0	20,787	0	194.00
194.01	07951	LIFELINE	51,851	59,162	31,464	4,076	0	194.01
194.02	07952	PATIENT TRANSPORT	15,811	0	0	835	0	194.02
194.03	07953	SETON LEASE 1 NORTH	11,871	0	0	2,927	0	194.03
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)	209,657,544	15,086,114	8,005,458	21,213,581	1,332,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS	1,423,610					5.02
5.03	00550	PURCHASING	20,182	1,386,500				5.03
5.04	00570	ADMITTING	15,692	12	603,442			5.04
5.05	00580	PATIENT ACCOUNTING	33,281	280	0	2,963,568		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	97,708	1,147	0	0	25,887,232	5.06
7.00	00700	OPERATION OF PLANT	70,241	938	0	0	13,562,816	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,874	108	0	0	829,934	8.00
9.00	00900	HOUSEKEEPING	63,126	2,005	0	0	2,795,235	9.00
10.00	01000	DIETARY	18,932	299	0	0	1,871,324	10.00
11.00	01100	CAFETERIA	48,086	522	0	0	1,529,840	11.00
13.00	01300	NURSING ADMINISTRATION	40,136	2	0	0	3,518,630	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,977	37,065	0	0	839,740	14.00
15.00	01500	PHARMACY	33,254	9,891	0	0	3,714,274	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,182	7	0	0	2,730,253	16.00
17.00	01700	SOCIAL SERVICE	10,927	0	0	0	641,535	17.00
20.00	02000	NURSING SCHOOL	14,483	0	0	0	1,629,189	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	2,555	0	0	0	98,140	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	205,245	28,115	35,353	173,524	19,154,002	30.00
31.00	03100	INTENSIVE CARE UNIT	68,263	20	8,438	41,418	2,641,692	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	31,246	3,254	8,769	43,040	2,535,915	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,602	1,201	2,137	10,490	1,409,895	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,433	2,427	2,270	11,140	900,537	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,867	906,352	110,232	542,728	26,846,663	50.00
51.00	05100	RECOVERY ROOM	10,443	1,507	7,230	35,485	1,063,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,273	14,254	13,717	67,328	5,339,838	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,423	96,682	52,161	256,026	14,275,054	54.00
55.00	03630	ULTRA SOUND	5,236	967	4,334	21,271	551,438	55.00
56.00	05600	RADIOISOTOPE	583	0	0	0	74,648	56.00
56.01	03950	CARDIAC CATH LAB	21,703	171,534	18,719	91,881	2,273,977	56.01
57.00	05700	CT SCAN	10,693	5,018	31,939	156,768	1,373,785	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,425	793	9,549	46,870	634,202	58.00
60.00	06000	LABORATORY	1,336	40,556	49,069	240,847	7,463,430	60.00
65.00	06500	RESPIRATORY THERAPY	31,937	13,688	5,103	25,048	2,501,428	65.00
66.00	06600	PHYSICAL THERAPY	23,920	20	7,105	34,876	3,109,354	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,634	0	1,129	5,540	244,859	67.00
68.00	06800	SPEECH PATHOLOGY	1,680	0	225	1,104	185,031	68.00
69.00	06900	ELECTROCARDIOLOGY	21,434	983	14,108	69,249	2,088,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,286	940	1,288	6,321	382,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	72,758	357,123	14,513,834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	53,376	261,988	15,388,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	43,781	214,892	5,896,237	73.00
73.01	07301	DIABETES CENTER	5,609	154	184	902	369,676	73.01
74.00	07400	RENAL DIALYSIS	692	0	777	3,812	508,780	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	404	1,984	94,634	76.98
		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	10,455	2,748	585	2,870	771,353	90.00
91.00	09100	EMERGENCY	107,673	36,665	34,098	167,365	9,059,701	91.00
91.01	04950	WOUND CARE	11,682	0	1,157	5,680	516,178	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	21,849	2,237	4,967	24,377	1,515,994	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	14,129	0	2,372	11,641	945,338	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	52,717	4,108	5,502	27,005	4,494,979	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,878	0	606	2,975	517,652	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,418,982	1,386,499	603,442	2,963,568	209,291,993	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	101,507	190.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	3,325	1	0	0	84,744	194.00
194.01	07951	LIFELINE	557	0	0	0	147,110	194.01
194.02	07952	PATIENT TRANSPORT	144	0	0	0	16,790	194.02
194.03	07953	SETON LEASE 1 NORTH	602	0	0	0	15,400	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,423,610	1,386,500	603,442	2,963,568	209,657,544	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	25,887,232					5.06
7.00	00700	OPERATION OF PLANT	1,910,553	15,473,369				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	116,910	149,632	1,096,476			8.00
9.00	00900	HOUSEKEEPING	393,756	329,564	25,357	3,543,912		9.00
10.00	01000	DIETARY	263,608	598,607	30,795	141,482	2,905,816	10.00
11.00	01100	CAFETERIA	215,504	434,621	0	102,724	0	11.00
13.00	01300	NURSING ADMINISTRATION	495,659	163,987	0	38,759	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	118,292	280,734	27,790	66,352	0	14.00
15.00	01500	PHARMACY	523,219	243,833	0	57,631	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	384,603	125,734	0	29,718	0	16.00
17.00	01700	SOCIAL SERVICE	90,371	32,368	0	7,650	0	17.00
20.00	02000	NURSING SCHOOL	229,499	558,326	0	131,962	0	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	13,825	4,533	0	1,071	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,698,167	3,628,823	387,075	857,683	2,438,236	30.00
31.00	03100	INTENSIVE CARE UNIT	372,127	624,891	58,966	147,695	267,779	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	357,227	332,268	24,577	78,532	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	198,608	0	20,816	0	199,801	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	126,856	146,491	40,393	34,623	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,781,868	1,361,679	192,301	321,836	0	50.00
51.00	05100	RECOVERY ROOM	149,809	128,517	35,362	30,375	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	752,207	860,294	43,187	203,333	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,010,884	1,100,708	67,476	260,155	0	54.00
55.00	03630	ULTRA SOUND	77,679	35,469	0	8,383	0	55.00
56.00	05600	RADIOISOTOPE	10,515	27,716	0	6,551	0	56.00
56.01	03950	CARDIAC CATH LAB	320,328	436,450	4,459	103,156	0	56.01
57.00	05700	CT SCAN	193,521	95,831	0	22,650	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	89,338	68,553	0	16,203	0	58.00
60.00	06000	LABORATORY	1,051,351	415,057	6,992	98,100	0	60.00
65.00	06500	RESPIRATORY THERAPY	352,369	287,096	8,186	67,856	0	65.00
66.00	06600	PHYSICAL THERAPY	438,005	209,556	15,234	49,529	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,493	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,065	34,237	0	8,092	0	68.00
69.00	06900	ELECTROCARDIOLOGY	294,260	385,353	6,209	91,079	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,938	49,745	0	11,757	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,044,520	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,167,725	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	830,585	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	52,075	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	71,670	155,676	0	36,794	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,331	0	0	0	0	76.98
		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	108,658	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,276,213	1,845,965	101,301	436,299	0	91.00
91.01	04950	WOUND CARE	72,712	96,627	0	22,838	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	213,554	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	133,167	35,469	0	8,383	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	633,194	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	72,920	46,683	0	11,034	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,835,738	15,331,093	1,096,476	3,510,285	2,905,816	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,299	59,129	0	13,975	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	11,938	0	0	0	0	194.00
194.01	07951	LIFELINE	20,723	83,147	0	19,652	0	194.01
194.02	07952	PATIENT TRANSPORT	2,365	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	2,169	0	0	0	0	194.03
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)	25,887,232	15,473,369	1,096,476	3,543,912	2,905,816	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,282,689					11.00
13.00	01300	NURSING ADMINISTRATION	87,216	4,304,251				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,718	84,199	1,451,825			14.00
15.00	01500	PHARMACY	72,261	0	0	4,611,218		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	72,103	0	0	0	3,342,411	16.00
17.00	01700	SOCIAL SERVICE	23,744	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	31,472	0	0	0	0	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	5,552	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	445,991	1,405,012	0	0	195,722	30.00
31.00	03100	INTENSIVE CARE UNIT	148,334	359,742	0	0	46,716	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	67,896	164,662	0	0	48,546	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	33,904	94,028	0	0	11,832	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	22,670	20,304	0	0	12,565	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	147,473	357,981	0	0	611,882	50.00
51.00	05100	RECOVERY ROOM	22,692	55,034	0	0	40,024	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	133,144	117,509	0	0	75,941	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,470	0	0	0	288,779	54.00
55.00	03630	ULTRA SOUND	11,377	0	0	0	23,993	55.00
56.00	05600	RADIOISOTOPE	1,267	3,073	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	47,161	114,376	0	0	103,635	56.01
57.00	05700	CT SCAN	23,235	0	0	0	176,823	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,443	0	0	0	52,865	58.00
60.00	06000	LABORATORY	2,903	0	0	0	271,658	60.00
65.00	06500	RESPIRATORY THERAPY	69,398	168,304	0	0	28,252	65.00
66.00	06600	PHYSICAL THERAPY	51,977	120,408	0	0	39,337	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,896	86,653	0	0	6,249	67.00
68.00	06800	SPEECH PATHOLOGY	3,651	8,855	0	0	1,245	68.00
69.00	06900	ELECTROCARDIOLOGY	46,576	71,156	0	0	78,107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,179	48,937	0	0	7,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	696,876	0	402,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	754,949	0	295,503	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,611,218	242,382	73.00
73.01	07301	DIABETES CENTER	12,189	29,561	0	0	1,017	73.01
74.00	07400	RENAL DIALYSIS	1,505	3,649	0	0	4,300	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	2,238	76.98
		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	22,718	0	0	0	3,237	90.00
91.00	09100	EMERGENCY	233,972	598,476	0	0	188,776	91.00
91.01	04950	WOUND CARE	25,385	18,965	0	0	6,407	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	47,477	0	0	0	27,496	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	30,703	75,257	0	0	13,130	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	114,553	277,816	0	0	30,460	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,426	20,294	0	0	3,356	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,272,631	4,304,251	1,451,825	4,611,218	3,342,411	118.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	7,225	0	0	0	0	194.00
194.01	07951	LIFELINE	1,211	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	313	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	1,309	0	0	0	0	194.03
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)	2,282,689	4,304,251	1,451,825	4,611,218	3,342,411	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	20.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	795,668					17.00
20.00	02000	NURSING SCHOOL	0	2,580,448				20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	0	0	123,121			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	595,432	2,580,448	0	34,386,591	-1,284,827	30.00
31.00	03100	INTENSIVE CARE UNIT	73,421	0	0	4,741,363	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	58,163	0	0	3,667,786	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	42,567	0	0	2,011,451	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	26,085	0	0	1,330,524	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	33,621,683	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,525,288	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,525,453	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,136,526	0	54.00
55.00	03630	ULTRA SOUND	0	0	0	708,339	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	123,770	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	3,403,542	0	56.01
57.00	05700	CT SCAN	0	0	0	1,885,845	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	868,604	0	58.00
60.00	06000	LABORATORY	0	0	0	9,309,491	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,482,889	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,033,400	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	380,150	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	267,176	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,061,658	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	574,587	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,658,038	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,606,630	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	71,410	11,651,832	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	464,518	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	782,374	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	110,203	0	76.98
		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	905,966	0	90.00
91.00	09100	EMERGENCY	0	0	51,711	13,792,414	0	91.00
91.01	04950	WOUND CARE	0	0	0	759,112	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	1,804,521	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	1,241,447	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,551,002	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	680,365	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	20.00	23.00	24.00	25.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	795,668	2,580,448	123,121	209,054,538	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	188,910	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	103,907	0	194.00
194.01	07951	LIFELINE	0	0	0	271,843	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	19,468	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	18,878	0	194.03
200.00		Cross Foot Adjustments		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)	795,668	2,580,448	123,121	209,657,544	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	01140	MGMT INFO SYSTEMS			5.02
5.03	00550	PURCHASING			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	PATIENT ACCOUNTING			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING SCHOOL			20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	33,101,764		30.00
31.00	03100	INTENSIVE CARE UNIT	4,741,363		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,667,786		35.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,011,451		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	1,330,524		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	33,621,683		50.00
51.00	05100	RECOVERY ROOM	1,525,288		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,525,453		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,136,526		54.00
55.00	03630	ULTRA SOUND	708,339		55.00
56.00	05600	RADIOISOTOPE	123,770		56.00
56.01	03950	CARDIAC CATH LAB	3,403,542		56.01
57.00	05700	CT SCAN	1,885,845		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	868,604		58.00
60.00	06000	LABORATORY	9,309,491		60.00
65.00	06500	RESPIRATORY THERAPY	3,482,889		65.00
66.00	06600	PHYSICAL THERAPY	4,033,400		66.00
67.00	06700	OCCUPATIONAL THERAPY	380,150		67.00
68.00	06800	SPEECH PATHOLOGY	267,176		68.00
69.00	06900	ELECTROCARDIOLOGY	3,061,658		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	574,587		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,658,038		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,606,630		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,651,832		73.00
73.01	07301	DIABETES CENTER	464,518		73.01
74.00	07400	RENAL DIALYSIS	782,374		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	110,203		76.98
		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	905,966		90.00
91.00	09100	EMERGENCY	13,792,414		91.00
91.01	04950	WOUND CARE	759,112		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,804,521		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	1,241,447		95.00
99.10	09910	CORF	0		99.10
101.00	10100	HOME HEALTH AGENCY	5,551,002		101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	680,365		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	207,769,711		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	188,910		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Total		
			26.00		
194.00	07950	MOB	103,907		194.00
194.01	07951	LIFELINE	271,843		194.01
194.02	07952	PATIENT TRANSPORT	19,468		194.02
194.03	07953	SETON LEASE 1 NORTH	18,878		194.03
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	208,372,717		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	136,036	72,347	208,383	208,383	4.00
5.01	01160	COMMUNICATIONS	0	17,712	9,420	27,132	1,344	5.01
5.02	01140	MGMT INFO SYSTEMS	0	77,751	41,350	119,101	0	5.02
5.03	00550	PURCHASING	0	222,756	118,466	341,222	1,974	5.03
5.04	00570	ADMITTING	0	11,431	6,079	17,510	1,424	5.04
5.05	00580	PATIENT ACCOUNTING	0	188,209	100,094	288,303	2,810	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	249,783	930,521	494,871	1,675,175	17,386	5.06
7.00	00700	OPERATION OF PLANT	4,179	2,491,793	1,325,190	3,821,162	8,200	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	106,469	56,623	163,092	392	8.00
9.00	00900	HOUSEKEEPING	990	234,498	124,711	360,199	4,403	9.00
10.00	01000	DIETARY	5,190	425,933	226,520	657,643	2,119	10.00
11.00	01100	CAFETERIA	45,005	309,250	164,466	518,721	3,116	11.00
13.00	01300	NURSING ADMINISTRATION	0	116,683	62,055	178,738	8,087	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,141	199,753	106,233	339,127	1,371	14.00
15.00	01500	PHARMACY	133	173,497	92,269	265,899	7,214	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	89,464	47,579	137,043	4,100	16.00
17.00	01700	SOCIAL SERVICE	0	23,031	12,248	35,279	1,445	17.00
20.00	02000	NURSING SCHOOL	0	397,271	211,277	608,548	1,840	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	0	3,225	1,715	4,940	89	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	266,426	2,582,046	1,373,189	4,221,661	32,886	30.00
31.00	03100	INTENSIVE CARE UNIT	917	444,635	236,466	682,018	7,653	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	236,422	125,734	362,156	4,927	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	245	0	0	245	3,037	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	104,234	55,434	159,668	1,770	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,279	968,888	515,275	1,537,442	10,639	50.00
51.00	05100	RECOVERY ROOM	0	91,445	48,632	140,077	2,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	612,133	325,546	937,679	10,392	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	457,263	783,196	416,521	1,656,980	8,994	54.00
55.00	03630	ULTRA SOUND	0	25,238	13,422	38,660	1,133	55.00
56.00	05600	RADIOISOTOPE	0	19,721	10,488	30,209	102	56.00
56.01	03950	CARDIAC CATH LAB	5,053	310,551	165,158	480,762	3,738	56.01
57.00	05700	CT SCAN	0	68,188	36,264	104,452	1,905	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	48,778	25,941	74,719	717	58.00
60.00	06000	LABORATORY	2,506	295,329	157,062	454,897	159	60.00
65.00	06500	RESPIRATORY THERAPY	21,305	204,280	108,641	334,226	4,722	65.00
66.00	06600	PHYSICAL THERAPY	9,416	149,107	79,299	237,822	6,788	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	522	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,361	12,956	37,317	356	68.00
69.00	06900	ELECTROCARDIOLOGY	165	274,194	145,822	420,181	3,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,182	35,395	18,824	55,401	609	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	854	73.01
74.00	07400	RENAL DIALYSIS	0	110,770	58,910	169,680	100	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		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	875	90.00
91.00	09100	EMERGENCY	0	1,313,476	698,535	2,012,011	16,591	91.00
91.01	04950	WOUND CARE	0	68,754	36,565	105,319	966	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	200,469	0	0	200,469	3,656	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	5,775	25,238	13,422	44,435	1,799	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	8,624	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
116.00	11600	HOSPICE	0	33,217	0	33,217	838	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,362,422	14,984,879	7,951,619	24,298,920	208,078	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,073	22,375	64,448	24	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	204	194.00
194.01	07951	LIFELINE	0	59,162	31,464	90,626	40	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	8	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	29	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,362,422	15,086,114	8,005,458	24,453,994	208,383	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	28,476					5.01
5.02	01140	MGMT INFO SYSTEMS	929	120,030				5.02
5.03	00550	PURCHASING	565	1,702	345,463			5.03
5.04	00570	ADMITTING	0	1,323	3	20,260		5.04
5.05	00580	PATIENT ACCOUNTING	565	2,806	70	0	294,554	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,949	8,238	286	0	0	5.06
7.00	00700	OPERATION OF PLANT	2,222	5,922	234	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40	495	27	0	0	8.00
9.00	00900	HOUSEKEEPING	364	5,322	500	0	0	9.00
10.00	01000	DIETARY	1,212	1,596	74	0	0	10.00
11.00	01100	CAFETERIA	0	4,054	130	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	364	3,384	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	162	1,347	9,235	0	0	14.00
15.00	01500	PHARMACY	929	2,804	2,464	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	687	2,798	2	0	0	16.00
17.00	01700	SOCIAL SERVICE	364	921	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	1,221	0	0	0	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	0	215	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,645	17,306	7,005	1,209	17,265	30.00
31.00	03100	INTENSIVE CARE UNIT	889	5,756	5	289	4,121	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	687	2,634	811	300	4,282	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	969	1,316	299	73	1,044	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	880	605	78	1,108	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	969	5,722	225,831	3,391	53,687	50.00
51.00	05100	RECOVERY ROOM	323	880	376	247	3,531	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,050	5,166	3,552	469	6,699	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,423	5,179	24,089	1,784	25,474	54.00
55.00	03630	ULTRA SOUND	0	441	241	148	2,116	55.00
56.00	05600	RADIOISOTOPE	0	49	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	1,830	42,739	640	9,142	56.01
57.00	05700	CT SCAN	0	902	1,250	1,092	15,598	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	289	197	327	4,663	58.00
60.00	06000	LABORATORY	1,777	113	10,105	1,678	23,964	60.00
65.00	06500	RESPIRATORY THERAPY	1,373	2,693	3,410	175	2,492	65.00
66.00	06600	PHYSICAL THERAPY	242	2,017	5	243	3,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	306	0	39	551	67.00
68.00	06800	SPEECH PATHOLOGY	0	142	0	8	110	68.00
69.00	06900	ELECTROCARDIOLOGY	242	1,807	245	483	6,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	783	234	44	629	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,488	35,533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,825	26,067	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,497	21,381	73.00
73.01	07301	DIABETES CENTER	242	473	38	6	90	73.01
74.00	07400	RENAL DIALYSIS	0	58	0	27	379	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	14	197	76.98
		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	1,293	882	685	20	286	90.00
91.00	09100	EMERGENCY	0	9,078	9,135	1,166	16,653	91.00
91.01	04950	WOUND CARE	0	985	0	40	565	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,842	557	170	2,426	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,191	0	81	1,158	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	4,445	1,024	188	2,687	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	327	0	21	296	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,476	119,640	345,463	20,260	294,554	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	280	0	0	0	194.00
194.01	07951	LIFELINE	0	47	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	12	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	51	0	0	0	194.03
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)	28,476	120,030	345,463	20,260	294,554	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,704,034					5.06
7.00	00700	OPERATION OF PLANT	125,768	3,963,508				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,696	38,328	210,070			8.00
9.00	00900	HOUSEKEEPING	25,920	84,418	4,858	485,984		9.00
10.00	01000	DIETARY	17,353	153,333	5,900	19,402	858,632	10.00
11.00	01100	CAFETERIA	14,186	111,328	0	14,087	0	11.00
13.00	01300	NURSING ADMINISTRATION	32,628	42,005	0	5,315	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,787	71,910	5,324	9,099	0	14.00
15.00	01500	PHARMACY	34,442	62,458	0	7,903	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,318	32,207	0	4,075	0	16.00
17.00	01700	SOCIAL SERVICE	5,949	8,291	0	1,049	0	17.00
20.00	02000	NURSING SCHOOL	15,107	143,015	0	18,096	0	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	910	1,161	0	147	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	177,615	929,524	74,158	117,615	720,468	30.00
31.00	03100	INTENSIVE CARE UNIT	24,496	160,066	11,297	20,254	79,125	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	23,516	85,111	4,709	10,769	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	13,074	0	3,988	0	59,039	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,351	37,524	7,739	4,748	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	248,878	348,794	36,842	44,134	0	50.00
51.00	05100	RECOVERY ROOM	9,862	32,920	6,775	4,165	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,516	220,365	8,274	27,883	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,373	281,947	12,927	35,676	0	54.00
55.00	03630	ULTRA SOUND	5,113	9,086	0	1,150	0	55.00
56.00	05600	RADIOISOTOPE	692	7,099	0	898	0	56.00
56.01	03950	CARDIAC CATH LAB	21,087	111,797	854	14,146	0	56.01
57.00	05700	CT SCAN	12,739	24,547	0	3,106	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,881	17,560	0	2,222	0	58.00
60.00	06000	LABORATORY	69,208	106,317	1,340	13,453	0	60.00
65.00	06500	RESPIRATORY THERAPY	23,196	73,540	1,568	9,305	0	65.00
66.00	06600	PHYSICAL THERAPY	28,833	53,678	2,919	6,792	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,271	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,716	8,770	0	1,110	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,371	98,708	1,190	12,490	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,551	12,742	0	1,612	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,587	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	142,697	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,676	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	3,428	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	4,718	39,876	0	5,046	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	878	0	0	0	0	76.98
		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	7,153	0	0	0	0	90.00
91.00	09100	EMERGENCY	84,011	472,844	19,408	59,831	0	91.00
91.01	04950	WOUND CARE	4,787	24,751	0	3,132	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,058	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	8,766	9,086	0	1,150	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	41,682	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,800	11,958	0	1,513	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,700,644	3,927,064	210,070	481,373	858,632	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	941	15,146	0	1,916	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	786	0	0	0	0	194.00
194.01	07951	LIFELINE	1,364	21,298	0	2,695	0	194.01
194.02	07952	PATIENT TRANSPORT	156	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	143	0	0	0	0	194.03
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)	1,704,034	3,963,508	210,070	485,984	858,632	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	665,622					11.00
13.00	01300	NURSING ADMINISTRATION	25,432	295,953				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,124	5,789	461,275			14.00
15.00	01500	PHARMACY	21,071	0	0	405,184		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,025	0	0	0	227,255	16.00
17.00	01700	SOCIAL SERVICE	6,924	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	9,177	0	0	0	0	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	1,619	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	130,049	96,607	0	0	13,300	30.00
31.00	03100	INTENSIVE CARE UNIT	43,254	24,735	0	0	3,174	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,798	11,322	0	0	3,299	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,886	6,465	0	0	804	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,611	1,396	0	0	854	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,002	24,614	0	0	41,712	50.00
51.00	05100	RECOVERY ROOM	6,617	3,784	0	0	2,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,824	8,080	0	0	5,160	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,919	0	0	0	19,623	54.00
55.00	03630	ULTRA SOUND	3,318	0	0	0	1,630	55.00
56.00	05600	RADIOISOTOPE	370	211	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	13,752	7,864	0	0	7,042	56.01
57.00	05700	CT SCAN	6,775	0	0	0	12,015	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,170	0	0	0	3,592	58.00
60.00	06000	LABORATORY	846	0	0	0	18,460	60.00
65.00	06500	RESPIRATORY THERAPY	20,236	11,572	0	0	1,920	65.00
66.00	06600	PHYSICAL THERAPY	15,156	8,279	0	0	2,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,302	5,958	0	0	425	67.00
68.00	06800	SPEECH PATHOLOGY	1,065	609	0	0	85	68.00
69.00	06900	ELECTROCARDIOLOGY	13,581	4,893	0	0	5,308	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,884	3,365	0	0	484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	221,412	0	27,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	239,863	0	20,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	405,184	16,470	73.00
73.01	07301	DIABETES CENTER	3,554	2,033	0	0	69	73.01
74.00	07400	RENAL DIALYSIS	439	251	0	0	292	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	152	76.98
		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	6,625	0	0	0	220	90.00
91.00	09100	EMERGENCY	68,225	41,150	0	0	12,828	91.00
91.01	04950	WOUND CARE	7,402	1,304	0	0	435	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	13,844	0	0	0	1,868	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	8,953	5,175	0	0	892	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	33,403	19,102	0	0	2,070	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,457	1,395	0	0	228	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	662,689	295,953	461,275	405,184	227,255	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	2,107	0	0	0	0	194.00
194.01	07951	LIFELINE	353	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	91	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	382	0	0	0	0	194.03
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)	665,622	295,953	461,275	405,184	227,255	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	20.00	23.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	60,222					17.00
20.00	02000	NURSING SCHOOL	0	797,004				20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	0		9,081			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,067			6,606,380	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,557			1,072,689	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,402			538,723	0	35.00
40.00	04000	SUBPROVIDER - IPF	0			0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,222			103,461	0	41.00
42.00	04200	SUBPROVIDER	0			0	0	42.00
43.00	04300	NURSERY	1,974			233,306	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0			2,625,657	0	50.00
51.00	05100	RECOVERY ROOM	0			214,415	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			1,323,109	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			2,246,388	0	54.00
55.00	03630	ULTRA SOUND	0			63,036	0	55.00
56.00	05600	RADIOISOTOPE	0			39,630	0	56.00
56.01	03950	CARDIAC CATH LAB	0			715,393	0	56.01
57.00	05700	CT SCAN	0			184,381	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			112,337	0	58.00
60.00	06000	LABORATORY	0			702,317	0	60.00
65.00	06500	RESPIRATORY THERAPY	0			490,428	0	65.00
66.00	06600	PHYSICAL THERAPY	0			368,917	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			12,374	0	67.00
68.00	06800	SPEECH PATHOLOGY	0			51,288	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0			588,663	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			85,338	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			421,391	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0			430,532	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			499,208	0	73.00
73.01	07301	DIABETES CENTER	0			10,787	0	73.01
74.00	07400	RENAL DIALYSIS	0			220,866	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0			1,241	0	76.98
		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			18,039	0	90.00
91.00	09100	EMERGENCY	0			2,822,931	0	91.00
91.01	04950	WOUND CARE	0			149,686	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0			238,890	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			82,686	0	95.00
99.10	09910	CORF	0			0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0			113,225	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0			0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0	110.00
111.00	11100	ISLET ACQUISITION	0			0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			57,050	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			17.00	20.00	23.00	24.00	25.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,222	0	0	23,444,762	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			82,475	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			0	0	192.00
194.00	07950	MOB	0			3,377	0	194.00
194.01	07951	LIFELINE	0			116,423	0	194.01
194.02	07952	PATIENT TRANSPORT	0			267	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0			605	0	194.03
200.00		Cross Foot Adjustments		797,004	9,081	806,085	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	60,222	797,004	9,081	24,453,994	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	01140	MGMT INFO SYSTEMS			5.02
5.03	00550	PURCHASING			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	PATIENT ACCOUNTING			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING SCHOOL			20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	6,606,380		30.00
31.00	03100	INTENSIVE CARE UNIT	1,072,689		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	538,723		35.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	103,461		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	233,306		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	2,625,657		50.00
51.00	05100	RECOVERY ROOM	214,415		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,323,109		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,246,388		54.00
55.00	03630	ULTRA SOUND	63,036		55.00
56.00	05600	RADIOISOTOPE	39,630		56.00
56.01	03950	CARDIAC CATH LAB	715,393		56.01
57.00	05700	CT SCAN	184,381		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	112,337		58.00
60.00	06000	LABORATORY	702,317		60.00
65.00	06500	RESPIRATORY THERAPY	490,428		65.00
66.00	06600	PHYSICAL THERAPY	368,917		66.00
67.00	06700	OCCUPATIONAL THERAPY	12,374		67.00
68.00	06800	SPEECH PATHOLOGY	51,288		68.00
69.00	06900	ELECTROCARDIOLOGY	588,663		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,338		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	421,391		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	430,532		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	499,208		73.00
73.01	07301	DIABETES CENTER	10,787		73.01
74.00	07400	RENAL DIALYSIS	220,866		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,241		76.98
		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	18,039		90.00
91.00	09100	EMERGENCY	2,822,931		91.00
91.01	04950	WOUND CARE	149,686		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	238,890		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	82,686		95.00
99.10	09910	CORF	0		99.10
101.00	10100	HOME HEALTH AGENCY	113,225		101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		110.00
111.00	11100	ISLET ACQUISITION	0		111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	57,050		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,444,762		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,475		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	Total		
			26.00		
194.00	07950	MOB	3,377		194.00
194.01	07951	LIFELINE	116,423		194.01
194.02	07952	PATIENT TRANSPORT	267		194.02
194.03	07953	SETON LEASE 1 NORTH	605		194.03
200.00		Cross Foot Adjustments	806,085		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	24,453,994		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	533,198					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		532,024				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,808	4,808	61,828,211			4.00
5.01	01160	COMMUNICATIONS	626	626	398,740	705		5.01
5.02	01140	MGMT INFO SYSTEMS	2,748	2,748	0	23	2,241,015	5.02
5.03	00550	PURCHASING	7,873	7,873	585,782	14	31,770	5.03
5.04	00570	ADMITTING	404	404	422,499	0	24,702	5.04
5.05	00580	PATIENT ACCOUNTING	6,652	6,652	833,933	14	52,391	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	32,888	32,888	5,159,175	73	153,810	5.06
7.00	00700	OPERATION OF PLANT	88,069	88,069	2,433,238	55	110,572	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,763	3,763	116,411	1	9,247	8.00
9.00	00900	HOUSEKEEPING	8,288	8,288	1,306,425	9	99,371	9.00
10.00	01000	DIETARY	15,054	15,054	628,877	30	29,802	10.00
11.00	01100	CAFETERIA	10,930	10,930	924,753	0	75,696	11.00
13.00	01300	NURSING ADMINISTRATION	4,124	4,124	2,399,806	9	63,182	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,060	7,060	406,737	4	25,151	14.00
15.00	01500	PHARMACY	6,132	6,132	2,140,549	23	52,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,162	3,162	1,216,610	17	52,234	16.00
17.00	01700	SOCIAL SERVICE	814	814	428,870	9	17,201	17.00
20.00	02000	NURSING SCHOOL	14,041	14,041	546,051	0	22,799	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	114	114	26,287	0	4,022	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	91,259	91,259	9,751,768	115	323,091	30.00
31.00	03100	INTENSIVE CARE UNIT	15,715	15,715	2,271,067	22	107,458	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,356	8,356	1,462,013	17	49,186	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	901,202	24	24,561	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,684	3,684	525,097	0	16,423	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,244	34,244	3,156,942	24	106,834	50.00
51.00	05100	RECOVERY ROOM	3,232	3,232	634,447	8	16,439	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,635	21,635	3,083,602	26	96,454	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,681	27,681	2,668,724	60	96,690	54.00
55.00	03630	ULTRA SOUND	892	892	336,072	0	8,242	55.00
56.00	05600	RADIOISOTOPE	697	697	30,127	0	918	56.00
56.01	03950	CARDIAC CATH LAB	10,976	10,976	1,109,341	0	34,165	56.01
57.00	05700	CT SCAN	2,410	2,410	565,203	0	16,832	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,724	1,724	212,795	0	5,392	58.00
60.00	06000	LABORATORY	10,438	10,438	47,098	44	2,103	60.00
65.00	06500	RESPIRATORY THERAPY	7,220	7,220	1,401,120	34	50,274	65.00
66.00	06600	PHYSICAL THERAPY	5,270	5,270	2,014,220	6	37,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	154,949	0	5,720	67.00
68.00	06800	SPEECH PATHOLOGY	861	861	105,623	0	2,645	68.00
69.00	06900	ELECTROCARDIOLOGY	9,691	9,691	971,652	6	33,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,251	1,251	180,646	0	14,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	0	0	253,393	6	8,830	73.01
74.00	07400	RENAL DIALYSIS	3,915	3,915	29,726	0	1,090	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		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	259,650	32	16,458	90.00
91.00	09100	EMERGENCY	46,423	46,423	4,923,209	0	169,497	91.00
91.01	04950	WOUND CARE	2,430	2,430	286,777	0	18,390	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,085,013	0	34,394	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	892	892	533,702	0	22,242	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	2,559,058	0	82,986	101.00
		SPECIAL PURPOSE COST CENTERS						
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
			1.00	2.00	4.00	5.01	5.02	
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,174	0	248,678	0	6,104	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	529,620	528,446	61,737,657	705	2,233,729	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,487	1,487	7,124	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	60,584	0	5,234	194.00
194.01	07951	LIFELINE	2,091	2,091	11,881	0	877	194.01
194.02	07952	PATIENT TRANSPORT	0	0	2,433	0	227	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	8,532	0	948	194.03
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)	15,086,114	8,005,458	21,213,581	1,332,515	1,423,610	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.293643	15.047175	0.343105	1,890.092199	0.635252	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			208,383	28,476	120,030	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003370	40.391489	0.053561	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	PURCHASING (COSTED REQUISITIO)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING	30,908,008					5.03
5.04	00570	ADMITTING	257	825,937,392				5.04
5.05	00580	PATIENT ACCOUNTING	6,249	0	825,937,392			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	25,580	0	0	-25,887,232	183,770,312	5.06
7.00	00700	OPERATION OF PLANT	20,901	0	0	0	13,562,816	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,416	0	0	0	829,934	8.00
9.00	00900	HOUSEKEEPING	44,692	0	0	0	2,795,235	9.00
10.00	01000	DIETARY	6,664	0	0	0	1,871,324	10.00
11.00	01100	CAFETERIA	11,636	0	0	0	1,529,840	11.00
13.00	01300	NURSING ADMINISTRATION	43	0	0	0	3,518,630	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	826,256	0	0	0	839,740	14.00
15.00	01500	PHARMACY	220,497	0	0	0	3,714,274	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	163	0	0	0	2,730,253	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	641,535	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	1,629,189	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	98,140	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	626,738	48,362,346	48,362,346	0	19,154,002	30.00
31.00	03100	INTENSIVE CARE UNIT	448	11,543,388	11,543,388	0	2,641,692	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	72,542	11,995,576	11,995,576	0	2,535,915	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	26,775	2,923,658	2,923,658	0	1,409,895	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	54,105	3,104,845	3,104,845	0	900,537	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,204,431	151,232,785	151,232,785	0	26,846,663	50.00
51.00	05100	RECOVERY ROOM	33,598	9,889,908	9,889,908	0	1,063,475	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,758	18,764,695	18,764,695	0	5,339,838	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,155,240	71,356,238	71,356,238	0	14,275,054	54.00
55.00	03630	ULTRA SOUND	21,564	5,928,503	5,928,503	0	551,438	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	74,648	56.00
56.01	03950	CARDIAC CATH LAB	3,823,858	25,607,753	25,607,753	0	2,273,977	56.01
57.00	05700	CT SCAN	111,865	43,692,302	43,692,302	0	1,373,785	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,667	13,062,859	13,062,859	0	634,202	58.00
60.00	06000	LABORATORY	904,086	67,125,786	67,125,786	0	7,463,430	60.00
65.00	06500	RESPIRATORY THERAPY	305,132	6,981,084	6,981,084	0	2,501,428	65.00
66.00	06600	PHYSICAL THERAPY	447	9,720,115	9,720,115	0	3,109,354	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,544,022	1,544,022	0	244,859	67.00
68.00	06800	SPEECH PATHOLOGY	0	307,665	307,665	0	185,031	68.00
69.00	06900	ELECTROCARDIOLOGY	21,922	19,300,058	19,300,058	0	2,088,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,964	1,761,693	1,761,693	0	382,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,532,518	99,532,518	0	14,513,834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	73,017,897	73,017,897	0	15,388,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	59,891,763	59,891,763	0	5,896,237	73.00
73.01	07301	DIABETES CENTER	3,434	251,350	251,350	0	369,676	73.01
74.00	07400	RENAL DIALYSIS	0	1,062,449	1,062,449	0	508,780	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	553,072	553,072	0	94,634	76.98
		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	61,266	799,831	799,831	0	771,353	90.00
91.00	09100	EMERGENCY	817,340	46,645,857	46,645,857	0	9,059,701	91.00
91.01	04950	WOUND CARE	0	1,583,070	1,583,070	0	516,178	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	49,872	6,794,169	6,794,169	0	1,515,994	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	3,244,495	3,244,495	0	945,338	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	91,586	7,526,504	7,526,504	0	4,494,979	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	829,138	829,138	0	517,652	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,907,992	825,937,392	825,937,392	-25,887,232	183,404,761	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	PURCHASING (COSTED REQUISITIO)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	101,507	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	16	0	0	0	84,744	194.00
194.01	07951	LIFELINE	0	0	0	0	147,110	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	16,790	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	15,400	194.03
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)	1,386,500	603,442	2,963,568		25,887,232	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.044859	0.000731	0.003588		0.140867	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	345,463	20,260	294,554		1,704,034	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.011177	0.000025	0.000357		0.009273	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	389,130					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,763	817,044				8.00
9.00	00900	HOUSEKEEPING	8,288	18,895	377,079			9.00
10.00	01000	DIETARY	15,054	22,947	15,054	174,406		10.00
11.00	01100	CAFETERIA	10,930	0	10,930	0	1,653,654	11.00
13.00	01300	NURSING ADMINISTRATION	4,124	0	4,124	0	63,182	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,060	20,708	7,060	0	25,151	14.00
15.00	01500	PHARMACY	6,132	0	6,132	0	52,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,162	0	3,162	0	52,234	16.00
17.00	01700	SOCIAL SERVICE	814	0	814	0	17,201	17.00
20.00	02000	NURSING SCHOOL	14,041	0	14,041	0	22,799	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	114	0	114	0	4,022	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	91,259	288,429	91,259	146,342	323,091	30.00
31.00	03100	INTENSIVE CARE UNIT	15,715	43,939	15,715	16,072	107,458	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,356	18,314	8,356	0	49,186	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	15,511	0	11,992	24,561	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,684	30,099	3,684	0	16,423	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,244	143,294	34,244	0	106,834	50.00
51.00	05100	RECOVERY ROOM	3,232	26,350	3,232	0	16,439	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,635	32,181	21,635	0	96,454	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,681	50,280	27,681	0	96,690	54.00
55.00	03630	ULTRA SOUND	892	0	892	0	8,242	55.00
56.00	05600	RADIOISOTOPE	697	0	697	0	918	56.00
56.01	03950	CARDIAC CATH LAB	10,976	3,323	10,976	0	34,165	56.01
57.00	05700	CT SCAN	2,410	0	2,410	0	16,832	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,724	0	1,724	0	5,392	58.00
60.00	06000	LABORATORY	10,438	5,210	10,438	0	2,103	60.00
65.00	06500	RESPIRATORY THERAPY	7,220	6,100	7,220	0	50,274	65.00
66.00	06600	PHYSICAL THERAPY	5,270	11,352	5,270	0	37,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	5,720	67.00
68.00	06800	SPEECH PATHOLOGY	861	0	861	0	2,645	68.00
69.00	06900	ELECTROCARDIOLOGY	9,691	4,627	9,691	0	33,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,251	0	1,251	0	14,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	8,830	73.01
74.00	07400	RENAL DIALYSIS	3,915	0	3,915	0	1,090	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		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	16,458	90.00
91.00	09100	EMERGENCY	46,423	75,485	46,423	0	169,497	91.00
91.01	04950	WOUND CARE	2,430	0	2,430	0	18,390	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	34,394	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	892	0	892	0	22,242	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	82,986	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,174	0	1,174	0	6,104	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	385,552	817,044	373,501	174,406	1,646,368	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,487	0	1,487	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	5,234	194.00
194.01	07951	LIFELINE	2,091	0	2,091	0	877	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	227	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	948	194.03
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)	15,473,369	1,096,476	3,543,912	2,905,816	2,282,689	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	39.764009	1.342004	9.398328	16.661216	1.380391	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,963,508	210,070	485,984	858,632	665,622	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.185563	0.257110	1.288812	4.923179	0.402516	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,285,718					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,151	100				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	825,937,392		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	37,702	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	419,690	0	0	48,362,346	28,214	30.00
31.00	03100	INTENSIVE CARE UNIT	107,458	0	0	11,543,388	3,479	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	49,186	0	0	11,995,576	2,756	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	28,087	0	0	2,923,658	2,017	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,065	0	0	3,104,845	1,236	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	106,932	0	0	151,232,785	0	50.00
51.00	05100	RECOVERY ROOM	16,439	0	0	9,889,908	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,101	0	0	18,764,695	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	71,356,238	0	54.00
55.00	03630	ULTRA SOUND	0	0	0	5,928,503	0	55.00
56.00	05600	RADIOISOTOPE	918	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	34,165	0	0	25,607,753	0	56.01
57.00	05700	CT SCAN	0	0	0	43,692,302	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,062,859	0	58.00
60.00	06000	LABORATORY	0	0	0	67,125,786	0	60.00
65.00	06500	RESPIRATORY THERAPY	50,274	0	0	6,981,084	0	65.00
66.00	06600	PHYSICAL THERAPY	35,967	0	0	9,720,115	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,884	0	0	1,544,022	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,645	0	0	307,665	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,255	0	0	19,300,058	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,618	0	0	1,761,693	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48	0	99,532,518	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	52	0	73,017,897	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	59,891,763	0	73.00
73.01	07301	DIABETES CENTER	8,830	0	0	251,350	0	73.01
74.00	07400	RENAL DIALYSIS	1,090	0	0	1,062,449	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	553,072	0	76.98
		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	799,831	0	90.00
91.00	09100	EMERGENCY	178,770	0	0	46,645,857	0	91.00
91.01	04950	WOUND CARE	5,665	0	0	1,583,070	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	6,794,169	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	22,480	0	0	3,244,495	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	82,986	0	0	7,526,504	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,062	0	0	829,138	0	116.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,285,718	100	100	825,937,392	37,702	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07953	SETON LEASE 1 NORTH	0	0	0	0	0	194.03
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)	4,304,251	1,451,825	4,611,218	3,342,411	795,668	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.347741	14,518.250000	46,112.180000	0.004047	21.104132	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	295,953	461,275	405,184	227,255	60,222	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.230185	4,612.750000	4,051.840000	0.000275	1.597316	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
			20.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	01140	MGMT INFO SYSTEMS				5.02
5.03	00550	PURCHASING				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL	100			20.00
23.00	02301	PARAMEDICAL EDUCATION PROGRAM		100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	100	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	03630	ULTRA SOUND	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03950	CARDIAC CATH LAB	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	58		73.00
73.01	07301	DIABETES CENTER	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		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
91.00	09100	EMERGENCY	0	42		91.00
91.01	04950	WOUND CARE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
99.10	09910	CORF	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/27/2015 9:45 am

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
			20.00	23.00		
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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	MOB	0	0		194.00
194.01	07951	LIFELINE	0	0		194.01
194.02	07952	PATIENT TRANSPORT	0	0		194.02
194.03	07953	SETON LEASE 1 NORTH	0	0		194.03
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)	2,580,448	123,121		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25,804.480000	1,231.210000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	797,004	9,081		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7,970.040000	90.810000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-2 | Date/Time Prepared: 5/27/2015 9:45 am

		Description	Worksheet Part	Worksheet Line No.	Amount	
		1.00	2.00	3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	0	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00		NURSING SCHOOL	1	30.00	-1,284,827	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,101,764		33,101,764	1,805	33,103,569	30.00
31.00	03100	INTENSIVE CARE UNIT	4,741,363		4,741,363	0	4,741,363	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,667,786		3,667,786	51,255	3,719,041	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,011,451		2,011,451	0	2,011,451	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,330,524		1,330,524	0	1,330,524	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,621,683		33,621,683	0	33,621,683	50.00
51.00	05100	RECOVERY ROOM	1,525,288		1,525,288	0	1,525,288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,525,453		7,525,453	0	7,525,453	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,136,526		18,136,526	55,616	18,192,142	54.00
55.00	03630	ULTRA SOUND	708,339		708,339	0	708,339	55.00
56.00	05600	RADIOISOTOPE	123,770		123,770	0	123,770	56.00
56.01	03950	CARDIAC CATH LAB	3,403,542		3,403,542	0	3,403,542	56.01
57.00	05700	CT SCAN	1,885,845		1,885,845	0	1,885,845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	868,604		868,604	0	868,604	58.00
60.00	06000	LABORATORY	9,309,491		9,309,491	42,351	9,351,842	60.00
65.00	06500	RESPIRATORY THERAPY	3,482,889	0	3,482,889	14,601	3,497,490	65.00
66.00	06600	PHYSICAL THERAPY	4,033,400	0	4,033,400	0	4,033,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	380,150	0	380,150	0	380,150	67.00
68.00	06800	SPEECH PATHOLOGY	267,176	0	267,176	0	267,176	68.00
69.00	06900	ELECTROCARDIOLOGY	3,061,658		3,061,658	0	3,061,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	574,587		574,587	4,980	579,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,658,038		17,658,038	0	17,658,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,606,630		18,606,630	0	18,606,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,651,832		11,651,832	0	11,651,832	73.00
73.01	07301	DIABETES CENTER	464,518		464,518	5,633	470,151	73.01
74.00	07400	RENAL DIALYSIS	782,374		782,374	0	782,374	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	110,203		110,203	0	110,203	76.98
		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	905,966		905,966	0	905,966	90.00
91.00	09100	EMERGENCY	13,792,414		13,792,414	0	13,792,414	91.00
91.01	04950	WOUND CARE	759,112		759,112	677	759,789	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,804,521		1,804,521	0	1,804,521	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,241,447		1,241,447	5,334	1,246,781	95.00
99.10	09910	CORF	0		0		0	99.10
101.00	10100	HOME HEALTH AGENCY	5,551,002		5,551,002		5,551,002	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	680,365		680,365		680,365	116.00
200.00		Subtotal (see instructions)	207,769,711	0	207,769,711	182,252	207,951,963	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	207,769,711	0	207,769,711	182,252	207,951,963	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,362,346		48,362,346			30.00
31.00	03100	INTENSIVE CARE UNIT	11,543,388		11,543,388			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,995,576		11,995,576			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	2,923,658		2,923,658			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,104,845		3,104,845			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,939,321	96,293,464	151,232,785	0.222317	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,484,949	5,404,959	9,889,908	0.154227	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,233,023	531,672	18,764,695	0.401043	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,572,613	59,783,625	71,356,238	0.254169	0.000000	54.00
55.00	03630	ULTRA SOUND	1,362,460	4,566,043	5,928,503	0.119480	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	12,872,876	12,734,877	25,607,753	0.132911	0.000000	56.01
57.00	05700	CT SCAN	11,708,478	31,983,824	43,692,302	0.043162	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,874,189	8,188,670	13,062,859	0.066494	0.000000	58.00
60.00	06000	LABORATORY	31,522,892	35,602,894	67,125,786	0.138687	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	5,931,389	1,049,695	6,981,084	0.498904	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,705,735	2,014,380	9,720,115	0.414954	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,221,718	322,304	1,544,022	0.246208	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	115,038	192,627	307,665	0.868399	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,272,297	13,027,761	19,300,058	0.158635	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	518,951	1,242,742	1,761,693	0.326156	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,643,880	45,888,638	99,532,518	0.177410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,803,552	16,214,345	73,017,897	0.254823	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,309,856	20,581,907	59,891,763	0.194548	0.000000	73.00
73.01	07301	DIABETES CENTER	1,259	250,091	251,350	1.848092	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,024,640	37,809	1,062,449	0.736387	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,750	529,322	553,072	0.199256	0.000000	76.98
		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	799,831	799,831	1.132697	0.000000	90.00
91.00	09100	EMERGENCY	7,561,080	39,084,777	46,645,857	0.295684	0.000000	91.00
91.01	04950	WOUND CARE	13,894	1,569,176	1,583,070	0.479519	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	668,999	6,125,170	6,794,169	0.265598	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	3,244,495	3,244,495	0.382632	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	7,526,504	7,526,504			101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	829,138	829,138			116.00
200.00		Subtotal (see instructions)	410,316,652	415,620,740	825,937,392			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	410,316,652	415,620,740	825,937,392			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.222317	50.00
51.00	05100	RECOVERY ROOM	0.154227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401043	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254948	54.00
55.00	03630	ULTRA SOUND	0.119480	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	0.132911	56.01
57.00	05700	CT SCAN	0.043162	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066494	58.00
60.00	06000	LABORATORY	0.139318	60.00
65.00	06500	RESPIRATORY THERAPY	0.500995	65.00
66.00	06600	PHYSICAL THERAPY	0.414954	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246208	67.00
68.00	06800	SPEECH PATHOLOGY	0.868399	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.254823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194548	73.00
73.01	07301	DIABETES CENTER	1.870503	73.01
74.00	07400	RENAL DIALYSIS	0.736387	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.199256	76.98
		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	1.132697	90.00
91.00	09100	EMERGENCY	0.295684	91.00
91.01	04950	WOUND CARE	0.479947	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.265598	92.01
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.384276	95.00
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,101,764		33,101,764	1,805	33,103,569	30.00
31.00	03100	INTENSIVE CARE UNIT	4,741,363		4,741,363	0	4,741,363	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,667,786		3,667,786	51,255	3,719,041	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,011,451		2,011,451	0	2,011,451	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,330,524		1,330,524	0	1,330,524	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,621,683		33,621,683	0	33,621,683	50.00
51.00	05100	RECOVERY ROOM	1,525,288		1,525,288	0	1,525,288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,525,453		7,525,453	0	7,525,453	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,136,526		18,136,526	55,616	18,192,142	54.00
55.00	03630	ULTRA SOUND	708,339		708,339	0	708,339	55.00
56.00	05600	RADIOISOTOPE	123,770		123,770	0	123,770	56.00
56.01	03950	CARDIAC CATH LAB	3,403,542		3,403,542	0	3,403,542	56.01
57.00	05700	CT SCAN	1,885,845		1,885,845	0	1,885,845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	868,604		868,604	0	868,604	58.00
60.00	06000	LABORATORY	9,309,491		9,309,491	42,351	9,351,842	60.00
65.00	06500	RESPIRATORY THERAPY	3,482,889	0	3,482,889	14,601	3,497,490	65.00
66.00	06600	PHYSICAL THERAPY	4,033,400	0	4,033,400	0	4,033,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	380,150	0	380,150	0	380,150	67.00
68.00	06800	SPEECH PATHOLOGY	267,176	0	267,176	0	267,176	68.00
69.00	06900	ELECTROCARDIOLOGY	3,061,658		3,061,658	0	3,061,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	574,587		574,587	4,980	579,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,658,038		17,658,038	0	17,658,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,606,630		18,606,630	0	18,606,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,651,832		11,651,832	0	11,651,832	73.00
73.01	07301	DIABETES CENTER	464,518		464,518	5,633	470,151	73.01
74.00	07400	RENAL DIALYSIS	782,374		782,374	0	782,374	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	110,203		110,203	0	110,203	76.98
		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	905,966		905,966	0	905,966	90.00
91.00	09100	EMERGENCY	13,792,414		13,792,414	0	13,792,414	91.00
91.01	04950	WOUND CARE	759,112		759,112	677	759,789	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,804,521		1,804,521	0	1,804,521	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,241,447		1,241,447	5,334	1,246,781	95.00
99.10	09910	CORF	0		0		0	99.10
101.00	10100	HOME HEALTH AGENCY	5,551,002		5,551,002		5,551,002	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	680,365		680,365		680,365	116.00
200.00		Subtotal (see instructions)	207,769,711	0	207,769,711	182,252	207,951,963	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	207,769,711	0	207,769,711	182,252	207,951,963	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,362,346		48,362,346			30.00
31.00	03100	INTENSIVE CARE UNIT	11,543,388		11,543,388			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,995,576		11,995,576			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	2,923,658		2,923,658			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,104,845		3,104,845			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,939,321	96,293,464	151,232,785	0.222317	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,484,949	5,404,959	9,889,908	0.154227	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,233,023	531,672	18,764,695	0.401043	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,572,613	59,783,625	71,356,238	0.254169	0.000000	54.00
55.00	03630	ULTRA SOUND	1,362,460	4,566,043	5,928,503	0.119480	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03950	CARDIAC CATH LAB	12,872,876	12,734,877	25,607,753	0.132911	0.000000	56.01
57.00	05700	CT SCAN	11,708,478	31,983,824	43,692,302	0.043162	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,874,189	8,188,670	13,062,859	0.066494	0.000000	58.00
60.00	06000	LABORATORY	31,522,892	35,602,894	67,125,786	0.138687	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	5,931,389	1,049,695	6,981,084	0.498904	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,705,735	2,014,380	9,720,115	0.414954	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,221,718	322,304	1,544,022	0.246208	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	115,038	192,627	307,665	0.868399	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,272,297	13,027,761	19,300,058	0.158635	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	518,951	1,242,742	1,761,693	0.326156	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,643,880	45,888,638	99,532,518	0.177410	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,803,552	16,214,345	73,017,897	0.254823	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,309,856	20,581,907	59,891,763	0.194548	0.000000	73.00
73.01	07301	DIABETES CENTER	1,259	250,091	251,350	1.848092	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,024,640	37,809	1,062,449	0.736387	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	23,750	529,322	553,072	0.199256	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	799,831	799,831	1.132697	0.000000	90.00
91.00	09100	EMERGENCY	7,561,080	39,084,777	46,645,857	0.295684	0.000000	91.00
91.01	04950	WOUND CARE	13,894	1,569,176	1,583,070	0.479519	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	668,999	6,125,170	6,794,169	0.265598	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	3,244,495	3,244,495	0.382632	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	7,526,504	7,526,504			101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	829,138	829,138			116.00
200.00		Subtotal (see instructions)	410,316,652	415,620,740	825,937,392			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	410,316,652	415,620,740	825,937,392			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03630	ULTRA SOUND	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	DIABETES CENTER	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		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
91.00	09100	EMERGENCY	0.000000		91.00
91.01	04950	WOUND CARE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,606,380	0	6,606,380	28,214	234.15	30.00
31.00	INTENSIVE CARE UNIT	1,072,689		1,072,689	3,479	308.33	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	538,723		538,723	2,756	195.47	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	103,461	0	103,461	2,017	51.29	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	233,306		233,306	1,236	188.76	43.00
200.00	Total (lines 30-199)	8,554,559		8,554,559	37,702		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	11,844	2,773,273		30.00
31.00	INTENSIVE CARE UNIT	1,852	571,027		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	1,003	51,444		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	14,699	3,395,744		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,625,657	151,232,785	0.017362	26,689,777	463,388	50.00
51.00	05100	RECOVERY ROOM	214,415	9,889,908	0.021680	2,231,716	48,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,323,109	18,764,695	0.070511	30,163	2,127	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,246,388	71,356,238	0.031481	6,556,616	206,409	54.00
55.00	03630	ULTRA SOUND	63,036	5,928,503	0.010633	675,355	7,181	55.00
56.00	05600	RADIOISOTOPE	39,630	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	715,393	25,607,753	0.027937	6,454,764	180,327	56.01
57.00	05700	CT SCAN	184,381	43,692,302	0.004220	5,826,131	24,586	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	112,337	13,062,859	0.008600	2,518,517	21,659	58.00
60.00	06000	LABORATORY	702,317	67,125,786	0.010463	16,500,731	172,647	60.00
65.00	06500	RESPIRATORY THERAPY	490,428	6,981,084	0.070251	3,060,264	214,987	65.00
66.00	06600	PHYSICAL THERAPY	368,917	9,720,115	0.037954	3,186,290	120,932	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,374	1,544,022	0.008014	116,141	931	67.00
68.00	06800	SPEECH PATHOLOGY	51,288	307,665	0.166701	22,072	3,679	68.00
69.00	06900	ELECTROCARDIOLOGY	588,663	19,300,058	0.030501	3,592,046	109,561	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,338	1,761,693	0.048441	263,117	12,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	421,391	99,532,518	0.004234	21,370,971	90,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	430,532	73,017,897	0.005896	30,459,980	179,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	499,208	59,891,763	0.008335	18,755,719	156,329	73.00
73.01	07301	DIABETES CENTER	10,787	251,350	0.042916	1,209	52	73.01
74.00	07400	RENAL DIALYSIS	220,866	1,062,449	0.207884	678,329	141,014	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,241	553,072	0.002244	363	1	76.98
		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	18,039	799,831	0.022554	0	0	90.00
91.00	09100	EMERGENCY	2,822,931	46,645,857	0.060518	3,736,002	226,095	91.00
91.01	04950	WOUND CARE	149,686	1,583,070	0.094554	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	238,890	6,794,169	0.035161	416,706	14,652	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,637,242	736,407,442		153,142,979	2,397,764	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,295,621	0	0	0	1,295,621	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0		0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	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	43.00
200.00		Total (lines 30-199)	1,295,621	0	0		1,295,621	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	28,214	45.92	11,844	543,876		30.00
31.00	03100	INTENSIVE CARE UNIT	3,479	0.00	1,852	0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,756	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,017	0.00	1,003	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,236	0.00	0	0		43.00
200.00		Total (lines 30-199)	37,702		14,699	543,876		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	03630	ULTRA SOUND	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	71,410	0	71,410	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		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
91.00	09100	EMERGENCY	0	0	51,711	0	51,711	91.00
91.01	04950	WOUND CARE	0	0	0	0	0	91.01
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
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	123,121	0	123,121	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	151,232,785	0.000000	0.000000	26,689,777	50.00
51.00	05100	RECOVERY ROOM	0	9,889,908	0.000000	0.000000	2,231,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,764,695	0.000000	0.000000	30,163	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,356,238	0.000000	0.000000	6,556,616	54.00
55.00	03630	ULTRA SOUND	0	5,928,503	0.000000	0.000000	675,355	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0	25,607,753	0.000000	0.000000	6,454,764	56.01
57.00	05700	CT SCAN	0	43,692,302	0.000000	0.000000	5,826,131	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,062,859	0.000000	0.000000	2,518,517	58.00
60.00	06000	LABORATORY	0	67,125,786	0.000000	0.000000	16,500,731	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,981,084	0.000000	0.000000	3,060,264	65.00
66.00	06600	PHYSICAL THERAPY	0	9,720,115	0.000000	0.000000	3,186,290	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,544,022	0.000000	0.000000	116,141	67.00
68.00	06800	SPEECH PATHOLOGY	0	307,665	0.000000	0.000000	22,072	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,300,058	0.000000	0.000000	3,592,046	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,761,693	0.000000	0.000000	263,117	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,532,518	0.000000	0.000000	21,370,971	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	73,017,897	0.000000	0.000000	30,459,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,410	59,891,763	0.001192	0.001192	18,755,719	73.00
73.01	07301	DIABETES CENTER	0	251,350	0.000000	0.000000	1,209	73.01
74.00	07400	RENAL DIALYSIS	0	1,062,449	0.000000	0.000000	678,329	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	553,072	0.000000	0.000000	363	76.98
		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	799,831	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	51,711	46,645,857	0.001109	0.001109	3,736,002	91.00
91.01	04950	WOUND CARE	0	1,583,070	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,794,169	0.000000	0.000000	416,706	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	123,121	736,407,442			153,142,979	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	10,874,446	0		50.00
51.00	05100	RECOVERY ROOM	0	1,046,046	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	364	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,094,171	0		54.00
55.00	03630	ULTRA SOUND	0	1,017,206	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03950	CARDIAC CATH LAB	0	6,129,803	0		56.01
57.00	05700	CT SCAN	0	9,162,243	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,525,005	0		58.00
60.00	06000	LABORATORY	0	7,846,883	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	333,144	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,166,233	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	6,674	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,008,578	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	266,665	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,483,489	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,981,968	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,357	8,141,069	9,704		73.00
73.01	07301	DIABETES CENTER	0	368	0		73.01
74.00	07400	RENAL DIALYSIS	0	33,777	0		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	303,528	0		76.98
		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
91.00	09100	EMERGENCY	4,143	7,824,040	8,677		91.00
91.01	04950	WOUND CARE	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,266,250	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	26,500	93,511,950	18,381		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.222317	10,874,446	0	0	2,417,574	50.00
51.00	05100	RECOVERY ROOM	0.154227	1,046,046	0	0	161,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401043	364	0	0	146	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254169	10,094,171	0	0	2,565,625	54.00
55.00	03630	ULTRA SOUND	0.119480	1,017,206	0	0	121,536	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.132911	6,129,803	0	0	814,718	56.01
57.00	05700	CT SCAN	0.043162	9,162,243	0	0	395,461	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066494	2,525,005	0	0	167,898	58.00
60.00	06000	LABORATORY	0.138687	7,846,883	180	0	1,088,261	60.00
65.00	06500	RESPIRATORY THERAPY	0.498904	333,144	0	0	166,207	65.00
66.00	06600	PHYSICAL THERAPY	0.414954	1,166,233	0	0	483,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246208	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.868399	6,674	0	0	5,796	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158635	5,008,578	0	0	794,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.326156	266,665	0	0	86,974	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177410	10,483,489	0	0	1,859,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.254823	9,981,968	0	0	2,543,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194548	8,141,069	0	158,453	1,583,829	73.00
73.01	07301	DIABETES CENTER	1.848092	368	0	0	680	73.01
74.00	07400	RENAL DIALYSIS	0.736387	33,777	0	0	24,873	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.199256	303,528	0	0	60,480	76.98
		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	1.132697	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.295684	7,824,040	0	0	2,313,443	91.00
91.01	04950	WOUND CARE	0.479519	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.265598	1,266,250	0	0	336,313	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.382632		0			95.00
200.00		Subtotal (see instructions)		93,511,950	180	158,453	17,993,123	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		93,511,950	180	158,453	17,993,123	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	03630	ULTRA SOUND	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03950	CARDIAC CATH LAB	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	25	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,827		73.00
73.01	07301	DIABETES CENTER	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		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
91.00	09100	EMERGENCY	0	0		91.00
91.01	04950	WOUND CARE	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	25	30,827		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	25	30,827		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,625,657	151,232,785	0.017362	0	0	50.00
51.00	05100	RECOVERY ROOM	214,415	9,889,908	0.021680	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,323,109	18,764,695	0.070511	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,246,388	71,356,238	0.031481	29,839	939	54.00
55.00	03630	ULTRA SOUND	63,036	5,928,503	0.010633	3,503	37	55.00
56.00	05600	RADIOISOTOPE	39,630	0	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	715,393	25,607,753	0.027937	0	0	56.01
57.00	05700	CT SCAN	184,381	43,692,302	0.004220	37,353	158	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	112,337	13,062,859	0.008600	0	0	58.00
60.00	06000	LABORATORY	702,317	67,125,786	0.010463	339,948	3,557	60.00
65.00	06500	RESPIRATORY THERAPY	490,428	6,981,084	0.070251	140,546	9,873	65.00
66.00	06600	PHYSICAL THERAPY	368,917	9,720,115	0.037954	1,314,251	49,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,374	1,544,022	0.008014	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	51,288	307,665	0.166701	28,692	4,783	68.00
69.00	06900	ELECTROCARDIOLOGY	588,663	19,300,058	0.030501	1,841	56	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,338	1,761,693	0.048441	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	421,391	99,532,518	0.004234	55,073	233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	430,532	73,017,897	0.005896	820	5	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	499,208	59,891,763	0.008335	330,021	2,751	73.00
73.01	07301	DIABETES CENTER	10,787	251,350	0.042916	0	0	73.01
74.00	07400	RENAL DIALYSIS	220,866	1,062,449	0.207884	38,781	8,062	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,241	553,072	0.002244	0	0	76.98
		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	18,039	799,831	0.022554	0	0	90.00
91.00	09100	EMERGENCY	2,822,931	46,645,857	0.060518	31	2	91.00
91.01	04950	WOUND CARE	149,686	1,583,070	0.094554	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	238,890	6,794,169	0.035161	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,637,242	736,407,442		2,320,699	80,337	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	03630	ULTRA SOUND	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	71,410	0	71,410	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		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
91.00	09100	EMERGENCY	0	0	51,711	0	51,711	91.00
91.01	04950	WOUND CARE	0	0	0	0	0	91.01
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
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	123,121	0	123,121	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	151,232,785	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	9,889,908	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,764,695	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	71,356,238	0.000000	0.000000	29,839	54.00
55.00	03630	ULTRA SOUND	0	5,928,503	0.000000	0.000000	3,503	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03950	CARDIAC CATH LAB	0	25,607,753	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	43,692,302	0.000000	0.000000	37,353	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,062,859	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	67,125,786	0.000000	0.000000	339,948	60.00
65.00	06500	RESPIRATORY THERAPY	0	6,981,084	0.000000	0.000000	140,546	65.00
66.00	06600	PHYSICAL THERAPY	0	9,720,115	0.000000	0.000000	1,314,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,544,022	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	307,665	0.000000	0.000000	28,692	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,300,058	0.000000	0.000000	1,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,761,693	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,532,518	0.000000	0.000000	55,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	73,017,897	0.000000	0.000000	820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,410	59,891,763	0.001192	0.001192	330,021	73.00
73.01	07301	DIABETES CENTER	0	251,350	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,062,449	0.000000	0.000000	38,781	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	553,072	0.000000	0.000000	0	76.98
		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	799,831	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	51,711	46,645,857	0.001109	0.001109	31	91.00
91.01	04950	WOUND CARE	0	1,583,070	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,794,169	0.000000	0.000000	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	123,121	736,407,442			2,320,699	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	03630	ULTRA SOUND	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03950	CARDIAC CATH LAB	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	393	0	0		73.00
73.01	07301	DIABETES CENTER	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
		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
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	04950	WOUND CARE	0	0	0		91.01
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
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	393	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	28,214	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	28,214	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)	28,214	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,844	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)	33,103,569	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	33,103,569	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	33,103,569	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,173.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,896,565	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)	13,896,565	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,741,363	3,479	1,362.85	1,852	2,523,998	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	3,719,041	2,756	1,349.43	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	32,096,758	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	48,517,321	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)	3,888,176	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,424,264	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,312,440	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	42,204,881	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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,606,380	33,103,569	0.199567	0	0	90.00
91.00	Nursing School cost	1,295,621	33,103,569	0.039138	0	0	91.00
92.00	Allied health cost	0	33,103,569	0.000000	0	0	92.00
93.00	All other Medical Education	0	33,103,569	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 9:45 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,017	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,017	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)	2,017	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)	1,003	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)	2,011,451	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)	2,011,451	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)	2,011,451	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)	997.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,000,242	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)	1,000,242	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	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						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						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)	800,726	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,800,968	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)	51,444	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	80,730	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	132,174	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,668,794	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: 150109 Component CCN: 15T109	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 9:45 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	103,461	2,011,451	0.051436	0	0	90.00
91.00	Nursing School cost	0	2,011,451	0.000000	0	0	91.00
92.00	Allied health cost	0	2,011,451	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,011,451	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Hospital | Cost

	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)	28,214	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	28,214	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)	28,214	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)	2,797	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)	1,236	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)	33,101,764	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)	33,101,764	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)	33,101,764	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)	1,173.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,281,552	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)	3,281,552	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Hospital | Cost

	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)	1,330,524	1,236	1,076.48	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,741,363	3,479	1,362.85	369	502,892	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	3,667,786	2,756	1,330.84	1,715	2,282,391	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	5,454,607	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	11,521,442	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Hospital | Cost

	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	6,606,380	33,101,764	0.199578	0	0	90.00
91.00	Nursing School cost	0	33,101,764	0.000000	0	0	91.00
92.00	Allied health cost	0	33,101,764	0.000000	0	0	92.00
93.00	All other Medical Education	0	33,101,764	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 9:45 am
	Title XIX	Subprovider - IRF	Cost

	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)	2,017	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,017	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)	2,017	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)	152	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)	1,236	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)	2,011,451	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)	2,011,451	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)	2,011,451	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)	997.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	151,582	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)	151,582	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Subprovider - IRF | Cost

	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						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						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)	171,701	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	323,283	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	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: 150109 Component CCN: 15T109	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 9:45 am
	Title XIX	Subprovider - IRF	Cost

	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	103,461	2,011,451	0.051436	0	0	90.00
91.00	Nursing School cost	0	2,011,451	0.000000	0	0	91.00
92.00	Allied health cost	0	2,011,451	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,011,451	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		21,952,493		30.00
31.00	03100	INTENSIVE CARE UNIT		5,946,348		31.00
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				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.222317	26,689,777	5,933,591	50.00
51.00	05100	RECOVERY ROOM	0.154227	2,231,716	344,191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401043	30,163	12,097	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254948	6,556,616	1,671,596	54.00
55.00	03630	ULTRA SOUND	0.119480	675,355	80,691	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.132911	6,454,764	857,909	56.01
57.00	05700	CT SCAN	0.043162	5,826,131	251,467	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066494	2,518,517	167,466	58.00
60.00	06000	LABORATORY	0.139318	16,500,731	2,298,849	60.00
65.00	06500	RESPIRATORY THERAPY	0.500995	3,060,264	1,533,177	65.00
66.00	06600	PHYSICAL THERAPY	0.414954	3,186,290	1,322,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246208	116,141	28,595	67.00
68.00	06800	SPEECH PATHOLOGY	0.868399	22,072	19,167	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158635	3,592,046	569,824	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328983	263,117	86,561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177410	21,370,971	3,791,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.254823	30,459,980	7,761,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194548	18,755,719	3,648,888	73.00
73.01	07301	DIABETES CENTER	1.870503	1,209	2,261	73.01
74.00	07400	RENAL DIALYSIS	0.736387	678,329	499,513	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.199256	363	72	76.98
		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	1.132697	0	0	90.00
91.00	09100	EMERGENCY	0.295684	3,736,002	1,104,676	91.00
91.01	04950	WOUND CARE	0.479947	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.265598	416,706	110,676	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		153,142,979	32,096,758	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)		153,142,979		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		1,459,824		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.222317	0	0	50.00
51.00	05100	RECOVERY ROOM	0.154227	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401043	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254948	29,839	7,607	54.00
55.00	03630	ULTRA SOUND	0.119480	3,503	419	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.132911	0	0	56.01
57.00	05700	CT SCAN	0.043162	37,353	1,612	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066494	0	0	58.00
60.00	06000	LABORATORY	0.139318	339,948	47,361	60.00
65.00	06500	RESPIRATORY THERAPY	0.500995	140,546	70,413	65.00
66.00	06600	PHYSICAL THERAPY	0.414954	1,314,251	545,354	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246208	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.868399	28,692	24,916	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158635	1,841	292	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.328983	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177410	55,073	9,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.254823	820	209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194548	330,021	64,205	73.00
73.01	07301	DIABETES CENTER	1.870503	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.736387	38,781	28,558	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.199256	0	0	76.98
		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	1.132697	0	0	90.00
91.00	09100	EMERGENCY	0.295684	31	9	91.00
91.01	04950	WOUND CARE	0.479947	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.265598	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,320,699	800,726	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		2,320,699		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Hospital | Cost

		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		15,849,831		30.00
31.00	03100	INTENSIVE CARE UNIT		1,171,157		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		7,381,774		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
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.222317	3,200,678	711,565	50.00
51.00	05100	RECOVERY ROOM	0.154227	228,552	35,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401043	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254169	873,373	221,984	54.00
55.00	03630	ULTRA SOUND	0.119480	220,468	26,342	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.132911	707,021	93,971	56.01
57.00	05700	CT SCAN	0.043162	1,111,980	47,995	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066494	566,671	37,680	58.00
60.00	06000	LABORATORY	0.138687	4,698,640	651,640	60.00
65.00	06500	RESPIRATORY THERAPY	0.498904	853,465	425,797	65.00
66.00	06600	PHYSICAL THERAPY	0.414954	451,906	187,520	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246208	675,542	166,324	67.00
68.00	06800	SPEECH PATHOLOGY	0.868399	9,351	8,120	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158635	569,278	90,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.326156	54,956	17,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177410	3,512,003	623,064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.254823	2,546,830	648,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194548	6,104,644	1,187,646	73.00
73.01	07301	DIABETES CENTER	1.848092	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.736387	102,582	75,540	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.199256	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	1.132697	0	0	90.00
91.00	09100	EMERGENCY	0.295684	635,568	187,927	91.00
91.01	04950	WOUND CARE	0.479519	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.265598	33,965	9,021	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		27,157,473	5,454,607	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)		27,157,473		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/27/2015 9:45 am

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		304,386		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	0.222317	0	0	50.00
51.00	05100	RECOVERY ROOM	0.154227	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.401043	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.254169	13,522	3,437	54.00
55.00	03630	ULTRA SOUND	0.119480	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.132911	0	0	56.01
57.00	05700	CT SCAN	0.043162	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066494	0	0	58.00
60.00	06000	LABORATORY	0.138687	61,591	8,542	60.00
65.00	06500	RESPIRATORY THERAPY	0.498904	35,752	17,837	65.00
66.00	06600	PHYSICAL THERAPY	0.414954	243,834	101,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246208	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.868399	30,600	26,573	68.00
69.00	06900	ELECTROCARDIOLOGY	0.158635	2,593	411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.326156	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177410	8,655	1,535	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.254823	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194548	62,639	12,186	73.00
73.01	07301	DIABETES CENTER	1.848092	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.736387	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.199256	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	1.132697	0	0	90.00
91.00	09100	EMERGENCY	0.295684	0	0	91.00
91.01	04950	WOUND CARE	0.479519	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.265598	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		459,186	171,701	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)		459,186		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,794,634		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,154,405		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)		1,893,803		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		5,324,008		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		163.02		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
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)		3.01		30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.64		31.00
32.00	Sum of lines 30 and 31		28.65		32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.85		33.00
34.00	Disproportionate share adjustment (see instructions)		1,058,488		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000290510	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,399,806	2,221,686	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,794,923	559,987	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,354,910		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		38,256,240		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)		38,256,240		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,142,501		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		543,876		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		26,500		58.00
59.00	Total (sum of amounts on lines 49 through 58)		41,969,117		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,969,117		61.00
62.00	Deductibles billed to program beneficiaries		3,135,232		62.00
63.00	Coinsurance billed to program beneficiaries		33,136		63.00
64.00	Allowable bad debts (see instructions)		285,512		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		185,583		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		112,506		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,986,332		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)		-66,613		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 9:45 am
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,919,719		71.00
71.01	Sequestration adjustment (see instructions)		778,394		71.01
72.00	Interim payments		37,926,119		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)		215,206		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,117,959		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 9:45 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	30,852	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	17,974,742	2.00
3.00	PPS payments	15,336,498	3.00
4.00	Outlier payment (see instructions)	437,857	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	18,381	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	30,852	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	158,633	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)	158,633	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	158,633	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	127,781	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)	30,852	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)	15,792,736	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,961,102	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)	12,862,486	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	12,862,486	30.00
31.00	Primary payer payments	2,171	31.00
32.00	Subtotal (line 30 minus line 31)	12,860,315	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)	515,882	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	335,323	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	322,670	36.00
37.00	Subtotal (see instructions)	13,195,638	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	13,195,638	40.00
40.01	Sequestration adjustment (see instructions)	263,913	40.01
41.00	Interim payments	12,788,275	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	143,450	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	52,703	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: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 5/27/2015 9:45 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		37,884,719		12,752,675	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	07/26/2014	41,400	07/26/2014	35,600	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)		41,400		35,600	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)		37,926,119		12,788,275	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		215,206		143,450	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		38,141,325		12,931,725	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: 150109 | Component CCN: 15T109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,628,912		0	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)		1,628,912		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		4,135		0	6.02
7.00	Total Medicare program liability (see instructions)		1,624,777		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: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/27/2015 9:45 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	8,582	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	13,696	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,218	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	34,449	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	825,937,392	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	34,973,718	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)	1,261,452	8.00
9.00	Sequestration adjustment amount (see instructions)	25,229	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,236,223	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,141,904	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)	94,319	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/27/2015 9:45 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,574,139	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0233	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	47,696	3.00
4.00	Outlier Payments	54,341	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	5.526027	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	1,676,176	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1,676,176	17.00
18.00	Primary payer payments	4,649	18.00
19.00	Subtotal (line 17 less line 18).	1,671,527	19.00
20.00	Deductibles	12,160	20.00
21.00	Subtotal (line 19 minus line 20)	1,659,367	21.00
22.00	Coinsurance	1,824	22.00
23.00	Subtotal (line 21 minus line 22)	1,657,543	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,657,543	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	393	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,657,936	32.00
32.01	Sequestration adjustment (see instructions)	33,159	32.01
33.00	Interim payments	1,628,912	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-4,135	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	54,341	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: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 9:45 am
	Title XIX	Hospital	Cost

		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	11,521,442		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)	11,521,442	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)	11,521,442	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	27,157,473	0	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)	27,157,473	0	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)	27,157,473	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	15,636,031	0	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)	11,521,442	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	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	11,521,442	0	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)	11,521,442	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	11,521,442	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	11,521,442	0	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)	11,521,442	0	40.00
41.00	Interim payments	11,521,442	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 9:45 am
	Title XIX	Subprovider - IRF	Cost

		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	323,283		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)	323,283	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)	323,283	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	459,186	0	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)	459,186	0	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)	459,186	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	135,903	0	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)	323,283	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	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	323,283	0	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)	323,283	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	323,283	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	323,283	0	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)	323,283	0	40.00
41.00	Interim payments	323,283	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	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

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G | Date/Time Prepared: 5/27/2015 9:45 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	1,017,000	0	0	0	1.00
2.00	Temporary investments	3,885,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	45,272,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,956,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,213,000	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)	63,343,000	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	219,809,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	219,809,000	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	9,587,000	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	3,438,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,025,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	296,177,000	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	16,638,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,522,000	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				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,702,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,862,000	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,215,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	5,215,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	39,077,000	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	257,100,000				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)	257,100,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	296,177,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-1 | Date/Time Prepared: 5/27/2015 9:45 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		271,854,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		25,034,462				2.00
3.00	Total (sum of line 1 and line 2)		296,888,462		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		296,888,462		0		11.00
12.00	ADJUST TO AFS	39,788,462		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		39,788,462		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		257,100,000		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	ADJUST TO AFS		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/27/2015 9:45 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	83,405,745		83,405,745	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,923,658		2,923,658	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	86,329,403		86,329,403	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	15,278,648		15,278,648	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	12,025,021		12,025,021	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	27,303,669		27,303,669	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	113,633,072		113,633,072	17.00
18.00	Ancillary services	330,883,630	405,655,572	736,539,202	18.00
19.00	Outpatient services	9,909,214	64,733,942	74,643,156	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		7,526,504	7,526,504	22.00
23.00	AMBULANCE SERVICES	0	10,777,095	10,777,095	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	3,944,296	3,944,296	26.00
27.00	NON-REIMBURSEABLE	-2,940,014	280,254	-2,659,760	27.00
27.01	DURABLE MEDICAL EQUIPMENT	0	-308	-308	27.01
27.02	NON HOSPITAL - FPN (CORP 44)	0	62,568,491	62,568,491	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	451,485,902	555,485,846	1,006,971,748	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,401,686		29.00
30.00	AFFLILIATES	35,458,693			30.00
31.00	NON HOSPITAL - FPN (CORP 44)	55,586,143			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)		91,044,836		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)		335,446,522		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-3 | Date/Time Prepared: 5/27/2015 9:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,006,971,748	1.00
2.00	Less contractual allowances and discounts on patients' accounts	665,146,764	2.00
3.00	Net patient revenues (line 1 minus line 2)	341,824,984	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	335,446,522	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,378,462	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,000	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 OPERATING REVENUE	13,748,000	24.00
24.01	LOSS ON SALE	-433,000	24.01
24.02	EQUITY IN EARNING OF INVESMENTS	5,373,000	24.02
24.03	CONTRIBUTIONS	3,000	24.03
24.04	OTHER	-39,000	24.04
25.00	Total other income (sum of lines 6-24)	18,656,000	25.00
26.00	Total (line 5 plus line 25)	25,034,462	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,034,462	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150109 | HHA CCN: 157124 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H | Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		36,292	36,292	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	532,396	0	16,091	43,630	31,278	623,395	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	613,946	0	68,291	0	0	682,237	6.00
7.00	Physical Therapy	467,443	0	50,858	0	0	518,301	7.00
8.00	Occupational Therapy	190,150	0	12,368	0	0	202,518	8.00
9.00	Speech Pathology	9,770	0	2,155	0	0	11,925	9.00
10.00	Medical Social Services	5,715	0	372	0	-54	6,033	10.00
11.00	Home Health Aide	57,033	0	10,804	0	0	67,837	11.00
12.00	Supplies (see instructions)	0	0	0	4,869	63,299	68,168	12.00
13.00	Drugs	769	0	172	108,600	1,298	110,839	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	681,836	0	17,299	491,207	22,817	1,213,159	23.00
24.00	Total (sum of lines 1-23)	2,559,058	0	178,410	648,306	154,930	3,540,704	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	36,292	0	36,292			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	623,395	-13,083	610,312			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	682,237	0	682,237			6.00
7.00	Physical Therapy	0	518,301	0	518,301			7.00
8.00	Occupational Therapy	0	202,518	0	202,518			8.00
9.00	Speech Pathology	0	11,925	0	11,925			9.00
10.00	Medical Social Services	0	6,033	0	6,033			10.00
11.00	Home Health Aide	0	67,837	0	67,837			11.00
12.00	Supplies (see instructions)	0	68,168	0	68,168			12.00
13.00	Drugs	0	110,839	0	110,839			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	1,213,159	0	1,213,159			23.00
24.00	Total (sum of lines 1-23)	0	3,540,704	-13,083	3,527,621			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 150109 HHA CCN: 157124 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-1 Part I Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I | PPS

			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	36,292		36,292			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	610,312	0	36,292	0	0	646,604	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	682,237	0	0	0	0	682,237	6.00
7.00	Physical Therapy	518,301	0	0	0	0	518,301	7.00
8.00	Occupational Therapy	202,518	0	0	0	0	202,518	8.00
9.00	Speech Pathology	11,925	0	0	0	0	11,925	9.00
10.00	Medical Social Services	6,033	0	0	0	0	6,033	10.00
11.00	Home Health Aide	67,837	0	0	0	0	67,837	11.00
12.00	Supplies (see instructions)	68,168	0	0	0	0	68,168	12.00
13.00	Drugs	110,839	0	0	0		110,839	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	1,213,159	0	0	0	0	1,213,159	23.00
24.00	Total (sum of lines 1-23)	3,527,621	0	36,292	0	0	3,527,621	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	646,604		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	153,119	835,356	6.00
7.00	Physical Therapy	116,325	634,626	7.00
8.00	Occupational Therapy	45,452	247,970	8.00
9.00	Speech Pathology	2,676	14,601	9.00
10.00	Medical Social Services	1,354	7,387	10.00
11.00	Home Health Aide	15,225	83,062	11.00
12.00	Supplies (see instructions)	15,299	83,467	12.00
13.00	Drugs	24,876	135,715	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	272,278	1,485,437	23.00
24.00	Total (sum of lines 1-23)		3,527,621	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150109 HHA CCN: 157124

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

Worksheet H-1 Part II Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I

PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		36,292			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	36,292	0	0	-646,604	2,881,017	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	682,237	6.00
7.00	Physical Therapy	0	0	0	0	0	518,301	7.00
8.00	Occupational Therapy	0	0	0	0	0	202,518	8.00
9.00	Speech Pathology	0	0	0	0	0	11,925	9.00
10.00	Medical Social Services	0	0	0	0	0	6,033	10.00
11.00	Home Health Aide	0	0	0	0	0	67,837	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	68,168	12.00
13.00	Drugs	0	0	0		0	110,839	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	1,213,159	23.00
24.00	Total (sum of lines 1-23)	0	36,292	0	0	-646,604	2,881,017	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	36,292	0	0		646,604	25.00
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.224436	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-2 Part I

HHA CCN: 157124 | Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0	0	878,026	0	52,717	1.00
2.00	Skilled Nursing Care	835,356	0	0	0	0	0	2.00
3.00	Physical Therapy	634,626	0	0	0	0	0	3.00
4.00	Occupational Therapy	247,970	0	0	0	0	0	4.00
5.00	Speech Pathology	14,601	0	0	0	0	0	5.00
6.00	Medical Social Services	7,387	0	0	0	0	0	6.00
7.00	Home Health Aide	83,062	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	83,467	0	0	0	0	0	8.00
9.00	Drugs	135,715	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	1,485,437	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,527,621	0	0	878,026	0	52,717	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.03	5.04	5.05	5A.05	5.06	7.00	
1.00	Administrative and General	4,108	5,502	27,005	967,358	136,269	0	1.00
2.00	Skilled Nursing Care	0	0	0	835,356	117,674	0	2.00
3.00	Physical Therapy	0	0	0	634,626	89,398	0	3.00
4.00	Occupational Therapy	0	0	0	247,970	34,931	0	4.00
5.00	Speech Pathology	0	0	0	14,601	2,057	0	5.00
6.00	Medical Social Services	0	0	0	7,387	1,041	0	6.00
7.00	Home Health Aide	0	0	0	83,062	11,701	0	7.00
8.00	Supplies (see instructions)	0	0	0	83,467	11,758	0	8.00
9.00	Drugs	0	0	0	135,715	19,118	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	1,485,437	209,247	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,108	5,502	27,005	4,494,979	633,194	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-2 Part I | Date/Time Prepared: 5/27/2015 9:45 am

HHA CCN: 157124 | Home Health Agency I | PPS

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	114,553	277,816	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	114,553	277,816	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		15.00	16.00	17.00	20.00	23.00	24.00	
1.00	Administrative and General	0	30,460	0	0	0	1,526,456	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	953,030	2.00
3.00	Physical Therapy	0	0	0	0	0	724,024	3.00
4.00	Occupational Therapy	0	0	0	0	0	282,901	4.00
5.00	Speech Pathology	0	0	0	0	0	16,658	5.00
6.00	Medical Social Services	0	0	0	0	0	8,428	6.00
7.00	Home Health Aide	0	0	0	0	0	94,763	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	95,225	8.00
9.00	Drugs	0	0	0	0	0	154,833	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	1,694,684	19.00
20.00	Total (sum of lines 1-19) (2)	0	30,460	0	0	0	5,551,002	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-2 Part I | Date/Time Prepared: 5/27/2015 9:45 am

HHA CCN: 157124 | Home Health Agency I | PPS

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	1,526,456					1.00
2.00	Skilled Nursing Care	0	953,030	361,472	1,314,502			2.00
3.00	Physical Therapy	0	724,024	274,613	998,637			3.00
4.00	Occupational Therapy	0	282,901	107,301	390,202			4.00
5.00	Speech Pathology	0	16,658	6,318	22,976			5.00
6.00	Medical Social Services	0	8,428	3,197	11,625			6.00
7.00	Home Health Aide	0	94,763	35,942	130,705			7.00
8.00	Supplies (see instructions)	0	95,225	36,118	131,343			8.00
9.00	Drugs	0	154,833	58,726	213,559			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	1,694,684	642,769	2,337,453			19.00
20.00	Total (sum of lines 1-19) (2)	0	5,551,002	1,526,456	5,551,002			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.379287				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150109 HHA CCN: 157124 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-2 Part II Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUISITIO)	
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	0	0	2,559,058	0	82,986	91,586	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	2,559,058	0	82,986	91,586	20.00
21.00	Total cost to be allocated	0	0	878,026	0	52,717	4,108	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.343105	0.000000	0.635252	0.044854	22.00

	Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5.05	5A.06	5.06	7.00	8.00	
1.00	Administrative and General	7,526,504	7,526,504	0	967,358	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	835,356	0	0	2.00
3.00	Physical Therapy	0	0	0	634,626	0	0	3.00
4.00	Occupational Therapy	0	0	0	247,970	0	0	4.00
5.00	Speech Pathology	0	0	0	14,601	0	0	5.00
6.00	Medical Social Services	0	0	0	7,387	0	0	6.00
7.00	Home Health Aide	0	0	0	83,062	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	83,467	0	0	8.00
9.00	Drugs	0	0	0	135,715	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	1,485,437	0	0	19.00
20.00	Total (sum of lines 1-19)	7,526,504	7,526,504		4,494,979	0	0	20.00
21.00	Total cost to be allocated	5,502	27,005		633,194	0	0	21.00
22.00	Unit cost multiplier	0.000731	0.003588		0.140867	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150109 HHA CCN: 157124

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

Worksheet H-2 Part II Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I

PPS

	Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	82,986	82,986	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	82,986	82,986	0	0	20.00
21.00	Total cost to be allocated	0	0	114,553	277,816	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.380389	3.347745	0.000000	0.000000	22.00

	Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)			
		16.00	17.00	20.00	23.00			
1.00	Administrative and General	7,526,504	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19)	7,526,504	0	0	0			20.00
21.00	Total cost to be allocated	30,460	0	0	0			21.00
22.00	Unit cost multiplier	0.004047	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150109 HHA CCN: 157124 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-3 Part I Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,314,502		1,314,502	7,086	185.51	1.00
2.00	Physical Therapy	3.00	998,637	0	998,637	5,180	192.79	2.00
3.00	Occupational Therapy	4.00	390,202	0	390,202	118	3,306.80	3.00
4.00	Speech Pathology	5.00	22,976	0	22,976	1,595	14.41	4.00
5.00	Medical Social Services	6.00	11,625		11,625	96	121.09	5.00
6.00	Home Health Aide	7.00	130,705		130,705	1,552	84.22	6.00
7.00	Total (sum of lines 1-6)		2,868,647	0	2,868,647	15,627		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		29140	0	5,524			8.00
9.00	Physical Therapy		29140	0	3,596			9.00
10.00	Occupational Therapy		29140	0	1,180			10.00
11.00	Speech Pathology		29140	0	68			11.00
12.00	Medical Social Services		29140	0	69			12.00
13.00	Home Health Aide		29140	0	1,310			13.00
14.00	Total (sum of lines 8-13)			0	11,747			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	131,343	0	131,343	0	0.000000	15.00
16.00	Cost of Drugs	9.00	213,559	0	213,559	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	5,524		0	1,024,757		1.00
2.00	Physical Therapy	0	3,596		0	693,273		2.00
3.00	Occupational Therapy	0	1,180		0	3,902,024		3.00
4.00	Speech Pathology	0	68		0	980		4.00
5.00	Medical Social Services	0	69		0	8,355		5.00
6.00	Home Health Aide	0	1,310		0	110,328		6.00
7.00	Total (sum of lines 1-6)	0	11,747		0	5,739,717		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150109 | HHA CCN: 157124 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-3 Part I | Date/Time Prepared: 5/27/2015 9:45 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	Program Covered Charges			Cost of Services			
			Part B			Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	449,259				15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	1,024,757	1.00
2.00	Physical Therapy	693,273	2.00
3.00	Occupational Therapy	3,902,024	3.00
4.00	Speech Pathology	980	4.00
5.00	Medical Social Services	8,355	5.00
6.00	Home Health Aide	110,328	6.00
7.00	Total (sum of lines 1-6)	5,739,717	7.00

	Cost Center Description		
		12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
9.00	Physical Therapy		9.00
10.00	Occupational Therapy		10.00
11.00	Speech Pathology		11.00
12.00	Medical Social Services		12.00
13.00	Home Health Aide		13.00
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-3 Part II | Date/Time Prepared: 5/27/2015 9:45 am

HHA CCN: 157124 | Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.414954	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.246208	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.868399	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.177410	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.194548	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	1.848092	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-4 Part I-II | Date/Time Prepared: 5/27/2015 9:45 am

HHA CCN: 157124 | Title XVIII | Home Health Agency I | PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,916,308	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	27,761	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	12,194	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	217	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,956,480	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,956,480	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,956,480	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,956,480	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,956,480	31.00
31.01	Sequestration adjustment (see instructions)	0	39,130	31.01
32.00	Interim payments (see instructions)	0	1,917,350	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150109 HHA CCN: 157124 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-5 | Date/Time Prepared: 5/27/2015 9:45 am

Home Health Agency I | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,917,350	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,917,350	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,917,350	7.00

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

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 150109 | Period: From 01/01/2014 To 12/31/2014 | Worksheet I-5 | Date/Time Prepared: 5/27/2015 9:45 am

		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. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-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. I-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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150109 Hospice CCN: 151563 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K | Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		36,685	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	136,271	0	0	2,580	38,447	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	380	0	0	325	0	7.00
8.00	Inpatient - Respite Care	1,147	0	0	250	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	5,400	0	9.00
10.00	Nursing Care	76,816	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	720	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	9,238	0	0	0	0	15.00
16.00	Spiritual Counseling	14,997	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	9,109	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	50,225	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	7,364	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	1,782	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	248,678	0	0	10,337	132,721	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150109 Hospice CCN: 151563 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K | Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	36,685	0	36,685	0	36,685	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	177,298	0	177,298	-83	177,215	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	705	0	705	0	705	7.00
8.00	Inpatient - Respite Care	1,397	0	1,397	0	1,397	8.00
	VISITING SERVICES						
9.00	Physician Services	5,400	0	5,400	0	5,400	9.00
10.00	Nursing Care	76,816	0	76,816	0	76,816	10.00
11.00	Nursing Care-Continuous Home Care	720	0	720	0	720	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	9,238	0	9,238	0	9,238	15.00
16.00	Spiritual Counseling	14,997	0	14,997	0	14,997	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	9,109	0	9,109	0	9,109	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	50,225	0	50,225	0	50,225	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	7,364	0	7,364	0	7,364	30.00
31.00	Outpatient Services (including E/R Dept.)	1,782	0	1,782	0	1,782	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	391,736	0	391,736	-83	391,653	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-1

Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	33,870	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	341	7.00
8.00	Inpatient - Respite Care	0	0	0	0	1,104	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	76,816	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	720	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	9,238	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	9,238	33,870	78,981	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-1

Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	102,401	136,271		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		39	0	380		7.00
8.00	Inpatient - Respite Care		43	0	1,147		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	76,816		10.00
11.00	Nursing Care-Continuous Home Care		0	0	720		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	9,238		15.00
16.00	Spiritual Counseling		0	14,997	14,997		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		9,109	0	9,109		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	9,191	117,398	248,678		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES | Provider CCN: 150109 Hospice CCN: 151563 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K-3 Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-3

Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	2,580	2,580		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	325	325		7.00
8.00	Inpatient - Respite Care		0	250	250		8.00
	VISITING SERVICES						
9.00	Physician Services		0	5,400	5,400		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	1,782	1,782		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	10,337	10,337		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-4 Part I Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	36,685		36,685			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	177,215	0	36,685	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	705	0	0	0	0	7.00
8.00	Inpatient - Respite Care	1,397	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	5,400	0	0	0	0	9.00
10.00	Nursing Care	76,816	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	720	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	9,238	0	0	0	0	15.00
16.00	Spiritual Counseling	14,997	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	9,109	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	50,225	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	7,364	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	1,782	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	391,653	0	36,685	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-4 Part I Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	213,900	213,900			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	705	848	1,553		7.00
8.00	Inpatient - Respite Care	0	1,397	1,681	3,078		8.00
	VISITING SERVICES						
9.00	Physician Services	0	5,400	6,498	11,898		9.00
10.00	Nursing Care	0	76,816	92,437	169,253		10.00
11.00	Nursing Care-Continuous Home Care	0	720	866	1,586		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	9,238	11,117	20,355		15.00
16.00	Spiritual Counseling	0	14,997	18,047	33,044		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	9,109	10,961	20,070		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	50,225	60,439	110,664		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	7,364	8,862	16,226		30.00
31.00	Outpatient Services (including E/R Dept.)	0	1,782	2,144	3,926		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	391,653		391,653		39.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 Hospice CCN: 151563 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K-4 Part II Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	1,174				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	1,174	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	36,685	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	31.247871	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150109 Hospice CCN: 151563 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K-4 Part II Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-213,900	177,753		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	705		7.00
8.00	Inpatient - Respite Care	0	1,397		8.00
	VISITING SERVICES				
9.00	Physician Services	0	5,400		9.00
10.00	Nursing Care	0	76,816		10.00
11.00	Nursing Care-Continuous Home Care	0	720		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	9,238		15.00
16.00	Spiritual Counseling	0	14,997		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	9,109		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	50,225		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	7,364		30.00
31.00	Outpatient Services (including E/R Dept.)	0	1,782		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		213,900		39.00
40.00	Unit Cost Multiplier		1.203355		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-5 Part I Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
1.00	Administrative and General		33,217	0	85,323	0	1.00
2.00	Inpatient - General Care	1,553	0	0	0	0	2.00
3.00	Inpatient - Respite Care	3,078	0	0	0	0	3.00
4.00	Physician Services	11,898	0	0	0	0	4.00
5.00	Nursing Care	169,253	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	1,586	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	20,355	0	0	0	0	10.00
11.00	Spiritual Counseling	33,044	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	20,070	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	110,664	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	16,226	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	3,926	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	391,653	33,217	0	85,323	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-5 Part I Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

	Cost Center Description	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	3,878	0	606	2,975	125,999	1.00
2.00	Inpatient - General Care	0	0	0	0	1,553	2.00
3.00	Inpatient - Respite Care	0	0	0	0	3,078	3.00
4.00	Physician Services	0	0	0	0	11,898	4.00
5.00	Nursing Care	0	0	0	0	169,253	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	1,586	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	20,355	10.00
11.00	Spiritual Counseling	0	0	0	0	33,044	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	20,070	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	110,664	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	16,226	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	3,926	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,878	0	606	2,975	517,652	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part I
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	17,749	46,683	0	11,034	0	1.00
2.00	Inpatient - General Care	219	0	0	0	0	2.00
3.00	Inpatient - Respite Care	434	0	0	0	0	3.00
4.00	Physician Services	1,676	0	0	0	0	4.00
5.00	Nursing Care	23,842	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	223	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	2,867	0	0	0	0	10.00
11.00	Spiritual Counseling	4,655	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	2,827	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	15,589	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	2,286	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	553	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	72,920	46,683	0	11,034	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part I
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	8,426	20,294	0	0	3,356	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,426	20,294	0	0	3,356	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part I
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	PARAMEDICAL EDUCATION PROGRAM	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	233,541		1.00
2.00	Inpatient - General Care	0	0	0	1,772	0	2.00
3.00	Inpatient - Respite Care	0	0	0	3,512	0	3.00
4.00	Physician Services	0	0	0	13,574	0	4.00
5.00	Nursing Care	0	0	0	193,095	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	1,809	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	23,222	0	10.00
11.00	Spiritual Counseling	0	0	0	37,699	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	22,897	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	126,253	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	18,512	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	4,479	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	680,365	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part I
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	1,772	926	2,698		2.00
3.00	Inpatient - Respite Care	3,512	1,836	5,348		3.00
4.00	Physician Services	13,574	7,095	20,669		4.00
5.00	Nursing Care	193,095	100,923	294,018		5.00
6.00	Nursing Care-Continuous Home Care	1,809	946	2,755		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	23,222	12,137	35,359		10.00
11.00	Spiritual Counseling	37,699	19,704	57,403		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	22,897	11,968	34,865		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	126,253	65,989	192,242		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	18,512	9,676	28,188		25.00
26.00	Outpatient Services (including E/R Dept.)	4,479	2,341	6,820		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	680,365		680,365		34.00
35.00	Unit Cost Multiplier (see instructions)		0.522669			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
		1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	1,174	1,174	248,678	0	6,104	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,174	1,174	248,678	0	6,104	34.00
35.00	Total cost to be allocated	33,217	0	85,323	0	3,878	35.00
36.00	Unit Cost Multiplier (see instructions)	28.293867	0.000000	0.343106	0.000000	0.635321	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	PURCHASING (COSTED REQUISITIO)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	0	829,138	829,138	0	125,999	1.00
2.00	Inpatient - General Care	0	0	0	0	1,553	2.00
3.00	Inpatient - Respite Care	0	0	0	0	3,078	3.00
4.00	Physician Services	0	0	0	0	11,898	4.00
5.00	Nursing Care	0	0	0	0	169,253	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	1,586	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	20,355	10.00
11.00	Spiritual Counseling	0	0	0	0	33,044	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	20,070	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	110,664	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	16,226	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	3,926	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	829,138	829,138		517,652	34.00
35.00	Total cost to be allocated	0	606	2,975		72,920	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000731	0.003588		0.140867	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	1,174	0	1,174	0	6,104	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,174	0	1,174	0	6,104	34.00
35.00	Total cost to be allocated	46,683	0	11,034	0	8,426	35.00
36.00	Unit Cost Multiplier (see instructions)	39.764055	0.000000	9.398637	0.000000	1.380406	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	6,062	0	0	829,138	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,062	0	0	829,138	0	34.00
35.00	Total cost to be allocated	20,294	0	0	3,356	0	35.00
36.00	Unit Cost Multiplier (see instructions)	3.347740	0.000000	0.000000	0.004048	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150109
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 9:45 am

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-5 Part III Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.414954	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.246208	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.868399	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.194548	0	0	4.00
4.01	DIABETES CENTER	73.01	1.870503	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.139318	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.177410	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	ULTRA SOUND	55.00	0.119480	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00				10.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.199256	0	0	10.98
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150109 Hospice CCN: 151563

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

Worksheet K-6

Date/Time Prepared: 5/27/2015 9:45 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				680,365	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				2,583	2.00
3.00	Average cost per diem (line 1 divided by line 2)				263.40	3.00
4.00	Updduplicated Medicare Days (Worksheet S-9, column 1, line 5)	2,509				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	660,871				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		55			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		14,487			7.00
8.00	Updduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			19		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			5,005		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150109	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 9:45 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,629,643	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	355,868	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)	101.33	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.01	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	25.64	8.00
9.00	Sum of lines 7 and 8	28.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.97	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	156,990	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,142,501	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