

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: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/25/2015 9:59 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/25/2015 Time: 9:59 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by INDIANA HEART HOSPITAL (150154) for the cost reporting period beginning 01/01/2014 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,945	50,448	0	826,385	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	1,945	50,448	0	826,385	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet S-2 Part I Date/Time Prepared: 2/25/2015 9:38 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 8075 NORTH SHADELAND AVENUE			PO Box:						
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46256		County: MARION		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		INDIANA HEART HOSPITAL	150154	26900	1	02/25/2003	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	09/30/2014		20.00
21.00	Type of Control (see instructions)						2		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		22.01	
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 col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00
							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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/25/2015 9:38 am		
		Beginning: 1.00	Ending: 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 1.00	Y/N 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
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through 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.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part 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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.08	0.08		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)		0.16	0.16		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).		0.08	0.08		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)		-0.08	-0.08		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
			Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	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 Non-Provider Settings						
63.00	Has your facility trained residents in non-provider 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	
64.00	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. 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 non-provider 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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
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
			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 non-provider 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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
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)	FAMILY PRACTICE	1350	0.00	0.08	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. 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 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
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
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00
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
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)				N		106.00

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		V	XIX			
		1.00	2.00			
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 Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	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	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 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 hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	120,292	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		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
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they 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, section 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			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	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)				0.50	169.00	
				Begining	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)			04/01/2014	06/30/2014	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/25/2015 9:38 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.	Y	10/01/2014	V	2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	01/06/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/25/2015 9:38 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	N			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NANCY	GAYLE		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135	NGAYLE@ECOMMUNITY.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	01/06/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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.	NETWORK DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2015 9:38 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	40	10,920	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)		40	10,920	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	32.00	16	4,368	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		56	15,288	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		56				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: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2015 9:38 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,517	432	5,241			1.00
2.00 HMO and other (see instructions)	1,385	108				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)	2,517	432	5,241			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	1,190	0	2,527			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	3,707	432	7,768	0.08	347.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.08	347.20	27.00
28.00 Observation Bed Days		0	742			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			95			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2015 9:38 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	838	74	1,904	1.00
2.00 HMO and other (see instructions)			320	28		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	838	74	1,904	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	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: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
2/25/2015 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	16,684,901	41,705	16,726,606	540,247.00	30.96
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		283,806	44,085	327,891	12,445.00	26.35
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		509,735	0	509,735	6,367.00	80.06
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		2,915,813	0	2,915,813	25,263.00	115.42
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		5,035,272	0	5,035,272		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		108,461	0	108,461		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	53,454	0	53,454	2,702.00	19.78
27.00	Administrative & General	5.00	1,172,018	0	1,172,018	39,860.00	29.40
28.00	Administrative & General under contract (see inst.)		163,392	0	163,392	774.00	211.10
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	181,294	0	181,294	7,674.00	23.62
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	330,868	0	330,868	26,476.00	12.50
33.00	Housekeeping under contract (see instructions)		93,181	0	93,181	2,633.00	35.39
34.00	Dietary	10.00	356,447	-300,702	55,745	3,960.00	14.08
35.00	Dietary under contract (see instructions)		321,026	0	321,026	9,342.00	34.36
36.00	Cafeteria	11.00	0	300,702	300,702	21,359.00	14.08
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	852,880	-88,171	764,709	20,276.00	37.71
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
2/25/2015 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 112,579	0	112,579	1,783.00	63.14	41.00
42.00	Social Service	17.00 398,648	0	398,648	10,602.00	37.60	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
2/25/2015 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	17,262,500	41,705	17,304,205	552,996.00	31.29	1.00
2.00	Excluded area salaries (see instructions)	283,806	44,085	327,891	12,445.00	26.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	16,978,694	-2,380	16,976,314	540,551.00	31.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,425,548	0	3,425,548	31,630.00	108.30	4.00
5.00	Subtotal wage-related costs (see inst.)	5,035,272	0	5,035,272	0.00	29.66	5.00
6.00	Total (sum of lines 3 thru 5)	25,439,514	-2,380	25,437,134	572,181.00	44.46	6.00
7.00	Total overhead cost (see instructions)	4,035,787	-88,171	3,947,616	147,441.00	26.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2015 9:38 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		554,249	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		601,377	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)		2,563,971	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		26,244	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		81,552	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)		0	14.00
15.00	'Workers' Compensation Insurance		42,906	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		1,249,637	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		23,757	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,143,693	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet S-3 Part V Date/Time Prepared: 2/25/2015 9:38 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/25/2015 9:38 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.206850	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,046,301	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			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		17,569,361	6.00	
7.00	Medicaid cost (line 1 times line 6)		3,634,222	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)		1,587,921	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)		1,587,921	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,827,092	4,822,564	6,649,656	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	377,934	997,547	1,375,481	21.00
22.00	Partial payment by patients approved for charity care	2,571	6,071	8,642	22.00
23.00	Cost of charity care (line 21 minus line 22)	375,363	991,476	1,366,839	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)		4,834,242	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		150,081	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,684,161	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		968,919	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,335,758	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,923,679	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	2,278,427	2,278,427	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	3,813,148	3,813,148	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	53,454	3,543,552	3,597,006	4,229,010	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,172,018	15,910,512	17,082,530	12,091,981	5.00
7.00	00700	OPERATION OF PLANT	181,294	1,868,876	2,050,170	2,092,933	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	55,645	55,645	189,760	8.00
9.00	00900	HOUSEKEEPING	330,868	266,231	597,099	587,420	9.00
10.00	01000	DIETARY	356,447	787,927	1,144,374	178,058	10.00
11.00	01100	CAFETERIA	0	0	961,827	961,827	11.00
13.00	01300	NURSING ADMINISTRATION	852,880	1,356,921	2,209,801	2,165,713	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	112,579	1,275,316	1,387,895	1,385,919	16.00
17.00	01700	SOCIAL SERVICE	398,648	254,376	653,024	644,210	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	2,562	2,562
23.02	02302	ALLIED HEALTH - PHARMACY	0	0	0	50,385	50,385
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,397,417	953,882	4,351,299	4,160,298	30.00
32.00	03200	CORONARY CARE UNIT	1,910,731	464,814	2,375,545	2,330,809	32.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,185,370	7,139,311	8,324,681	2,649,730	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	630,788	256,468	887,256	464,251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	13	98,861	98,874	405,834	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,250,892	11,683,365	12,934,257	2,313,689	59.00
60.00	06000	LABORATORY	0	1,634,814	1,634,814	1,633,957	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	612,277	333,689	945,966	681,841	65.00
66.00	06600	PHYSICAL THERAPY	116,456	12,338	128,794	79,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	40,430	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,458	68.00
69.00	06900	ELECTROCARDIOLOGY	806,339	-610,057	196,282	211,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,888	1,888	1,888	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	586,916	586,916	7,785,468	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	146,447	146,447	9,508,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,113,327	2,065,596	3,178,923	3,031,001	73.00
74.00	07400	RENAL DIALYSIS	0	149,998	149,998	148,364	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	3,673	6,163	9,836	5,726	76.00
76.97	07697	CARDIAC REHABILITATION	222,420	43,195	265,615	298,253	76.97
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	641,923	337,258	979,181	806,160	90.00
90.24	04973	PALLIATIVE CARE	0	62,570	62,570	62,570	90.24
91.00	09100	EMERGENCY	1,051,281	777,291	1,828,572	2,461,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/25/2015 9:38 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	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,401,095	51,464,163	67,865,258	1,892,623	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,244	4,948	53,192	-1,227	190.00
191.00	19100	RESEARCH	235,562	50,819	286,381	-18,933	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,090,383	5,090,383	-1,872,463	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	16,684,901	56,610,313	73,295,214	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	52,811	2,331,238	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,867,033	1,946,115	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	488,087	4,717,097	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,824,156	4,267,825	5.00
7.00	00700	OPERATION OF PLANT	-20,000	2,072,933	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	189,760	8.00
9.00	00900	HOUSEKEEPING	0	587,420	9.00
10.00	01000	DIETARY	-6,115	171,943	10.00
11.00	01100	CAFETERIA	-289,151	672,676	11.00
13.00	01300	NURSING ADMINISTRATION	-1,096,378	1,069,335	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,385,919	16.00
17.00	01700	SOCIAL SERVICE	0	644,210	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,620	4,620	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	14,832	14,832	22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	2,562	23.01
23.02	02302	ALLIED HEALTH - PHARMACY	0	50,385	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,160,298	30.00
32.00	03200	CORONARY CARE UNIT	-124,474	2,206,335	32.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-114,691	2,535,039	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-20,890	443,361	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	405,834	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,292	5,292	58.00
59.00	05900	CARDIAC CATHETERIZATION	-130,517	2,183,172	59.00
60.00	06000	LABORATORY	-265,772	1,368,185	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	681,841	65.00
66.00	06600	PHYSICAL THERAPY	0	79,784	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	40,430	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,458	68.00
69.00	06900	ELECTROCARDIOLOGY	-273,975	-62,563	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,888	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,785,468	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,508,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,385	3,081,386	73.00
74.00	07400	RENAL DIALYSIS	0	148,364	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03330	ENDOSCOPY	0	5,726	76.00
76.97	07697	CARDIAC REHABILITATION	-7,128	291,125	76.97
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	-155,731	650,429	90.00
90.24	04973	PALLIATIVE CARE	-62,570	0	90.24
91.00	09100	EMERGENCY	-275,848	2,185,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,918,402	57,839,479	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,582	58,547	190.00
191.00	19100	RESEARCH	0	267,448	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	145,716	3,363,636	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-11,766,104	61,529,110	200.00

RECLASSIFICATIONS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
2/25/2015 9:38 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Depreciation Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,346,571	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,621,553	2.00	
	TOTALS		0	2,968,124		
B - Interest Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,853,247	1.00	
	TOTALS		0	1,853,247		
C - Implantable Device Recl ass						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		54,510	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		9,388,146	2.00	
3.00			0	9,442,656	3.00	
D - Laundry and Linen Recl ass						
1.00	LAUNDRY & LINEN SERVICE	8.00		134,115	1.00	
			0	134,115		
E - Rent Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	338,348	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
	TOTALS		0	338,348		
F - Dietary Food Service Allocati on						
1.00	DIETARY	10.00	0	24,905	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
	TOTALS		0	24,905		
G - Cafeteria Salary						
1.00	CAFETERIA	11.00	300,702	0	1.00	
			300,702	0		
H - Cafeteria Other						
1.00	CAFETERIA	11.00		661,125	1.00	
			0	661,125		
I - Chargeable Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,288,226	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	

RECLASSIFICATIONS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
2/25/2015 9:38 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	7,288,226	
K - Therapy Salary					
1.00	OCCUPATIONAL THERAPY	67.00		40,430	1.00
2.00	SPEECH PATHOLOGY	68.00		4,458	2.00
			0	44,888	
L - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00		77,457	1.00
2.00					2.00
			0	77,457	
M - Repairs and Maintenance Recl ass					
1.00	OPERATION OF PLANT	7.00	0	54,381	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	54,381	
N - Pensi on Expense Recl ass					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	637,442	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	TOTALS		0	637,442	
O - Space Rental & Property Tax					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	755,825	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
	TOTALS		0	755,825	
P - Capi tal Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	176,031	1.00
	TOTALS		0	176,031	
Q - Cat Scan Salary Recl ass					
1.00	CT_SCAN	57.00	256,523		1.00
			256,523	0	
R - Cat Scan Other Recl ass					
1.00	CT_SCAN	57.00		54,756	1.00
			0	54,756	
S - Pharmacy Residency					
1.00	ALLIED HEALTH - PHARMACY	23.02	41,705		1.00
			41,705	0	

RECLASSIFICATIONS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
T - Pharmacy Residency						
1.00	ALLIED HEALTH - PHARMACY		23.02	0	8,680	1.00
TOTALS				0	8,680	
U - MEDICAL DIRECTOR RECLASS						
1.00	ADMINISTRATIVE & GENERAL		5.00		593,441	1.00
2.00	NURSING ADMINISTRATION		13.00		86,490	2.00
3.00	CORONARY CARE UNIT		32.00		165,558	3.00
4.00	CARDIAC CATHETERIZATION		59.00		158,416	4.00
5.00	ELECTROCARDIOLOGY		69.00		166,384	5.00
6.00	CLINIC		90.00		27,878	6.00
7.00	EMERGENCY		91.00		674,296	7.00
				0	1,872,463	
Y - Radiology School Allied Health						
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL		23.01	2,380		1.00
				2,380	0	
Z - Radiology School Allied Health						
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL		23.01		182	1.00
				0	182	
AA - CARDIAC REHAB DIR SALARY RCLSS						
1.00	ADULTS & PEDIATRICS		30.00	44,086		1.00
2.00	CARDIAC REHABILITATION		76.97	44,085		2.00
				88,171	0	
500.00	Grand Total: Increases			689,481	26,392,851	500.00

RECLASSIFICATIONS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - Depreciation Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,968,124		9	1.00
2.00		0.00	0	0		9	2.00
	TOTALS		0	2,968,124			
B - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,853,247		11	1.00
	TOTALS		0	1,853,247			
C - Implantable Device Recl ass							
1.00	ADULTS & PEDIATRICS	30.00		195			1.00
2.00	OPERATING ROOM	50.00		3,330,575			2.00
3.00	CARDIAC CATHETERIZATION	59.00		6,111,886			3.00
			0	9,442,656			
D - Laundry and Linen Recl ass							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		134,115			1.00
			0	134,115			
E - Rent Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	828		10	1.00
2.00	OPERATION OF PLANT	7.00	0	6,924		0	2.00
3.00	HOUSEKEEPING	9.00	0	261		0	3.00
4.00	DIETARY	10.00	0	1,004		0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	987		0	5.00
6.00	SOCIAL SERVICE	17.00	0	59		0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	415		0	7.00
8.00	CORONARY CARE UNIT	32.00	0	178		0	8.00
9.00	OPERATING ROOM	50.00	0	120,664		0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	296		0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	92,753		0	11.00
12.00	LABORATORY	60.00	0	3		0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	237		0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	762		0	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	119		0	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	25,781		0	16.00
17.00	DRUGS CHARGED TO PATIENTS	73.00	0	86,312		0	17.00
18.00	CLINIC	90.00	0	178		0	18.00
19.00	EMERGENCY	91.00	0	291		0	19.00
20.00	RESEARCH	191.00	0	296		0	20.00
	TOTALS		0	338,348			
F - Dietary Food Service Allocation							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,438		0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	11,487		0	2.00
3.00	HOUSEKEEPING	9.00	0	789		0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	408		0	4.00
5.00	CORONARY CARE UNIT	32.00	0	54		0	5.00
6.00	OPERATING ROOM	50.00	0	202		0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	56		0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	49		0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	90		0	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	149		0	10.00
11.00	DRUGS CHARGED TO PATIENTS	73.00	0	75		0	11.00
12.00	CARDIAC REHABILITATION	76.97	0	764		0	12.00
13.00	CLINIC	90.00	0	300		0	13.00
14.00	EMERGENCY	91.00	0	15		0	14.00
15.00	RESEARCH	191.00	0	5,029		0	15.00
	TOTALS		0	24,905			
G - Cafeteria Salary							
1.00	DIETARY	10.00	300,702				1.00
			300,702	0			
H - Cafeteria Other							
1.00	DIETARY	10.00		661,125			1.00
			0	661,125			
I - Chargeable Medical Supplies							
1.00	ADULTS & PEDIATRICS	30.00	0	125,673		0	1.00
2.00	CORONARY CARE UNIT	32.00	0	137,559		0	2.00
3.00	OPERATING ROOM	50.00	0	2,186,453		0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,537		0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	4,535,649		0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	236,923		0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	3,299		0	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	33,493		0	8.00
9.00	RENAL DIALYSIS	74.00	0	1,634		0	9.00
10.00	ENDOSCOPY	76.00	0	4,110		0	10.00

RECLASSIFICATIONS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
2/25/2015 9:38 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	CARDIAC REHABILITATION	76.97	0	679	0	11.00	
12.00	CLINIC	90.00	0	76	0	12.00	
13.00	EMERGENCY	91.00	0	9,141	0	13.00	
	TOTALS		0	7,288,226			
K - Therapy Salary							
1.00	PHYSICAL THERAPY	66.00		44,888		1.00	
2.00			0	44,888		2.00	
L - Drugs Charges to Pat							
1.00	OPERATING ROOM	50.00		2,525		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00		74,932		2.00	
	TOTALS		0	77,457			
M - Repairs and Maintenance Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	393	0	1.00	
2.00	HOUSEKEEPING	9.00	0	4,488	0	2.00	
3.00	DIETARY	10.00	0	16,595	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	4,709	0	4.00	
5.00	CORONARY CARE UNIT	32.00	0	720	0	5.00	
6.00	OPERATING ROOM	50.00	0	3,969	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,860	0	7.00	
8.00	CT SCAN	57.00	0	4,319	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	744	0	9.00	
10.00	LABORATORY	60.00	0	854	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	1,228	0	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	512	0	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,950	0	13.00	
14.00	CARDIAC REHABILITATION	76.97	0	99	0	14.00	
15.00	EMERGENCY	91.00	0	941	0	15.00	
	TOTALS		0	54,381			
N - Pension Expense Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	141,435	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	4,694	0	2.00	
3.00	HOUSEKEEPING	9.00	0	4,141	0	3.00	
4.00	DIETARY	10.00	0	3,124	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	41,420	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,976	0	6.00	
7.00	SOCIAL SERVICE	17.00	0	8,755	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	103,687	0	8.00	
9.00	CORONARY CARE UNIT	32.00	0	71,783	0	9.00	
10.00	OPERATING ROOM	50.00	0	30,563	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,483	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	37,903	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	25,647	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	4,122	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	22,686	0	15.00	
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	55,114	0	16.00	
17.00	CARDIAC REHABILITATION	76.97	0	9,905	0	17.00	
18.00	CLINIC	90.00	0	18,161	0	18.00	
19.00	EMERGENCY	91.00	0	30,687	0	19.00	
20.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,227	0	20.00	
21.00	RESEARCH	191.00	0	4,929	0	21.00	
	TOTALS		0	637,442			
O - Space Rental & Property Tax							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	432,445	10	1.00	
2.00	DIETARY	10.00	0	8,671	0	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	123,846	0	3.00	
4.00	CLINIC	90.00	0	182,184	0	4.00	
5.00	RESEARCH	191.00	0	8,679	0	5.00	
	TOTALS		0	755,825			
P - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	176,031	12	1.00	
	TOTALS		0	176,031			
Q - Cat Scan Salary Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	256,523			1.00	
	TOTALS		256,523	0			
R - Cat Scan Other Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		54,756		1.00	
	TOTALS		0	54,756			
S - Pharmacy Residency							
1.00						1.00	
	TOTALS		0	0			

RECLASSIFICATIONS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
2/25/2015 9:38 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
T - Pharmacy Residency							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	50,385	0		1.00
	TOTALS		0	50,385			
U - MEDICAL DIRECTOR RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00		1,872,463			1.00
2.00							2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00			0	1,872,463			7.00
Y - Radiology School Allied Health							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	2,380				1.00
			2,380	0			
Z - Radiology School Allied Health							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		182			1.00
			0	182			
AA - CARDIAC REHAB DIR SALARY RCLSS							
1.00	NURSING ADMINISTRATION	13.00	88,171				1.00
2.00			88,171	0			2.00
500.00	Grand Total: Decreases		647,776	26,434,556			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
2/25/2015 9:38 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	53,839,394	1,338,125	0	1,338,125	0	3.00
4.00	Building Improvements	730,052	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	29,374,622	381,540	0	381,540	539,301	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	83,944,068	1,719,665	0	1,719,665	539,301	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	83,944,068	1,719,665	0	1,719,665	539,301	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	55,177,519	0				3.00
4.00	Building Improvements	730,052	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	29,216,861	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	85,124,432	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	85,124,432	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
2/25/2015 9:38 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	55,907,571	0	55,907,571	0.656775	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,216,861	0	29,216,861	0.343225	0	2.00
3.00	Total (sum of lines 1-2)	85,124,432	0	85,124,432	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,399,382	755,825	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,621,553	338,348	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,020,935	1,094,173	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	176,031	0	0	2,331,238	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-13,786	0	0	0	1,946,115	2.00
3.00	Total (sum of lines 1-2)	-13,786	176,031	0	0	4,277,353	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-2,910		ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-8,754		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-13,285		CAP REL COSTS-MVBLE EQUIP	2.00	11	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,260,219				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	-379,987				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-275,479		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			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISC REVENUE 35000	B	-6,500		ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 MISC REVENUE 35000	B	-7,087		OPERATING ROOM	50.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8

Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 Misc Revenue 35000	B	-35,564	CARDIAC REHABILITATION	76.97	0 33.02
34.00 HAF TAX OFFSET	A	-2,316,846	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01 Misc Rev Acct 35100	B	-180	CLINIC	90.00	0 34.01
34.02 MISC REV ACCT 35100	B	-20,000	OPERATION OF PLANT	7.00	0 34.02
34.03 MRI Expense	A	5,292	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 34.03
35.00 Disposal of Assets	B	11,997	ADMINISTRATIVE & GENERAL	5.00	0 35.00
36.03 Non Allow Marketing Expense	A	-105,530	ADMINISTRATIVE & GENERAL	5.00	0 36.03
36.04 Board of Directors Meeting Expense	A	-28,914	ADMINISTRATIVE & GENERAL	5.00	0 36.04
36.05 Patient Phone Depreciation	A	-501	CAP REL COSTS-MVBLE EQUIP	2.00	11 36.05
37.00 Non-Allow Interest Expense	A	-1,853,247	CAP REL COSTS-MVBLE EQUIP	2.00	11 37.00
38.00 Bad Debt Expense	A	-4,782,253	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01 Bad Debt Expense	A	-51,655	ELECTROCARDIOLOGY	69.00	0 38.01
38.02 Bad Debt Expense	A	-334	CLINIC	90.00	0 38.02
44.00 Pharmacy Residency	A	50,385	DRUGS CHARGED TO PATIENTS	73.00	0 44.00
45.00 Meals of Wheels Cost	A	-13,672	CAFETERIA	11.00	0 45.00
47.01 Medical Director Site-CHS	A	-120,713	NURSING ADMINISTRATION	13.00	0 47.01
47.02 Medical Director Site-CHN	A	-345,913	NURSING ADMINISTRATION	13.00	0 47.02
47.03 Medical Director Site-CHE	A	-629,752	NURSING ADMINISTRATION	13.00	0 47.03
47.05 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-62,570	PALLIATIVE CARE	90.24	0 47.05
47.06 Pension Adjustment	A	488,087	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,766,104			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: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/25/2015 9:38 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	60.00	LABORATORY	MACL	589,951	855,723	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS AND RESIDENTS	4,620	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	IHH POB	52,811	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	IHH POB	29,171	170,190	3.01
3.02	10.00	DIETARY	IHH POB	2,556	8,671	3.02
3.03	69.00	ELECTROCARDIOLOGY	IHH POB	36,410	123,846	3.03
3.04	76.97	CARDIAC REHABILITATION	IHH POB	28,436	0	3.04
3.05	90.00	CLINIC	IHH POB	23,506	156,148	3.05
3.06	190.00	GIFT, FLOWER, COFFEE SHOP &	IHH POB	6,582	0	3.06
3.07	192.00	PHYSICIANS' PRIVATE OFFICES	IHH POB	145,716	0	3.07
4.00	22.00	I&R SERVICES-OTHER PRGM. COS	INTERNS AND RESIDENTS	14,832	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			934,591	1,314,578	5.00

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

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

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

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

6.00	B		100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/25/2015 9:38 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	-265,772	0		1.00
2.00	4,620	0		2.00
3.00	52,811	9		3.00
3.01	-141,019	0		3.01
3.02	-6,115	0		3.02
3.03	-87,436	0		3.03
3.04	28,436	0		3.04
3.05	-132,642	0		3.05
3.06	6,582	0		3.06
3.07	145,716	0		3.07
4.00	14,832	0		4.00
5.00	-379,987			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8-2

Date/Time Prepared:
2/25/2015 9:38 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	32.00	CORONARY CARE UNIT	165,558	0	165,558	132,900	643	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	35,727	0	35,727	132,900	238	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	593,441	0	593,441	132,900	2,669	3.00
4.00	50.00	OPERATING ROOM	613,313	0	613,313	150,225	7,002	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	20,890	20,890	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	158,417	0	158,417	156,000	372	6.00
7.00	90.00	CLINIC	27,878	0	27,878	132,900	83	7.00
8.00	69.00	ELECTROCARDIOLOGY	166,384	0	166,384	132,900	493	8.00
9.00	91.00	EMERGENCY	1,155,096	0	1,155,096	132,900	13,761	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,936,704	20,890	2,915,814		25,261	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	32.00	CORONARY CARE UNIT	41,084	2,054	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	15,207	760	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	170,534	8,527	0	0	0	3.00
4.00	50.00	OPERATING ROOM	505,709	25,285	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	27,900	1,395	0	0	0	6.00
7.00	90.00	CLINIC	5,303	265	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	31,500	1,575	0	0	0	8.00
9.00	91.00	EMERGENCY	879,248	43,962	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,676,485	83,823	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	32.00	CORONARY CARE UNIT	0	41,084	124,474	124,474	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	15,207	20,520	20,520	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	170,534	422,907	422,907	3.00
4.00	50.00	OPERATING ROOM	0	505,709	107,604	107,604	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	20,890	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	27,900	130,517	130,517	6.00
7.00	90.00	CLINIC	0	5,303	22,575	22,575	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	31,500	134,884	134,884	8.00
9.00	91.00	EMERGENCY	0	879,248	275,848	275,848	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	1,676,485	1,239,329	1,260,219	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,331,238	2,331,238			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,946,115		1,946,115		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,717,097	0	0	4,717,097	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,267,825	391,469	326,798	331,583	5.00
7.00 00700	OPERATION OF PLANT	2,072,933	471,172	393,334	51,291	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	189,760	0	0	0	8.00
9.00 00900	HOUSEKEEPING	587,420	41,136	34,340	93,608	9.00
10.00 01000	DIETARY	171,943	14,273	11,915	15,743	10.00
11.00 01100	CAFETERIA	672,676	76,996	64,276	85,073	11.00
13.00 01300	NURSING ADMINISTRATION	1,069,335	23,668	19,758	216,348	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,385,919	1,652	1,379	31,850	16.00
17.00 01700	SOCIAL SERVICE	644,210	7,226	6,032	112,784	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,620	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	14,832	0	0	0	22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	2,562	0	0	673	23.01
23.02 02302	ALLIED HEALTH - PHARMACY	50,385	0	0	11,799	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,160,298	535,129	446,727	973,655	30.00
32.00 03200	CORONARY CARE UNIT	2,206,335	199,069	166,182	540,576	32.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,535,039	185,941	155,223	335,360	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	443,361	21,528	17,972	105,212	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	405,834	27,968	23,347	72,578	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,292	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,183,172	152,827	127,580	353,897	59.00
60.00 06000	LABORATORY	1,368,185	9,774	8,159	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	681,841	6,917	5,775	173,223	65.00
66.00 06600	PHYSICAL THERAPY	79,784	0	0	32,947	66.00
67.00 06700	OCCUPATIONAL THERAPY	40,430	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	4,458	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	-62,563	4,658	3,888	228,126	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,888	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,785,468	26,226	21,893	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,508,812	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,081,386	14,472	12,081	314,978	73.00
74.00 07400	RENAL DIALYSIS	148,364	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	5,726	0	0	1,039	76.00
76.97 07697	CARDIAC REHABILITATION	291,125	0	0	75,399	76.97
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	650,429	17,308	14,449	181,610	90.00
90.24 04973	PALLIATIVE CARE	0	0	0	0	90.24
91.00 09100	EMERGENCY	2,185,945	94,324	78,742	297,424	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	57,839,479	2,323,733	1,939,850	4,636,804	57,745,416	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,547	0	0	13,649	72,196	190.00
191.00 19100 RESEARCH	267,448	7,505	6,265	66,644	347,862	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,363,636	0	0	0	3,363,636	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	61,529,110	2,331,238	1,946,115	4,717,097	61,529,110	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet B Part I Date/Time Prepared: 2/25/2015 9:38 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,317,675			5.00
7.00	00700	OPERATION OF PLANT	282,737	3,271,467		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,951	0	207,711	8.00
9.00	00900	HOUSEKEEPING	71,566	91,634	0	919,704
10.00	01000	DIETARY	20,235	31,794	0	9,196
11.00	01100	CAFETERIA	85,048	171,517	0	49,608
13.00	01300	NURSING ADMINISTRATION	125,735	52,723	0	15,249
16.00	01600	MEDICAL RECORDS & LIBRARY	134,409	3,680	0	1,064
17.00	01700	SOCIAL SERVICE	72,867	16,096	0	4,656
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	437	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,403	0	0	0
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	306	0	0	0
23.02	02302	ALLIED HEALTH - PHARMACY	5,883	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	578,562	1,192,064	133,581	344,781
32.00	03200	CORONARY CARE UNIT	294,414	443,449	16,119	128,259
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	303,817	414,205	16,830	119,801
51.00	05100	RECOVERY ROOM	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,632	47,957	0	13,870
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
57.00	05700	CT SCAN	50,113	62,301	0	18,019
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	501	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	266,536	340,441	19,135	98,466
60.00	06000	LABORATORY	131,128	21,772	0	6,297
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	82,091	15,409	0	4,457
66.00	06600	PHYSICAL THERAPY	10,664	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	3,825	0	0	0
68.00	06800	SPEECH PATHOLOGY	422	0	0	0
69.00	06900	ELECTROCARDIOLOGY	16,471	10,376	0	3,001
70.00	07000	ELECTROENCEPHALOGRAPHY	179	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	741,065	58,421	0	16,897
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	899,560	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	323,811	32,237	0	9,324
74.00	07400	RENAL DIALYSIS	14,035	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03330	ENDOSCOPY	640	0	0	0
76.97	07697	CARDIAC REHABILITATION	34,674	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	81,716	38,556	0	11,152
90.24	04973	PALLIATIVE CARE	0	0	0	0
91.00	09100	EMERGENCY	251,301	210,118	22,046	60,772
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	350
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0
99.00	09900	CMHC	0	0	0	0
99.10	09910	CORF	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

Period:
From 01/01/2014
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,959,734	3,254,750	207,711	914,869	275,127	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,830	0	0	0	0	190.00
191.00	19100	RESEARCH	32,908	16,717	0	4,835	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	318,203	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,317,675	3,271,467	207,711	919,704	275,127	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
						(SPECIFY)	
		11.00	13.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,205,194					11.00
13.00	01300	45,912	1,568,728				13.00
16.00	01600	11,478	15,532	1,586,963			16.00
17.00	01700	28,695	38,830	0	931,396		17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	5,739	7,766	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	327,126	442,659	97,513	628,405	0	30.00
32.00	03200	154,954	209,681	58,245	302,991	0	32.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	80,346	108,724	167,361	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	28,695	38,830	45,941	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	11,478	15,532	25,656	0	0	57.00
58.00	05800	0	0	729	0	0	58.00
59.00	05900	97,563	132,022	478,470	0	0	59.00
60.00	06000	0	0	98,750	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	51,651	69,894	20,655	0	0	65.00
66.00	06600	5,739	7,766	2,687	0	0	66.00
67.00	06700	0	0	1,527	0	0	67.00
68.00	06800	0	0	168	0	0	68.00
69.00	06900	97,563	132,022	81,301	0	0	69.00
70.00	07000	0	0	266	0	0	70.00
71.00	07100	0	0	156,401	0	0	71.00
72.00	07200	0	0	181,402	0	0	72.00
73.00	07300	68,868	93,192	90,068	0	0	73.00
74.00	07400	0	0	2,622	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03330	0	0	570	0	0	76.00
76.97	07697	28,695	38,830	7,476	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	57,390	77,660	9,652	0	0	90.00
90.24	04973	0	0	0	0	0	90.24
91.00	09100	68,868	93,192	59,503	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	05950	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
							(SPECIFY)	
			11.00	13.00	16.00	17.00	18.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,170,760	1,522,132	1,586,963	931,396	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,478	15,532	0	0	0	190.00
191.00	19100	RESEARCH	22,956	31,064	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,205,194	1,568,728	1,586,963	931,396	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
		19.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
13.00 01300	NURSING ADMINISTRATION							13.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0						19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,057					21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	16,235				22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0			23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	3,541		23.01
23.02 02302	ALLIED HEALTH - PHARMACY	0	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	0	5,057	16,235	0	0		30.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
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
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,541		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
57.00 05700	CT SCAN	0	0	0	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0	0		60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
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 PATIENTS	0	0	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00 03330	ENDOSCOPY	0	0	0	0	0		76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000	CLINIC	0	0	0	0	0		90.00
90.24 04973	PALLIATIVE CARE	0	0	0	0	0		90.24
91.00 09100	EMERGENCY	0	0	0	0	0		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0		94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0		95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
99.00 09900	CMHC	0	0	0	0	0		99.00
99.10 09910	CORF	0	0	0	0	0		99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0		100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0		105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0		106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	0		107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	0		108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0		111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part I
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		19.00	21.00			
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	5,057	16,235	0	3,541	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	5,057	16,235	0	3,541	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Part I
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Cost Center Description			ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD					22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM					23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL					23.01
23.02	02302	ALLIED HEALTH - PHARMACY	81,572				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	10,067,068	-21,292	10,045,776	30.00
32.00	03200	CORONARY CARE UNIT	0	4,809,775	0	4,809,775	32.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,422,647	0	4,422,647	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	822,539	0	822,539	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	712,826	0	712,826	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,522	0	6,522	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,250,109	0	4,250,109	59.00
60.00	06000	LABORATORY	0	1,644,065	0	1,644,065	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,111,913	0	1,111,913	65.00
66.00	06600	PHYSICAL THERAPY	0	139,587	0	139,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	45,782	0	45,782	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,048	0	5,048	68.00
69.00	06900	ELECTROCARDIOLOGY	0	514,843	0	514,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,333	0	2,333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,806,371	0	8,806,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,589,774	0	10,589,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,572	4,121,989	0	4,121,989	73.00
74.00	07400	RENAL DIALYSIS	0	165,021	0	165,021	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	7,975	0	7,975	76.00
76.97	07697	CARDIAC REHABILITATION	0	476,199	0	476,199	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,139,922	0	1,139,922	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	3,422,585	0	3,422,585	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Cost Center Description		ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
113.00	11300	INTEREST EXPENSE				113.00	
114.00	11400	UTILIZATION REVIEW-SNF				114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	81,572	57,284,893	-21,292	57,263,601	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	106,036	0	106,036	190.00
191.00	19100	RESEARCH	0	456,342	0	456,342	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,681,839	0	3,681,839	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	81,572	61,529,110	-21,292	61,507,818	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	391,469	326,798	5.00
7.00 00700	OPERATION OF PLANT	0	471,172	393,334	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	41,136	34,340	9.00
10.00 01000	DIETARY	0	14,273	11,915	10.00
11.00 01100	CAFETERIA	0	76,996	64,276	11.00
13.00 01300	NURSING ADMINISTRATION	0	23,668	19,758	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	1,652	1,379	16.00
17.00 01700	SOCIAL SERVICE	0	7,226	6,032	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	23.01
23.02 02302	ALLIED HEALTH - PHARMACY	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	535,129	446,727	30.00
32.00 03200	CORONARY CARE UNIT	0	199,069	166,182	32.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	185,941	155,223	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	21,528	17,972	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700	CT SCAN	0	27,968	23,347	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	152,827	127,580	59.00
60.00 06000	LABORATORY	0	9,774	8,159	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	6,917	5,775	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	4,658	3,888	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,226	21,893	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	14,472	12,081	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
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	17,308	14,449	90.00
90.24 04973	PALLIATIVE CARE	0	0	0	90.24
91.00 09100	EMERGENCY	0	94,324	78,742	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00 09900	CMHC	0	0	0	99.00
99.10 09910	CORF	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2,323,733	1,939,850	4,263,583		118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	7,505	6,265	13,770	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	2,331,238	1,946,115	4,277,353		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	718,267					5.00
7.00	00700	OPERATION OF PLANT	38,190	902,696				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,425	0	2,425			8.00
9.00	00900	HOUSEKEEPING	9,667	25,285	0	110,428		9.00
10.00	01000	DIETARY	2,733	8,773	0	1,104	38,798	10.00
11.00	01100	CAFETERIA	11,488	47,327	0	5,956	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,983	14,548	0	1,831	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,155	1,016	0	128	0	16.00
17.00	01700	SOCIAL SERVICE	9,842	4,441	0	559	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	59	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	190	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	0	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	41	0	0	0	0	23.01
23.02	02302	ALLIED HEALTH - PHARMACY	795	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,148	328,924	1,561	41,397	26,128	30.00
32.00	03200	CORONARY CARE UNIT	39,767	122,361	188	15,400	12,621	32.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,037	114,291	196	14,384	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,514	13,233	0	1,665	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	6,769	17,191	0	2,164	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	68	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,002	93,938	223	11,823	0	59.00
60.00	06000	LABORATORY	17,712	6,008	0	756	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,088	4,252	0	535	0	65.00
66.00	06600	PHYSICAL THERAPY	1,440	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	517	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	57	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,225	2,863	0	360	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	100,098	16,120	0	2,029	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,499	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,738	8,895	0	1,120	0	73.00
74.00	07400	RENAL DIALYSIS	1,896	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	86	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,683	0	0	0	0	76.97
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	11,038	10,639	0	1,339	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	33,944	57,978	257	7,297	49	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	669,918	898,083	2,425	109,847	38,798	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	923	0	0	0	0	190.00
191.00	19100	RESEARCH	4,445	4,613	0	581	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	42,981	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	718,267	902,696	2,425	110,428	38,798	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/25/2015 9:38 am		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)
		11.00	13.00	16.00	17.00	18.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100	206,043				11.00
13.00	01300	7,849	84,637			13.00
16.00	01600	1,962		838	25,130	16.00
17.00	01700	4,906	2,095	0	35,101	17.00
18.00	01850	0	0	0	0	18.00
19.00	01900	0	0	0	0	19.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
23.01	02301	0	0	0	0	23.01
23.02	02302	981	419	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	55,926	23,882	1,548	23,682	30.00
32.00	03200	26,491	11,313	925	11,419	32.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	13,736	5,866	2,657	0	50.00
51.00	05100	0	0	0	0	51.00
54.00	05400	4,906	2,095	729	0	54.00
55.00	05500	0	0	0	0	55.00
57.00	05700	1,962	838	407	0	57.00
58.00	05800	0	0	12	0	58.00
59.00	05900	16,680	7,123	7,534	0	59.00
60.00	06000	0	0	1,567	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	8,830	3,771	328	0	65.00
66.00	06600	981	419	43	0	66.00
67.00	06700	0	0	24	0	67.00
68.00	06800	0	0	3	0	68.00
69.00	06900	16,680	7,123	1,290	0	69.00
70.00	07000	0	0	4	0	70.00
71.00	07100	0	0	2,483	0	71.00
72.00	07200	0	0	2,879	0	72.00
73.00	07300	11,774	5,028	1,430	0	73.00
74.00	07400	0	0	42	0	74.00
75.00	07500	0	0	0	0	75.00
76.00	03330	0	0	9	0	76.00
76.97	07697	4,906	2,095	119	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	9,812	4,190	153	0	90.00
90.24	04973	0	0	0	0	90.24
91.00	09100	11,774	5,028	944	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	0	0	0	0	94.00
95.00	09500	0	0	0	0	95.00
96.00	09600	0	0	0	0	96.00
97.00	09700	0	0	0	0	97.00
98.00	05950	0	0	0	0	98.00
99.00	09900	0	0	0	0	99.00
99.10	09910	0	0	0	0	99.10
100.00	10000	0	0	0	0	100.00
101.00	10100	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	0	0	0	0	105.00
106.00	10600	0	0	0	0	106.00
107.00	10700	0	0	0	0	107.00
108.00	10800	0	0	0	0	108.00
109.00	10900	0	0	0	0	109.00
110.00	11000	0	0	0	0	110.00
111.00	11100	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
							(SPECIFY)	
			11.00	13.00	16.00	17.00	18.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	200,156	82,123	25,130	35,101	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,962	838	0	0	0	190.00
191.00	19100	RESEARCH	3,925	1,676	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	206,043	84,637	25,130	35,101	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH - RADIOLOGY SCHOOL
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	
		19.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		59			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD			190		22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM				0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL					41
23.02 02302	ALLIED HEALTH - PHARMACY					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
32.00 03200	CORONARY CARE UNIT					32.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
76.00 03330	ENDOSCOPY					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
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					90.00
90.24 04973	PALLIATIVE CARE					90.24
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS					94.00
95.00 09500	AMBULANCE SERVICES					95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED					96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD					97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS					98.00
99.00 09900	CMHC					99.00
99.10 09910	CORF					99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM					100.00
101.00 10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION					105.00
106.00 10600	HEART ACQUISITION					106.00
107.00 10700	LIVER ACQUISITION					107.00
108.00 10800	LUNG ACQUISITION					108.00
109.00 10900	PANCREAS ACQUISITION					109.00
110.00 11000	INTESTINAL ACQUISITION					110.00
111.00 11100	ISLET ACQUISITION					111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

Period:
From 01/01/2014
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		19.00	21.00			
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00 19100 RESEARCH						191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES						192.00
193.00 19300 NONPAID WORKERS						193.00
200.00 Cross Foot Adjustments	0	59	190	0	41	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	59	190	0	41	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center	Description	ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM				23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL				23.01
23.02	02302	ALLIED HEALTH - PHARMACY	2,195			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,563,052	0	1,563,052	30.00
32.00	03200	CORONARY CARE UNIT	605,736	0	605,736	32.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	533,331	0	533,331	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,642	0	69,642	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	80,646	0	80,646	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	80	0	80	58.00
59.00	05900	CARDIAC CATHETERIZATION	453,730	0	453,730	59.00
60.00	06000	LABORATORY	43,976	0	43,976	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,496	0	41,496	65.00
66.00	06600	PHYSICAL THERAPY	2,883	0	2,883	66.00
67.00	06700	OCCUPATIONAL THERAPY	541	0	541	67.00
68.00	06800	SPEECH PATHOLOGY	60	0	60	68.00
69.00	06900	ELECTROCARDIOLOGY	39,087	0	39,087	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28	0	28	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	168,849	0	168,849	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124,378	0	124,378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,538	0	98,538	73.00
74.00	07400	RENAL DIALYSIS	1,938	0	1,938	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03330	ENDOSCOPY	95	0	95	76.00
76.97	07697	CARDIAC REHABILITATION	11,803	0	11,803	76.97
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	68,928	0	68,928	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	90.24
91.00	09100	EMERGENCY	290,337	0	290,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Cost Center Description			ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,199,154	0	4,199,154	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,723	0	3,723	190.00
191.00	19100	RESEARCH		29,010	0	29,010	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		42,981	0	42,981	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
200.00		Cross Foot Adjustments	2,195	2,485	0	2,485	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,195	4,277,353	0	4,277,353	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

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Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	234,226				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		234,226			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	16,673,152		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	39,332	39,332	1,172,018	-5,317,675	5.00
7.00 00700	OPERATION OF PLANT	47,340	47,340	181,294	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,133	4,133	330,868	0	9.00
10.00 01000	DIETARY	1,434	1,434	55,745	0	10.00
11.00 01100	CAFETERIA	7,736	7,736	300,702	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,378	2,378	764,709	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	166	166	112,579	0	16.00
17.00 01700	SOCIAL SERVICE	726	726	398,648	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	2,380	0	23.01
23.02 02302	ALLIED HEALTH - PHARMACY	0	0	41,705	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	53,766	53,766	3,441,503	0	30.00
32.00 03200	CORONARY CARE UNIT	20,001	20,001	1,910,731	0	32.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,682	18,682	1,185,370	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,163	2,163	371,885	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	2,810	2,810	256,536	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,355	15,355	1,250,892	0	59.00
60.00 06000	LABORATORY	982	982	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	695	695	612,277	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	116,456	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	468	468	806,339	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,635	2,635	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,454	1,454	1,113,327	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	0	3,673	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	266,505	0	76.97
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	1,739	1,739	641,923	0	90.00
90.24 04973	PALLIATIVE CARE	0	0	0	0	90.24
91.00 09100	EMERGENCY	9,477	9,477	1,051,281	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
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
114.00 11400	UTILIZATION REVIEW-SNF						114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	233,472	233,472	16,389,346	-5,317,675	52,427,741	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	48,244	0	72,196	190.00
191.00 19100	RESEARCH	754	754	235,562	0	347,862	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,363,636	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	2,331,238	1,946,115	4,717,097		5,317,675	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.952943	8.308706	0.282916		0.094601	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		718,267	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.012778	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	147,554				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,756			8.00
9.00	00900	HOUSEKEEPING	4,133	0	143,421		9.00
10.00	01000	DIETARY	1,434	0	1,434	18,859	10.00
11.00	01100	CAFETERIA	7,736	0	7,736	0	210
13.00	01300	NURSING ADMINISTRATION	2,378	0	2,378	0	8
16.00	01600	MEDICAL RECORDS & LIBRARY	166	0	166	0	2
17.00	01700	SOCIAL SERVICE	726	0	726	0	5
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	0
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	0
23.02	02302	ALLIED HEALTH - PHARMACY	0	0	0	0	1
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,766	17,850	53,766	12,700	57
32.00	03200	CORONARY CARE UNIT	20,001	2,154	20,001	6,135	27
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,682	2,249	18,682	0	14
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,163	0	2,163	0	5
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	2,810	0	2,810	0	2
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	15,355	2,557	15,355	0	17
60.00	06000	LABORATORY	982	0	982	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	695	0	695	0	9
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	468	0	468	0	17
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,635	0	2,635	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,454	0	1,454	0	12
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03330	ENDOSCOPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	5
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,739	0	1,739	0	10
90.24	04973	PALLIATIVE CARE	0	0	0	0	0
91.00	09100	EMERGENCY	9,477	2,946	9,477	24	12
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	146,800	27,756	142,667	18,859	204
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2
191.00	19100	RESEARCH	754	0	754	0	4
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,271,467	207,711	919,704	275,127	1,205,194
203.00		Unit cost multiplier (Wkst. B, Part I)	22.171320	7.483463	6.412617	14.588631	5,739.019048
204.00		Cost to be allocated (per Wkst. B, Part II)	902,696	2,425	110,428	38,798	206,043
205.00		Unit cost multiplier (Wkst. B, Part II)	6.117733	0.087368	0.769957	2.057267	981.157143

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	NURSING ADMINISTRATION (FTE'S)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
				18.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	202					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2	276,835,845				16.00
17.00 01700 SOCIAL SERVICE	5	0	7,768			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0		22.00
23.00 02300 ALLIED HEALTH - EMS PROGRAM	0	0	0	0		23.00
23.01 02301 ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0		23.01
23.02 02302 ALLIED HEALTH - PHARMACY	1	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	57	17,009,038	5,241	0		30.00
32.00 03200 CORONARY CARE UNIT	27	10,159,566	2,527	0		32.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	14	29,192,630	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5	8,013,375	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
57.00 05700 CT SCAN	2	4,475,123	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	127,244	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	17	83,482,755	0	0		59.00
60.00 06000 LABORATORY	0	17,224,835	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	9	3,602,832	0	0		65.00
66.00 06600 PHYSICAL THERAPY	1	468,773	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	266,355	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	29,366	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	17	14,181,151	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	46,447	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,280,874	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	31,641,742	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12	15,710,489	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	457,307	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 03330 ENDOSCOPY	0	99,363	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	5	1,303,990	0	0		76.97
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	10	1,683,618	0	0		90.00
90.24 04973 PALLIATIVE CARE	0	0	0	0		90.24
91.00 09100 EMERGENCY	12	10,378,972	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 09900 CMHC	0	0	0	0		99.00
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	NURSING ADMINISTRATION (FTE'S)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
				(SPECIFY) (TIME SPENT)		
	13.00	16.00	17.00	18.00	19.00	
110.00 11000	0	0	0	0	0	110.00
111.00 11100	0	0	0	0	0	111.00
113.00 11300						113.00
114.00 11400						114.00
115.00 11500	0	0	0	0	0	115.00
116.00 11600	0	0	0	0	0	116.00
118.00	196	276,835,845	7,768	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	2	0	0	0	0	190.00
191.00 19100	4	0	0	0	0	191.00
192.00 19200	0	0	0	0	0	192.00
193.00 19300	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	1,568,728	1,586,963	931,396	0	0	202.00
203.00	7,765.980198	0.005733	119.901648	0.000000	0.000000	203.00
204.00	84,637	25,130	35,101	0	0	204.00
205.00	418.995050	0.000091	4.518666	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	ALLIED HEALTH - EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH - RADIOLOGY SCHOOL (ASSIGNED TIME)	ALLIED HEALTH - PHARMACY (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	100					21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		100				22.00
23.00 02300 ALLIED HEALTH - EMS PROGRAM			0			23.00
23.01 02301 ALLIED HEALTH - RADIOLOGY SCHOOL			0	100		23.01
23.02 02302 ALLIED HEALTH - PHARMACY			0	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	100	100	0	0	0	30.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	100	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	90.24
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		INTERNS & RESIDENTS						
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	ALLIED HEALTH - EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH - RADIOLOGY SCHOOL (ASSIGNED TIME)	ALLIED HEALTH - PHARMACY (ASSIGNED TIME)		
		21.00	22.00	23.00	23.01	23.02		
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
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	0	100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	5,057	16,235	0	3,541	81,572	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	50.570000	162.350000	0.000000	35.410000	815.720000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	59	190	0	41	2,195	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.590000	1.900000	0.000000	0.410000	21.950000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 9:38 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		10,045,776		0	10,045,776 30.00
32.00	03200 CORONARY CARE UNIT		4,809,775		124,474	4,934,249 32.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,422,647		107,604	4,530,251 50.00
51.00	05100 RECOVERY ROOM		0		0	0 51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		822,539		0	822,539 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0 55.00
57.00	05700 CT SCAN		712,826		0	712,826 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		6,522		0	6,522 58.00
59.00	05900 CARDIAC CATHETERIZATION		4,250,109		130,517	4,380,626 59.00
60.00	06000 LABORATORY		1,644,065		0	1,644,065 60.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0	1,111,913		0	1,111,913 65.00
66.00	06600 PHYSICAL THERAPY	0	139,587		0	139,587 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	45,782		0	45,782 67.00
68.00	06800 SPEECH PATHOLOGY	0	5,048		0	5,048 68.00
69.00	06900 ELECTROCARDIOLOGY		514,843		134,884	649,727 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,333		0	2,333 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,806,371		0	8,806,371 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,589,774		0	10,589,774 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		4,121,989		0	4,121,989 73.00
74.00	07400 RENAL DIALYSIS		165,021		0	165,021 74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0 75.00
76.00	03330 ENDOSCOPY		7,975		0	7,975 76.00
76.97	07697 CARDIAC REHABILITATION		476,199		0	476,199 76.97
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		1,139,922		22,575	1,162,497 90.00
90.24	04973 PALLIATIVE CARE		0		0	0 90.24
91.00	09100 EMERGENCY		3,422,585		275,848	3,698,433 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,245,855		0	1,245,855 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0 94.00
95.00	09500 AMBULANCE SERVICES		0		0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0		0	0 98.00
99.00	09900 CMHC		0		0	0 99.00
99.10	09910 CORF		0		0	0 99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0 100.00
101.00	10100 HOME HEALTH AGENCY		0		0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0		0	0 105.00
106.00	10600 HEART ACQUISITION		0		0	0 106.00
107.00	10700 LIVER ACQUISITION		0		0	0 107.00
108.00	10800 LUNG ACQUISITION		0		0	0 108.00
109.00	10900 PANCREAS ACQUISITION		0		0	0 109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0 110.00
111.00	11100 ISLET ACQUISITION		0		0	0 111.00
113.00	11300 INTEREST EXPENSE		0		0	0 113.00
114.00	11400 UTILIZATION REVIEW-SNF		0		0	0 114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0		0	0 115.00
116.00	11600 HOSPICE		0		0	0 116.00
200.00	Subtotal (see instructions)		58,509,456	0	795,902	59,305,358 200.00
201.00	Less Observation Beds		1,245,855		0	1,245,855 201.00
202.00	Total (see instructions)		57,263,601	0	795,902	58,059,503 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 9:38 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,679,725		10,679,725		30.00
32.00	03200	CORONARY CARE UNIT	10,159,566		10,159,566		32.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,362,855	2,829,775	29,192,630	0.151499	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,034,480	5,978,895	8,013,375	0.102646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	897,543	3,577,580	4,475,123	0.159286	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	127,244	0	127,244	0.051256	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,968,657	52,514,098	83,482,755	0.050910	59.00
60.00	06000	LABORATORY	12,966,496	4,258,339	17,224,835	0.095447	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,448,417	154,415	3,602,832	0.308622	65.00
66.00	06600	PHYSICAL THERAPY	460,036	8,737	468,773	0.297771	66.00
67.00	06700	OCCUPATIONAL THERAPY	261,420	4,935	266,355	0.171883	67.00
68.00	06800	SPEECH PATHOLOGY	28,822	544	29,366	0.171899	68.00
69.00	06900	ELECTROCARDIOLOGY	3,290,959	10,890,192	14,181,151	0.036305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,673	3,774	46,447	0.050229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,667,482	9,613,392	27,280,874	0.322804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,160,052	13,481,690	31,641,742	0.334677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,429,991	4,280,498	15,710,489	0.262372	73.00
74.00	07400	RENAL DIALYSIS	457,307	0	457,307	0.360854	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03330	ENDOSCOPY	97,315	2,048	99,363	0.080261	76.00
76.97	07697	CARDIAC REHABILITATION	4,276	1,299,714	1,303,990	0.365186	76.97
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	10,018	1,673,600	1,683,618	0.677067	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	1,870,578	8,508,394	10,378,972	0.329761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	310,548	6,018,765	6,329,313	0.196839	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	151,736,460	125,099,385	276,835,845		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	151,736,460	125,099,385	276,835,845		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/25/2015 9:38 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
32.00	03200 CORONARY CARE UNIT			32.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.155185		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102646		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.159286		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051256		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.052473		59.00
60.00	06000 LABORATORY	0.095447		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.308622		65.00
66.00	06600 PHYSICAL THERAPY	0.297771		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171883		67.00
68.00	06800 SPEECH PATHOLOGY	0.171899		68.00
69.00	06900 ELECTROCARDIOLOGY	0.045816		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050229		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322804		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334677		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262372		73.00
74.00	07400 RENAL DIALYSIS	0.360854		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03330 ENDOSCOPY	0.080261		76.00
76.97	07697 CARDIAC REHABILITATION	0.365186		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.690476		90.00
90.24	04973 PALLIATIVE CARE	0.000000		90.24
91.00	09100 EMERGENCY	0.356339		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.196839		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
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: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 9:38 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		10,045,776		0	10,045,776	30.00
32.00	03200 CORONARY CARE UNIT		4,809,775		124,474	4,934,249	32.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		4,422,647		107,604	4,530,251	50.00
51.00	05100 RECOVERY ROOM		0		0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		822,539		0	822,539	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
57.00	05700 CT SCAN		712,826		0	712,826	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		6,522		0	6,522	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,250,109		130,517	4,380,626	59.00
60.00	06000 LABORATORY		1,644,065		0	1,644,065	60.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,111,913		0	1,111,913	65.00
66.00	06600 PHYSICAL THERAPY	0	139,587		0	139,587	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	45,782		0	45,782	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,048		0	5,048	68.00
69.00	06900 ELECTROCARDIOLOGY		514,843		134,884	649,727	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,333		0	2,333	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,806,371		0	8,806,371	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,589,774		0	10,589,774	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		4,121,989		0	4,121,989	73.00
74.00	07400 RENAL DIALYSIS		165,021		0	165,021	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
76.00	03330 ENDOSCOPY		7,975		0	7,975	76.00
76.97	07697 CARDIAC REHABILITATION		476,199		0	476,199	76.97
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		1,139,922		22,575	1,162,497	90.00
90.24	04973 PALLIATIVE CARE		0		0	0	90.24
91.00	09100 EMERGENCY		3,422,585		275,848	3,698,433	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,245,855		0	1,245,855	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0		0	0	98.00
99.00	09900 CMHC		0		0	0	99.00
99.10	09910 CORF		0		0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0	100.00
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		0		0	0	105.00
106.00	10600 HEART ACQUISITION		0		0	0	106.00
107.00	10700 LIVER ACQUISITION		0		0	0	107.00
108.00	10800 LUNG ACQUISITION		0		0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF		0		0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0		0	0	115.00
116.00	11600 HOSPICE		0		0	0	116.00
200.00	Subtotal (see instructions)		58,509,456	0	795,902	59,305,358	200.00
201.00	Less Observation Beds		1,245,855		0	1,245,855	201.00
202.00	Total (see instructions)		57,263,601	0	795,902	58,059,503	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 9:38 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,679,725		10,679,725		30.00
32.00	03200	CORONARY CARE UNIT	10,159,566		10,159,566		32.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,362,855	2,829,775	29,192,630	0.151499	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,034,480	5,978,895	8,013,375	0.102646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	897,543	3,577,580	4,475,123	0.159286	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	127,244	0	127,244	0.051256	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,968,657	52,514,098	83,482,755	0.050910	59.00
60.00	06000	LABORATORY	12,966,496	4,258,339	17,224,835	0.095447	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,448,417	154,415	3,602,832	0.308622	65.00
66.00	06600	PHYSICAL THERAPY	460,036	8,737	468,773	0.297771	66.00
67.00	06700	OCCUPATIONAL THERAPY	261,420	4,935	266,355	0.171883	67.00
68.00	06800	SPEECH PATHOLOGY	28,822	544	29,366	0.171899	68.00
69.00	06900	ELECTROCARDIOLOGY	3,290,959	10,890,192	14,181,151	0.036305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,673	3,774	46,447	0.050229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,667,482	9,613,392	27,280,874	0.322804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,160,052	13,481,690	31,641,742	0.334677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,429,991	4,280,498	15,710,489	0.262372	73.00
74.00	07400	RENAL DIALYSIS	457,307	0	457,307	0.360854	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03330	ENDOSCOPY	97,315	2,048	99,363	0.080261	76.00
76.97	07697	CARDIAC REHABILITATION	4,276	1,299,714	1,303,990	0.365186	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	10,018	1,673,600	1,683,618	0.677067	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	1,870,578	8,508,394	10,378,972	0.329761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	310,548	6,018,765	6,329,313	0.196839	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	151,736,460	125,099,385	276,835,845		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	151,736,460	125,099,385	276,835,845		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/25/2015 9:38 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
32.00	03200 CORONARY CARE UNIT			32.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.155185		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102646		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.159286		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051256		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.052473		59.00
60.00	06000 LABORATORY	0.095447		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.308622		65.00
66.00	06600 PHYSICAL THERAPY	0.297771		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171883		67.00
68.00	06800 SPEECH PATHOLOGY	0.171899		68.00
69.00	06900 ELECTROCARDIOLOGY	0.045816		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050229		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322804		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334677		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262372		73.00
74.00	07400 RENAL DIALYSIS	0.360854		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03330 ENDOSCOPY	0.080261		76.00
76.97	07697 CARDIAC REHABILITATION	0.365186		76.97
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	0.690476		90.00
90.24	04973 PALLIATIVE CARE	0.000000		90.24
91.00	09100 EMERGENCY	0.356339		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.196839		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet C Part II Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,422,647	533,331	3,889,316	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	822,539	69,642	752,897	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	712,826	80,646	632,180	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,522	80	6,442	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,250,109	453,730	3,796,379	0	0	59.00
60.00	06000	LABORATORY	1,644,065	43,976	1,600,089	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,111,913	41,496	1,070,417	0	0	65.00
66.00	06600	PHYSICAL THERAPY	139,587	2,883	136,704	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,782	541	45,241	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,048	60	4,988	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	514,843	39,087	475,756	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,333	28	2,305	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,806,371	168,849	8,637,522	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,589,774	124,378	10,465,396	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,121,989	98,538	4,023,451	0	0	73.00
74.00	07400	RENAL DIALYSIS	165,021	1,938	163,083	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	7,975	95	7,880	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	476,199	11,803	464,396	0	0	76.97
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	1,139,922	68,928	1,070,994	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	3,422,585	290,337	3,132,248	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,245,855	193,846	1,052,009	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	43,653,905	2,224,212	41,429,693	0	0	200.00
201.00		Less Observation Beds	1,245,855	193,846	1,052,009	0	0	201.00
202.00		Total (line 200 minus line 201)	42,408,050	2,030,366	40,377,684	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet C Part II Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4,422,647	29,192,630	0.151499		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	822,539	8,013,375	0.102646		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
57.00	05700 CT SCAN	712,826	4,475,123	0.159286		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	6,522	127,244	0.051256		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,250,109	83,482,755	0.050910		59.00
60.00	06000 LABORATORY	1,644,065	17,224,835	0.095447		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	1,111,913	3,602,832	0.308622		65.00
66.00	06600 PHYSICAL THERAPY	139,587	468,773	0.297771		66.00
67.00	06700 OCCUPATIONAL THERAPY	45,782	266,355	0.171883		67.00
68.00	06800 SPEECH PATHOLOGY	5,048	29,366	0.171899		68.00
69.00	06900 ELECTROCARDIOLOGY	514,843	14,181,151	0.036305		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,333	46,447	0.050229		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,806,371	27,280,874	0.322804		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,589,774	31,641,742	0.334677		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,121,989	15,710,489	0.262372		73.00
74.00	07400 RENAL DIALYSIS	165,021	457,307	0.360854		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03330 ENDOSCOPY	7,975	99,363	0.080261		76.00
76.97	07697 CARDIAC REHABILITATION	476,199	1,303,990	0.365186		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	1,139,922	1,683,618	0.677067		90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000		90.24
91.00	09100 EMERGENCY	3,422,585	10,378,972	0.329761		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,245,855	6,329,313	0.196839		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	43,653,905	255,996,554			200.00
201.00	Less Observation Beds	1,245,855	0			201.00
202.00	Total (line 200 minus line 201)	42,408,050	255,996,554			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet D Part I Date/Time Prepared: 2/25/2015 9:38 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,563,052	0	1,563,052	5,983	261.25	30.00
32.00	CORONARY CARE UNIT	605,736		605,736	2,527	239.71	32.00
200.00	Total (Lines 30-199)	2,168,788		2,168,788	8,510		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	2,517	657,566				
32.00	CORONARY CARE UNIT	1,190	285,255				
200.00	Total (Lines 30-199)	3,707	942,821				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	533,331	29,192,630	0.018269	12,408,546	226,692	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	69,642	8,013,375	0.008691	841,974	7,318	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	80,646	4,475,123	0.018021	570,960	10,289	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	80	127,244	0.000629	36,918	23	58.00
59.00	05900 CARDIAC CATHETERIZATION	453,730	83,482,755	0.005435	12,273,611	66,707	59.00
60.00	06000 LABORATORY	43,976	17,224,835	0.002553	6,149,379	15,699	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	41,496	3,602,832	0.011518	1,513,596	17,434	65.00
66.00	06600 PHYSICAL THERAPY	2,883	468,773	0.006150	261,838	1,610	66.00
67.00	06700 OCCUPATIONAL THERAPY	541	266,355	0.002031	160,016	325	67.00
68.00	06800 SPEECH PATHOLOGY	60	29,366	0.002043	18,822	38	68.00
69.00	06900 ELECTROCARDIOLOGY	39,087	14,181,151	0.002756	1,592,756	4,390	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	28	46,447	0.000603	15,926	10	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	168,849	27,280,874	0.006189	6,695,694	41,440	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	124,378	31,641,742	0.003931	8,927,260	35,093	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	98,538	15,710,489	0.006272	6,219,668	39,010	73.00
74.00	07400 RENAL DIALYSIS	1,938	457,307	0.004238	218,115	924	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330 ENDOSCOPY	95	99,363	0.000956	57,482	55	76.00
76.97	07697 CARDIAC REHABILITATION	11,803	1,303,990	0.009051	238	2	76.97
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	68,928	1,683,618	0.040940	4,211	172	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	290,337	10,378,972	0.027974	771,735	21,589	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	193,846	6,329,313	0.030627	206,238	6,316	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	2,224,212	255,996,554		58,944,983	495,136	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,983	0.00	2,517	0		30.00
32.00	03200	CORONARY CARE UNIT	2,527	0.00	1,190	0		32.00
200.00		Total (lines 30-199)	8,510		3,707	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,541	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	81,572	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03330	ENDOSCOPY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	85,113	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	29,192,630	0.000000	0.000000	12,408,546	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,541	8,013,375	0.000442	0.000442	841,974	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	4,475,123	0.000000	0.000000	570,960	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	127,244	0.000000	0.000000	36,918	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	83,482,755	0.000000	0.000000	12,273,611	59.00
60.00	06000 LABORATORY	0	17,224,835	0.000000	0.000000	6,149,379	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,602,832	0.000000	0.000000	1,513,596	65.00
66.00	06600 PHYSICAL THERAPY	0	468,773	0.000000	0.000000	261,838	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	266,355	0.000000	0.000000	160,016	67.00
68.00	06800 SPEECH PATHOLOGY	0	29,366	0.000000	0.000000	18,822	68.00
69.00	06900 ELECTROCARDIOLOGY	0	14,181,151	0.000000	0.000000	1,592,756	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	46,447	0.000000	0.000000	15,926	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,280,874	0.000000	0.000000	6,695,694	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	31,641,742	0.000000	0.000000	8,927,260	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	81,572	15,710,489	0.005192	0.005192	6,219,668	73.00
74.00	07400 RENAL DIALYSIS	0	457,307	0.000000	0.000000	218,115	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03330 ENDOSCOPY	0	99,363	0.000000	0.000000	57,482	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,303,990	0.000000	0.000000	238	76.97
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	1,683,618	0.000000	0.000000	4,211	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
91.00	09100 EMERGENCY	0	10,378,972	0.000000	0.000000	771,735	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,329,313	0.000000	0.000000	206,238	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	85,113	255,996,554			58,944,983	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 9:38 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)	
ANCILLARY SERVICE COST CENTERS			11.00	12.00	13.00	
50.00	05000	OPERATING ROOM	0	830,333	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372	2,503,176	1,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	1,280,031	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,046,331	0	59.00
60.00	06000	LABORATORY	0	1,360,142	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	58,962	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	3,879,133	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,500	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,297,942	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,556,540	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,293	1,500,739	7,792	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	16	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	662,441	0	76.97
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	1,004,018	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	90.24
91.00	09100	EMERGENCY	0	2,317,550	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	614,698	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00		Total (lines 50-199)	32,665	47,913,552	8,898	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 9:38 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.151499	830,333	0	0	125,795 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102646	2,503,176	0	0	256,941 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
57.00	05700 CT SCAN	0.159286	1,280,031	0	0	203,891 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051256	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050910	23,046,331	0	0	1,173,289 59.00
60.00	06000 LABORATORY	0.095447	1,360,142	0	0	129,821 60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.308622	58,962	0	0	18,197 65.00
66.00	06600 PHYSICAL THERAPY	0.297771	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171883	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.171899	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.036305	3,879,133	0	0	140,832 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050229	1,500	0	0	75 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322804	2,297,942	0	0	741,785 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334677	6,556,540	0	0	2,194,323 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262372	1,500,739	0	8,967	393,752 73.00
74.00	07400 RENAL DIALYSIS	0.360854	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00	03330 ENDOSCOPY	0.080261	16	0	0	1 76.00
76.97	07697 CARDIAC REHABILITATION	0.365186	662,441	0	0	241,914 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.677067	1,004,018	0	0	679,787 90.00
90.24	04973 PALLIATIVE CARE	0.000000	0	0	0	0 90.24
91.00	09100 EMERGENCY	0.329761	2,317,550	0	0	764,238 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.196839	614,698	0	0	120,997 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		
95.00	09500 AMBULANCE SERVICES	0.000000		0		
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)		47,913,552	0	8,967	7,185,638 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00	Net Charges (line 200 +/- line 201)		47,913,552	0	8,967	7,185,638 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 9:38 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,353		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.24 04973 PALLIATIVE CARE	0	0		90.24
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	2,353		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	2,353		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet D Part I Date/Time Prepared: 2/25/2015 9:38 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,563,052	0	1,563,052	5,983	261.25	30.00
32.00	CORONARY CARE UNIT	605,736		605,736	2,527	239.71	32.00
200.00	Total (Lines 30-199)	2,168,788		2,168,788	8,510		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	432	112,860				
32.00	CORONARY CARE UNIT	0	0				
200.00	Total (Lines 30-199)	432	112,860				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	533,331	29,192,630	0.018269	1,604,871	29,319	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	69,642	8,013,375	0.008691	116,744	1,015	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	80,646	4,475,123	0.018021	90,061	1,623	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	80	127,244	0.000629	9,441	6	58.00
59.00	05900 CARDIAC CATHETERIZATION	453,730	83,482,755	0.005435	1,557,196	8,463	59.00
60.00	06000 LABORATORY	43,976	17,224,835	0.002553	897,971	2,293	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	41,496	3,602,832	0.011518	223,282	2,572	65.00
66.00	06600 PHYSICAL THERAPY	2,883	468,773	0.006150	23,716	146	66.00
67.00	06700 OCCUPATIONAL THERAPY	541	266,355	0.002031	13,282	27	67.00
68.00	06800 SPEECH PATHOLOGY	60	29,366	0.002043	3,505	7	68.00
69.00	06900 ELECTROCARDIOLOGY	39,087	14,181,151	0.002756	156,733	432	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	28	46,447	0.000603	3,839	2	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	168,849	27,280,874	0.006189	869,888	5,384	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	124,378	31,641,742	0.003931	785,507	3,088	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	98,538	15,710,489	0.006272	994,498	6,237	73.00
74.00	07400 RENAL DIALYSIS	1,938	457,307	0.004238	90,887	385	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330 ENDOSCOPY	95	99,363	0.000956	6,025	6	76.00
76.97	07697 CARDIAC REHABILITATION	11,803	1,303,990	0.009051	0	0	76.97
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	68,928	1,683,618	0.040940	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	290,337	10,378,972	0.027974	87,034	2,435	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	193,846	6,329,313	0.030627	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	2,224,212	255,996,554		7,534,480	63,440	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center Description			Title XIX		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,983	0.00	432	0		30.00
32.00	03200	CORONARY CARE UNIT	2,527	0.00	0	0		32.00
200.00		Total (lines 30-199)	8,510		432	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet D
Part IV
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,541	0	3,541	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	81,572	0	81,572	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	85,113	0	85,113	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	29,192,630	0.000000	0.000000	1,604,871	50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,541	8,013,375	0.000442	0.000442	116,744	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00 05700 CT SCAN	0	4,475,123	0.000000	0.000000	90,061	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	127,244	0.000000	0.000000	9,441	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	83,482,755	0.000000	0.000000	1,557,196	59.00
60.00 06000 LABORATORY	0	17,224,835	0.000000	0.000000	897,971	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	3,602,832	0.000000	0.000000	223,282	65.00
66.00 06600 PHYSICAL THERAPY	0	468,773	0.000000	0.000000	23,716	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	266,355	0.000000	0.000000	13,282	67.00
68.00 06800 SPEECH PATHOLOGY	0	29,366	0.000000	0.000000	3,505	68.00
69.00 06900 ELECTROCARDIOLOGY	0	14,181,151	0.000000	0.000000	156,733	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	46,447	0.000000	0.000000	3,839	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,280,874	0.000000	0.000000	869,888	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	31,641,742	0.000000	0.000000	785,507	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	81,572	15,710,489	0.005192	0.005192	994,498	73.00
74.00 07400 RENAL DIALYSIS	0	457,307	0.000000	0.000000	90,887	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 03330 ENDOSCOPY	0	99,363	0.000000	0.000000	6,025	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,303,990	0.000000	0.000000	0	76.97
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	1,683,618	0.000000	0.000000	0	90.00
90.24 04973 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
91.00 09100 EMERGENCY	0	10,378,972	0.000000	0.000000	87,034	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,329,313	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	85,113	255,996,554			7,534,480	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet D
Part IV
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	52	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,163	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03330 ENDOSCOPY	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.24	04973 PALLIATIVE CARE	0	0	0		90.24
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	5,215	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 9:38 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.151499	0	54,578	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102646	0	140,707	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700 CT SCAN	0.159286	0	148,564	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051256	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050910	0	2,562,869	0	59.00
60.00	06000 LABORATORY	0.095447	0	224,312	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.308622	0	9,760	0	65.00
66.00	06600 PHYSICAL THERAPY	0.297771	0	1,277	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.171883	0	289	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.171899	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.036305	0	220,900	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050229	0	750	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322804	0	453,927	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334677	0	1,003,415	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262372	0	146,853	0	73.00
74.00	07400 RENAL DIALYSIS	0.360854	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03330 ENDOSCOPY	0.080261	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.365186	0	10,472	0	76.97
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	0.677067	0	26,725	0	90.00
90.24	04973 PALLIATIVE CARE	0.000000	0	0	0	90.24
91.00	09100 EMERGENCY	0.329761	0	331,447	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.196839	0	299,971	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		0	5,636,816	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	5,636,816	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 9:38 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	8,269	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,443	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	23,664	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	130,476	0		59.00
60.00 06000 LABORATORY	21,410	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	3,012	0		65.00
66.00 06600 PHYSICAL THERAPY	380	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	50	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	8,020	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	38	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	146,529	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	335,820	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	38,530	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	3,824	0		76.97
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	18,095	0		90.00
90.24 04973 PALLIATIVE CARE	0	0		90.24
91.00 09100 EMERGENCY	109,298	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	59,046	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	920,904	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	920,904	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/25/2015 9:38 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,983	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,983	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)		5,241	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)		2,517	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)		10,045,776	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)		10,045,776	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)		10,045,776	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)		1,679.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,226,169	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,226,169	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/25/2015 9:38 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	4,934,249	2,527	1,952.61	0	0	45.00	
46.00	BURN INTENSIVE CARE UNIT						46.00
47.00	SURGICAL INTENSIVE CARE UNIT						47.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,168,391	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,394,560	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)					942,821	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					527,801	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,470,622	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,923,938	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)					742	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,679.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,245,855	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,563,052	10,045,776	0.155593	1,245,855	193,846	90.00
91.00	Nursing School cost	0	10,045,776	0.000000	1,245,855	0	91.00
92.00	Allied health cost	0	10,045,776	0.000000	1,245,855	0	92.00
93.00	All other Medical Education	0	10,045,776	0.000000	1,245,855	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 2/25/2015 9:38 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,983	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,983	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)		5,241	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)		432	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)		10,045,776	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)		10,045,776	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)		10,045,776	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)		1,679.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		725,350	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)		725,350	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/25/2015 9:38 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	4,934,249	2,527	1,952.61	0	0	45.00	
46.00	BURN INTENSIVE CARE UNIT					46.00	
47.00	SURGICAL INTENSIVE CARE UNIT					47.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,398,433	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,123,783	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)					112,860	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					68,655	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					181,515	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,942,268	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)					742	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,679.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,245,855	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154		Period: From 01/01/2014 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,563,052	10,045,776	0.155593	1,245,855	193,846	90.00
91.00	Nursing School cost	0	10,045,776	0.000000	1,245,855	0	91.00
92.00	Allied health cost	0	10,045,776	0.000000	1,245,855	0	92.00
93.00	All other Medical Education	0	10,045,776	0.000000	1,245,855	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet D-2
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V												
	1.00	2.00	3.00	4.00	5.00												
PART I - NOT IN APPROVED TEACHING PROGRAM																	
1.00 Total cost of services rendered	0.00	0			1.00												
Hospital Inpatient Routine Services:																	
2.00 ADULTS & PEDIATRICS	0.00	0	5,983	0.00	0 2.00												
3.00 INTENSIVE CARE UNIT					3.00												
4.00 CORONARY CARE UNIT	0.00	0	2,527	0.00	0 4.00												
5.00 BURN INTENSIVE CARE UNIT					5.00												
6.00 SURGICAL INTENSIVE CARE UNIT					6.00												
7.00 OTHER SPECIAL CARE (SPECIFY)					7.00												
8.00 NURSERY					8.00												
9.00 Subtotal (sum of lines 2 through 8)	0.00	0			9.00												
10.00 SUBPROVIDER - IPF					10.00												
11.00 SUBPROVIDER - IRF					11.00												
12.00 SUBPROVIDER					12.00												
13.00 SKILLED NURSING FACILITY					13.00												
14.00 NURSING FACILITY					14.00												
15.00 OTHER LONG TERM CARE					15.00												
16.00 HOME HEALTH AGENCY	0.00	0			16.00												
17.00 CMHC	0.00	0			17.00												
17.10 CORF	0.00	0			17.10												
18.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0			18.00												
19.00 HOSPICE	0.00	0			19.00												
20.00 Subtotal (sum of lines 9 through 19)	0.00	0			20.00												
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th>Percent of Assigned Time</th> <th>Expense Allocation</th> <th>Total Charges (from Worksheet C, Part I, column 8, lines 88 through 93)</th> <th>Ratio of Cost to Charges (col. 2 ÷ col. 3)</th> <th>Titles V and XIX Outpatient and Title XVIII Part B Charges Title V</th> </tr> <tr> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> </tr> </thead> </table>						Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Charges (from Worksheet C, Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V		1.00	2.00	3.00	4.00	5.00
Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Charges (from Worksheet C, Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V												
	1.00	2.00	3.00	4.00	5.00												
Hospital Outpatient Services:																	
21.00 RURAL HEALTH CLINIC	0.00	0	0	0.000000	0 21.00												
22.00 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0	0	0.000000	0 22.00												
23.00 CLINIC	0.00	0	1,683,618	0.000000	0 23.00												
23.24 PALLIATIVE CARE	0.00	0	0	0.000000	0 23.24												
24.00 EMERGENCY	0.00	0	10,378,972	0.000000	0 24.00												
25.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.00	0	6,329,313	0.000000	0 25.00												
26.00 OTHER OUTPATIENT SERVICE COST CENTER					26.00												
27.00 Subtotal (sum of lines 21 through 26)	0.00	0			27.00												
28.00 Total (sum of lines 20 and 27)	0.00	0			28.00												
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th>Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22</th> <th>Swing bed Amount</th> <th>Net cost (column 1 plus column 2)</th> <th>Total Inpatient Days - All Patients</th> <th>Average Cost Per Day (col. 3 ÷ col. 4)</th> </tr> <tr> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> </tr> </thead> </table>						Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)		1.00	2.00	3.00	4.00	5.00
Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)												
	1.00	2.00	3.00	4.00	5.00												
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)																	
Hospital Inpatient Routine Services:																	
29.00 ADULTS & PEDIATRICS	0	0	0	0	0.00 29.00												
30.00 Swing Bed - SNF		0	0	0	0.00 30.00												
31.00 Swing Bed - NF		0			31.00												
32.00 INTENSIVE CARE UNIT					32.00												
33.00 CORONARY CARE UNIT	0		0	0	0.00 33.00												
34.00 BURN INTENSIVE CARE UNIT					34.00												
35.00 SURGICAL INTENSIVE CARE UNIT					35.00												
36.00 OTHER SPECIAL CARE (SPECIFY)					36.00												
37.00 Subtotal (sum of lines 28, and 29 through 36)	0		0		37.00												
38.00 SUBPROVIDER - IPF					38.00												
39.00 SUBPROVIDER - IRF					39.00												
40.00 SUBPROVIDER					40.00												
41.00 SKILLED NURSING FACILITY					41.00												
42.00 Total (sum of lines 37 through 41)	0		0		42.00												

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet D-2

Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description	Not In Approved Teaching Program		In Approved Teaching Program	
	(from Part I:)	Amount	(from Part II, col. 7, -)	
	1.00	2.00	3.00	
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)				
Hospital				
43.00 Inpatient	col. 9, line 9.00		line 37.00	43.00
44.00 Outpatient	col. 9, line 27.00		0	44.00
45.00 Total Hospital (sum of lines 43 and 44)			0	45.00
46.00 SUBPROVIDER - IPF				46.00
47.00 SUBPROVIDER - IRF				47.00
48.00 SUBPROVIDER				48.00
49.00 SKILLED NURSING FACILITY				49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D-2 Date/Time Prepared: 2/25/2015 9:38 am
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Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX				
	6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00	Total cost of services rendered					1.00
Hospital Inpatient Routine Services:						
2.00	ADULTS & PEDIATRICS	2,517	432	0	0	2.00
3.00	INTENSIVE CARE UNIT					3.00
4.00	CORONARY CARE UNIT	0	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT					5.00
6.00	SURGICAL INTENSIVE CARE UNIT					6.00
7.00	OTHER SPECIAL CARE (SPECIFY)					7.00
8.00	NURSERY					8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	9.00
10.00	SUBPROVIDER - IPF					10.00
11.00	SUBPROVIDER - IRF					11.00
12.00	SUBPROVIDER					12.00
13.00	SKILLED NURSING FACILITY					13.00
14.00	NURSING FACILITY					14.00
15.00	OTHER LONG TERM CARE					15.00
16.00	HOME HEALTH AGENCY					16.00
17.00	CMHC					17.00
17.10	CORF					17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)					18.00
19.00	HOSPICE					19.00
20.00	Subtotal (sum of lines 9 through 19)					20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost		
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX
		6.00	7.00	8.00	9.00	10.00
Hospital Outpatient Services:						
21.00	RURAL HEALTH CLINIC	0	0	0	0	21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	22.00
23.00	CLINIC	1,008,229	26,725	0	0	23.00
23.24	PALLIATIVE CARE	0	0	0	0	23.24
24.00	EMERGENCY	3,089,285	418,481	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	820,936	299,971	0	0	25.00
26.00	OTHER OUTPATIENT SERVICE COST CENTER					26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	27.00
28.00	Total (sum of lines 20 and 27)					28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
		6.00	7.00	11.00		
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT					32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT					34.00
35.00	SURGICAL INTENSIVE CARE UNIT					35.00
36.00	OTHER SPECIAL CARE (SPECIFY)					36.00
37.00	Subtotal (sum of lines 28, and 29 through 36)		0	0		37.00
38.00	SUBPROVIDER - IPF					38.00
39.00	SUBPROVIDER - IRF					39.00
40.00	SUBPROVIDER					40.00
41.00	SKILLED NURSING FACILITY					41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet D-2

Date/Time Prepared:
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Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)			(col. 2 + col. 4)
	4.00	5.00			6.00
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00 Inpatient	0		0	43.00	
44.00 Outpatient				44.00	
45.00 Total Hospital (sum of lines 43 and 44)	0	line 2.00	0	45.00	
46.00 SUBPROVIDER - IPF				46.00	
47.00 SUBPROVIDER - IRF				47.00	
48.00 SUBPROVIDER				48.00	
49.00 SKILLED NURSING FACILITY				49.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,928,867	30.00
32.00	03200	CORONARY CARE UNIT		4,058,758	32.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155185	12,408,546	1,925,620 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102646	841,974	86,425 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
57.00	05700	CT SCAN	0.159286	570,960	90,946 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051256	36,918	1,892 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.052473	12,273,611	644,033 59.00
60.00	06000	LABORATORY	0.095447	6,149,379	586,940 60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.308622	1,513,596	467,129 65.00
66.00	06600	PHYSICAL THERAPY	0.297771	261,838	77,968 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.171883	160,016	27,504 67.00
68.00	06800	SPEECH PATHOLOGY	0.171899	18,822	3,235 68.00
69.00	06900	ELECTROCARDIOLOGY	0.045816	1,592,756	72,974 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.050229	15,926	800 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322804	6,695,694	2,161,397 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334677	8,927,260	2,987,749 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262372	6,219,668	1,631,867 73.00
74.00	07400	RENAL DIALYSIS	0.360854	218,115	78,708 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03330	ENDOSCOPY	0.080261	57,482	4,614 76.00
76.97	07697	CARDIAC REHABILITATION	0.365186	238	87 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.690476	4,211	2,908 90.00
90.24	04973	PALLIATIVE CARE	0.000000	0	0 90.24
91.00	09100	EMERGENCY	0.356339	771,735	274,999 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.196839	206,238	40,596 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		58,944,983	11,168,391 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		58,944,983	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/25/2015 9:38 am	
Cost Center Description		Title XIX	Hospital	PPS	
		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		545,239	30.00
32.00	03200	CORONARY CARE UNIT		816,835	32.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155185	1,604,871	249,052 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102646	116,744	11,983 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
57.00	05700	CT SCAN	0.159286	90,061	14,345 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051256	9,441	484 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.052473	1,557,196	81,711 59.00
60.00	06000	LABORATORY	0.095447	897,971	85,709 60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.308622	223,282	68,910 65.00
66.00	06600	PHYSICAL THERAPY	0.297771	23,716	7,062 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.171883	13,282	2,283 67.00
68.00	06800	SPEECH PATHOLOGY	0.171899	3,505	603 68.00
69.00	06900	ELECTROCARDIOLOGY	0.045816	156,733	7,181 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.050229	3,839	193 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322804	869,888	280,803 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334677	785,507	262,891 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262372	994,498	260,928 73.00
74.00	07400	RENAL DIALYSIS	0.360854	90,887	32,797 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03330	ENDOSCOPY	0.080261	6,025	484 76.00
76.97	07697	CARDIAC REHABILITATION	0.365186	0	0 76.97
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	0.690476	0	0 90.00
90.24	04973	PALLIATIVE CARE	0.000000	0	0 90.24
91.00	09100	EMERGENCY	0.356339	87,034	31,014 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.196839	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		7,534,480	1,398,433 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		7,534,480	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/25/2015 9:38 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		13,130,917	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		1,146,679	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		5,335,855	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		53.28	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) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.08	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)		0.08	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.08	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)		0.08	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.		0.03	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.03	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000563	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000928	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000563	21.00
22.00	IME payment adjustment (see instructions)		5,688	22.00
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
29.00	Total IME payment (sum of lines 22 and 28)		5,688	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/25/2015 9:38 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	0	35.00
35.01	Factor 3 (see instructions)		0.000028356	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		14,283,284		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 SCH and MDH only (see instructions)		14,283,284		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,174,488		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		1,684		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		69,766		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		32,665		58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,561,887		59.00
60.00	Primary payer payments		6,763		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,555,124		61.00
62.00	Deductibles billed to program beneficiaries		719,520		62.00
63.00	Coinurance billed to program beneficiaries		18,240		63.00
64.00	Allowable bad debts (see instructions)		20,461		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		13,300		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,375		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,830,664		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (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
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-9,315		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-50,164		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet E
Part A
Date/Time Prepared:
2/25/2015 9:38 am

		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		14,771,185		71.00
71.01	Sequestration adjustment (see instructions)		295,424		71.01
72.00	Interim payments		14,473,816		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		1,945		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/25/2015 9:38 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,353	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,176,740	2.00
3.00	PPS payments		9,349,764	3.00
4.00	Outlier payment (see instructions)		45,409	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 Worksheet D, Part IV, column 13, line 200		8,898	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,353	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,967	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		8,967	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		8,967	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,614	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)		2,353	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)		9,404,071	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)		1,306,836	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,099,588	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		787	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,100,375	30.00
31.00	Primary payer payments		386	31.00
32.00	Subtotal (line 30 minus line 31)		8,099,989	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		210,433	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		136,781	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		202,263	36.00
37.00	Subtotal (see instructions)		8,236,770	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,236,770	40.00
40.01	Sequestration adjustment (see instructions)		164,735	40.01
41.00	Interim payments		8,021,587	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		50,448	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/25/2015 9:38 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		14,473,816		8,021,587	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)		14,473,816		8,021,587	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		1,945		50,448	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		14,475,761		8,072,035	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: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet E-1 Part II Date/Time Prepared: 2/25/2015 9:38 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, Part I column 15 line 14			0 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 2/25/2015 9:38 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			920,904	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	920,904	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			99,734	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	821,170	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		7,534,480	5,636,816	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)		7,534,480	5,636,816	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)		7,534,480	5,636,816	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		7,534,480	4,715,912	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	920,904	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	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		5,215	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		5,215	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)		5,215	920,904	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)		5,215	821,170	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5,215	821,170	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		5,215	821,170	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5,215	821,170	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		5,215	821,170	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/25/2015 9:38 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.08	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.08	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.08	6.00
7.00	Enter the lesser of line 5 or line 6			0.08	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.08	0.00	0.08	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.08	0.00	0.08	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.08	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.08	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.05	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.05	0.00		17.00
18.00	Per resident amount	78,428.06	0.00		18.00
19.00	Approved amount for resident costs	3,921	0	3,921	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,921	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	3,707	1,385		26.00
27.00	Total Inpatient Days (see instructions)	7,768	7,768		27.00
28.00	Ratio of inpatient days to total inpatient days	0.477214	0.178296		28.00
29.00	Program direct GME amount	1,871	699		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		99		30.00
31.00	Net Program direct GME amount			2,471	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/25/2015 9:38 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		457,307	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		15,394,560	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		6,763	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		15,387,797	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		7,187,991	42.00
43.00	Primary payer payments (see instructions)		386	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		7,187,605	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		22,575,402	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.681618	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.318382	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,471	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,684	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		787	50.00

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

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet G

Date/Time Prepared:
2/25/2015 9:38 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	130,419	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	54,725,601	0	0	0	4.00
5.00	Other receivable	866,588	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-40,674,777	0	0	0	6.00
7.00	Inventory	3,163,384	0	0	0	7.00
8.00	Prepaid expenses	355,772	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,566,987	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	54,387,765	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	730,052	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	29,570,028	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	-47,809,298	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)	36,878,547	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	57,314,856	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	57,314,856	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	112,760,390	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,573,368	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,354,074	0	0	0	38.00
39.00	Payroll taxes payable	155,040	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,347,005	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,429,487	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,429,487	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	105,330,903				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)	105,330,903	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	112,760,390	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet G-1

Date/Time Prepared:
2/25/2015 9:38 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		81,580,838		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,750,066			2.00
3.00	Total (sum of line 1 and line 2)		105,330,904		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		105,330,904		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	ROUNDING	1		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		1		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		105,330,903		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	Deductions (debit adjustments) (specify)		0			12.00
13.00	ROUNDING		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: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2015 9:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	18,599,806		18,599,806	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	18,599,806		18,599,806	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,599,806		18,599,806	17.00
18.00	Ancillary services	135,145,902	104,198,792	239,344,694	18.00
19.00	Outpatient services	0	23,946,530	23,946,530	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00		0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	153,745,708	128,145,322	281,891,030	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		73,295,214		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	BAD DEBT	4,834,242			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)		4,834,242		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		68,460,972		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150154

Period:
From 01/01/2014
To 09/30/2014

Worksheet G-3

Date/Time Prepared:
2/25/2015 9:38 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	281,891,030	1.00
2.00	Less contractual allowances and discounts on patients' accounts	186,302,399	2.00
3.00	Net patient revenues (line 1 minus line 2)	95,588,631	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	68,460,972	4.00
5.00	Net income from service to patients (line 3 minus line 4)	27,127,659	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	282,548	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	ALL OTHER MISC REVENUE	1,174,101	24.00
25.00	Total other income (sum of lines 6-24)	1,456,649	25.00
26.00	Total (line 5 plus line 25)	28,584,308	26.00
27.00	BAD DEBT	4,834,242	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4,834,242	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,750,066	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150154	Period: From 01/01/2014 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/25/2015 9:38 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,049,577	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		124,596	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)		28.80	3.00
4.00	Number of interns & residents (see instructions)		0.03	4.00
5.00	Indirect medical education percentage (see instructions)		0.03	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		315	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,174,488	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