

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: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 10:35 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: 5/27/2015 Time: 10:35 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 LAPORTE HOSPITAL (150006) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

CHIEF FINANCIAL OFFICER
Title _____
Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-75,494	-45,143	-125,916	0	1.00
2.00 Subprovider - IPF	0	0	-7		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	1	0		0	7.00
200.00 Total	0	-75,493	-45,150	-125,916	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/25/2015 4:46 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: STATE & MADISON STREETS	PO Box: 250	Zip Code: 46350-		County: LAPORTE				1.00	
2.00	City: LAPORTE	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	LAPORTE HOSPITAL	150006	43780	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	LAPORTE PSYCH UNIT	15S006	43780	4	01/01/2011	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	LAPORTE SKILLED NURSING FACILITY	155297	43780		06/01/1987	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPFS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,516	140	0	33	1,754	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/25/2015 4:46 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N			46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N			47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N			48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	N	0
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	N	0
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
					3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	285,086	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/25/2015 4:46 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 W. 10TH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202	
		1.00	2.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00		
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N	146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00		
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
		1.00			
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
		1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/25/2015 4:46 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/25/2015 4:46 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/28/2015	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: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/25/2015 4:46 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/28/2015	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.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	125	45,005	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)		125	45,005	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		145	52,305	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	620		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	8,305		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		145				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: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,745	1,301	14,583			1.00
2.00 HMO and other (see instructions)	1,193	1,754				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)	7,745	1,301	14,583			7.00
8.00 INTENSIVE CARE UNIT	1,980	266	2,981			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		122	1,362			13.00
14.00 Total (see instructions)	9,725	1,689	18,926	0.00	876.57	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	97	0	120	0.00	1.95	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	1,922	0	5,494	0.00	20.55	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	899.07	27.00
28.00 Observation Bed Days		493	3,797			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			241			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	533			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: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,179	413	4,443	1.00
2.00 HMO and other (see instructions)			227	721		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,179	413	4,443	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	6	0	20	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/25/2015 4:46 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	54,627,200	-296,758	54,330,442	1,870,070.00	29.05	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		412,278	0	412,278	2,818.00	146.30	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,987,384	0	2,987,384	23,223.00	128.64	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	868,509	-5,422	863,087	42,746.00	20.19	9.00
10.00	Excluded area salaries (see instructions)		3,606,007	538,940	4,144,947	153,035.00	27.08	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		56,850	0	56,850	348.00	163.36	11.00
12.00	Contract labor: Top level management and other management and administrative services		73,600	0	73,600	920.00	80.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		184,200	0	184,200	1,361.00	135.34	13.00
14.00	Home office salaries & wage-related costs		3,246,345	0	3,246,345	60,967.00	53.25	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,497,429	0	13,497,429			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,596,697	0	1,596,697			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		27,967	0	27,967			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		224,462	0	224,462			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	589,541	-2,746	586,795	16,568.00	35.42	26.00
27.00	Administrative & General	5.00	11,110,151	-32,409	11,077,742	349,539.00	31.69	27.00
28.00	Administrative & General under contract (see inst.)		522,848	0	522,848	2,507.00	208.56	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,324,838	-20,470	1,304,368	59,062.00	22.08	30.00
31.00	Laundry & Linen Service	8.00	107,139	-699	106,440	9,537.00	11.16	31.00
32.00	Housekeeping	9.00	694,095	-4,291	689,804	51,623.00	13.36	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,345,433	-821,000	524,433	32,962.00	15.91	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	803,171	803,171	49,195.00	16.33	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,243,196	-51,913	1,191,283	41,820.00	28.49	38.00
39.00	Central Services and Supply	14.00	169,242	-616	168,626	9,034.00	18.67	39.00
40.00	Pharmacy	15.00	1,536,901	-22,065	1,514,836	43,023.00	35.21	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2015 4:46 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,019,917	-12,160	1,007,757	57,399.00	17.56	41.00
42.00	Social Service	17.00 724,959	-1,070	723,889	24,426.00	29.64	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2015 4:46 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,162,664	-296,758	51,865,906	1,849,354.00	28.05	1.00
2.00	Excluded area salaries (see instructions)	4,474,516	533,518	5,008,034	195,781.00	25.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	47,688,148	-830,276	46,857,872	1,653,573.00	28.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,560,995	0	3,560,995	63,596.00	55.99	4.00
5.00	Subtotal wage-related costs (see inst.)	13,525,396	0	13,525,396	0.00	28.86	5.00
6.00	Total (sum of lines 3 thru 5)	64,774,539	-830,276	63,944,263	1,717,169.00	37.24	6.00
7.00	Total overhead cost (see instructions)	20,388,260	-166,268	20,221,992	746,695.00	27.08	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2015 4:46 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		796,018	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)		9,530,561	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		142,668	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		84,591	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)		389,716	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		220,410	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,859,745	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		186,935	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		25,197	22.00
23.00	Tuition Reimbursement		110,713	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		15,346,554	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: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/25/2015 4:46 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-7

Date/Time Prepared:
5/25/2015 4:46 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	16	0	16 3.00
4.00		RUL	33	0	33 4.00
5.00		RVX	82	0	82 5.00
6.00		RVL	35	0	35 6.00
7.00		RHX	22	0	22 7.00
8.00		RHL	14	0	14 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	149	0	149 12.00
13.00		RUB	70	0	70 13.00
14.00		RUA	252	0	252 14.00
15.00		RVC	371	0	371 15.00
16.00		RVB	222	0	222 16.00
17.00		RVA	276	0	276 17.00
18.00		RHC	34	0	34 18.00
19.00		RHB	17	0	17 19.00
20.00		RHA	92	0	92 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	13	0	13 22.00
23.00		RMA	16	0	16 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	5	0	5 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	14	0	14 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	39	0	39 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	4	0	4 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	18	0	18 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	35	0	35 48.00
49.00		CC2	2	0	2 49.00
50.00		CC1	19	0	19 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	3	0	3 52.00
53.00		CA2	12	0	12 53.00
54.00		CA1	12	0	12 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-7

Date/Time Prepared:
5/25/2015 4:46 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	3	0	3	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	2	0	2	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	29	0	29	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	11	0	11	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,922	0	1,922	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		43780	43780	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,887,271			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10	Date/Time Prepared: 5/25/2015 4:46 pm
				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)			0.250353	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			7,649,660	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			52,030,881	6.00
7.00	Medicaid cost (line 1 times line 6)			13,026,087	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			5,376,427	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)			830,551	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			5,663,698	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			1,417,924	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)			587,373	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			13,000	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			5,963,800	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,963,165	2,350,799	11,313,964	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,243,955	588,530	2,832,485	21.00
22.00	Partial payment by patients approved for charity care	188,913	469,301	658,214	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,055,042	119,229	2,174,271	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)			14,295,464	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			64,717	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			14,230,747	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,562,710	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,736,981	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,700,781	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		7,668,365		7,668,365	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		8,683,099		8,683,099	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	589,541	11,808,907		12,398,448	4.00
5.01	00540	NONPATIENT TELEPHONES	164,624	41,285		205,909	5.01
5.03	00561	PURCHASING RECEIVING AND STORES	360,203	447,184		807,387	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,516,731	2,248,549		3,765,280	5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,068,593	18,700,554		27,769,147	5.06
7.00	00700	OPERATION OF PLANT	1,324,838	3,949,843		5,274,681	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	107,139	205,541		312,680	8.00
9.00	00900	HOUSEKEEPING	694,095	218,360		912,455	9.00
10.00	01000	DIETARY	1,345,433	1,146,217		2,491,650	10.00
11.00	01100	CAFETERIA	0	0		0	11.00
13.00	01300	NURSING ADMINISTRATION	1,243,196	794,665		2,037,861	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169,242	139,347		308,589	14.00
15.00	01500	PHARMACY	1,536,901	4,588,129		6,125,030	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,019,917	278,301		1,298,218	16.00
17.00	01700	SOCIAL SERVICE	724,959	341,859		1,066,818	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,580,307	4,966,457		12,546,764	30.00
31.00	03100	INTENSIVE CARE UNIT	2,434,499	623,030		3,057,529	31.00
40.00	04000	SUBPROVIDER - I/PF	26,613	87,576		114,189	40.00
41.00	04100	SUBPROVIDER - IRF	0	0		0	41.00
43.00	04300	NURSERY	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	868,509	568,057		1,436,566	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,088,105	11,123,902		15,212,007	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,526,094	234,766		1,760,860	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,579,927	1,705,041		3,284,968	54.00
54.01	05401	NUCLEAR MEDICINE	202,041	279,413		481,454	54.01
54.02	05402	ULTRASOUND	374,087	59,858		433,945	54.02
57.00	05700	CT SCAN	448,689	508,464		957,153	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	398,542	377,433		775,975	58.00
59.00	05900	CARDIAC CATHETERIZATION	613,052	2,011,157		2,624,209	59.00
60.00	06000	LABORATORY	2,849,883	2,751,569		5,601,452	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	64,171	642,489		706,660	62.00
65.00	06500	RESPIRATORY THERAPY	700,807	160,491		861,298	65.00
66.00	06600	PHYSICAL THERAPY	3,203,880	489,849		3,693,729	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	1,767,578	2,772,202		4,539,780	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		0	73.00
74.00	07400	RENAL DIALYSIS	0	0		0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	118,667	18,832		137,499	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	173,443		173,443	90.00
90.01	09001	DENTAL CLINIC	0	0		0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0		0	90.02
90.03	09003	DIABETIC TRAINING	0	0		0	90.03
90.04	09004	INFUSION CENTER	259,027	49,704		308,731	90.04
91.00	09100	EMERGENCY	2,077,916	1,229,957		3,307,873	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,047,806	92,093,895		143,141,701	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	68,192	280,976		349,168	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	149,612	483,015		632,627	190.04
190.05	19003	SPORTS MEDICINE	0	0		0	190.05
190.06	19004	FOUNDATION	112,566	73,474		186,040	190.06
191.00	19100	RESEARCH	223,951	27,650		251,601	191.00
193.00	19300	NONPAID WORKERS	0	0		0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	2,725,293	1,266,665		3,991,958	193.01
193.02	19302	WELLNESS CENTER	200,668	138,908		339,576	193.02
193.03	19303	RENTAL PROPERTIES	99,112	892,536		991,648	193.03
193.04	19304	STARKE HOSPITAL	0	0		0	193.04
193.05	19306	RETAIL PHARMACY	0	21,542		21,542	193.05
193.06	19305	VACANT	0	0		0	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0		0	193.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
		1.00	2.00	3.00	4.00	5.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00	TOTAL (SUM OF LINES 118-199)	54,627,200	95,278,661	149,905,861	0	149,905,861
						194.00
						200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

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

Worksheet A
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-343,039	7,325,326	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	439,350	9,122,449	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-432,928	15,641,214	4.00
5.01	00540	NONPATIENT TELEPHONES	-34,582	159,531	5.01
5.03	00561	PURCHASING RECEIVING AND STORES	-72,000	671,617	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-20	3,654,877	5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-6,921,322	20,295,584	5.06
7.00	00700	OPERATION OF PLANT	-8,800	5,245,107	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	304,258	8.00
9.00	00900	HOUSEKEEPING	-23,732	830,855	9.00
10.00	01000	DIETARY	-4,042	946,555	10.00
11.00	01100	CAFETERIA	-630,201	794,763	11.00
13.00	01300	NURSING ADMINISTRATION	-264,519	1,624,566	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-68,953	2,928,323	14.00
15.00	01500	PHARMACY	-782,305	862,314	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-392,683	831,368	16.00
17.00	01700	SOCIAL SERVICE	-134,348	878,865	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,731,069	6,226,755	30.00
31.00	03100	INTENSIVE CARE UNIT	-107,998	2,462,662	31.00
40.00	04000	SUBPROVIDER - I PF	-86,046	26,862	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	364,204	43.00
44.00	04400	SKILLED NURSING FACILITY	-6,171	1,131,847	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,039,963	5,390,585	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,350	617,890	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-295,968	2,474,139	54.00
54.01	05401	NUCLEAR MEDICINE	0	463,328	54.01
54.02	05402	ULTRASOUND	0	382,416	54.02
57.00	05700	CT SCAN	0	838,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	731,585	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,056	851,710	59.00
60.00	06000	LABORATORY	-1,269,520	4,026,132	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	702,199	62.00
65.00	06500	RESPIRATORY THERAPY	-3,600	714,836	65.00
66.00	06600	PHYSICAL THERAPY	-86,986	1,822,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	-6,017	631,389	67.00
68.00	06800	SPEECH PATHOLOGY	0	312,037	68.00
69.00	06900	ELECTROCARDIOLOGY	-194,652	2,350,313	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,379,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,029,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,837,709	73.00
74.00	07400	RENAL DIALYSIS	0	290,469	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-4,929	122,892	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	172,550	90.00
90.01	09001	DENTAL CLINIC	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	09003	DIABETIC TRAINING	-57	48,497	90.03
90.04	09004	INFUSION CENTER	0	260,091	90.04
91.00	09100	EMERGENCY	-617,093	2,212,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,130,599	121,994,026	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	344,293	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	621,699	190.04
190.05	19003	SPORTS MEDICINE	0	515,493	190.05
190.06	19004	FOUNDATION	0	177,946	190.06
191.00	19100	RESEARCH	0	235,682	191.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	3,566,440	193.01
193.02	19302	WELLNESS CENTER	0	321,971	193.02
193.03	19303	RENTAL PROPERTIES	0	899,089	193.03
193.04	19304	STARKE HOSPITAL	19,918,560	19,995,841	193.04
193.05	19306	RETAIL PHARMACY	0	21,342	193.05
193.06	19305	VACANT	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-1,212,039	148,693,822	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,110,376	1.00
2.00	SUBPROVIDER - IPF	40.00	0	914	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
TOTALS			0	12,111,290	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,409,660	1.00
TOTALS			0	9,409,660	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,029,677	1.00
TOTALS			0	4,029,677	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,837,709	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
TOTALS			0	4,837,709	
E - LABOR & DELIVERY ROOM					
1.00	ADULTS & PEDIATRICS	30.00	553,143	6,534	1.00
2.00	NURSERY	43.00	359,952	4,252	2.00
TOTALS			913,095	10,786	
F - MEALS					
1.00	CAFETERIA	11.00	803,171	621,793	1.00
TOTALS			803,171	621,793	

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
G - FRINGE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,740,904	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
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
TOTALS			0	3,740,904	
H - THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	606,682	30,724	1.00
2.00	SPEECH PATHOLOGY	68.00	300,725	11,312	2.00
3.00	SPORTS MEDICINE	190.05	494,554	20,939	3.00
TOTALS			1,401,961	62,975	
I - ADMIN OFFICES					
1.00	OPERATION OF PLANT	7.00	0	85,137	1.00
TOTALS			0	85,137	
J - LAPORTE SUPERVISORS					
1.00	STARKE HOSPITAL	193.04	63,363	13,918	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			63,363	13,918	
L - DIABETIC ED					
1.00	DIABETIC TRAINING	90.03	48,554	0	1.00
TOTALS			48,554	0	
M - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	0	290,469	1.00
2.00		0.00	0	0	2.00
TOTALS			0	290,469	
N - PTO USED AS SHORT-TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,746	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	946	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	11,982	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	19,481	4.00
5.00	OPERATION OF PLANT	7.00	0	12,545	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	699	6.00

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	HOUSEKEEPING	9.00	0	4,291	7.00
8.00	DIETARY	10.00	0	6,359	8.00
9.00	NURSING ADMINISTRATION	13.00	0	3,359	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	616	10.00
11.00	PHARMACY	15.00	0	5,636	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,160	12.00
13.00	SOCIAL SERVICE	17.00	0	1,070	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	52,495	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	32,183	15.00
16.00	SKILLED NURSING FACILITY	44.00	0	5,422	16.00
17.00	OPERATING ROOM	50.00	0	31,975	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,301	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,055	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,079	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	4,534	21.00
22.00	LABORATORY	60.00	0	21,058	22.00
23.00	RESPIRATORY THERAPY	65.00	0	808	23.00
24.00	PHYSICAL THERAPY	66.00	0	10,564	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,121	25.00
26.00	INFUSION CENTER	90.04	0	872	26.00
27.00	EMERGENCY	91.00	0	22,424	27.00
28.00	FREESTANDING VNA & HOSPICE	193.01	0	18,977	28.00
	TOTALS		0	296,758	
500.00	Grand Total: Increases		3,230,144	35,511,076	500.00

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,886	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	35	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	36,647	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	1,958	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	765	0		5.00
6.00	OPERATION OF PLANT	7.00	0	638	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	610	0		7.00
8.00	HOUSEKEEPING	9.00	0	8,238	0		8.00
9.00	DIETARY	10.00	0	7,657	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	6,863	0		10.00
11.00	PHARMACY	15.00	0	9,637	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	7	0		12.00
13.00	SOCIAL SERVICE	17.00	0	11	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	428,956	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	247,936	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	36,928	0		16.00
17.00	OPERATING ROOM	50.00	0	6,406,142	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	104,189	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	400,760	0		19.00
20.00	NUCLEAR MEDICINE	54.01	0	3,543	0		20.00
21.00	ULTRASOUND	54.02	0	24,002	0		21.00
22.00	CT SCAN	57.00	0	85,770	0		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,531	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	1,723,009	0		24.00
25.00	LABORATORY	60.00	0	101,252	0		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	192	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	91,783	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	76,539	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	1,871,209	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	1,450	0		30.00
31.00	INFUSION CENTER	90.04	0	29,138	0		31.00
32.00	EMERGENCY	91.00	0	320,402	0		32.00
33.00	MARKETING / PUBLIC RELATIONS	190.04	0	4	0		33.00
34.00	FREESTANDING VNA & HOSPICE	193.01	0	64,930	0		34.00
35.00	WELLNESS CENTER	193.02	0	473	0		35.00
36.00	RETAIL PHARMACY	193.05	0	200	0		36.00
	TOTALS		0	12,111,290			
B - BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,409,660	0		1.00
	TOTALS		0	9,409,660			
C - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,029,677	0		1.00
	TOTALS		0	4,029,677			
D - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	60,324	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	289	0		2.00
3.00	PHARMACY	15.00	0	4,342,841	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	7,497	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	486	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	188,184	0		6.00
7.00	OPERATING ROOM	50.00	0	72,384	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,560	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	51	0		10.00
11.00	LABORATORY	60.00	0	1	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	44	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	595	0		13.00
14.00	CLINIC	90.00	0	893	0		14.00
15.00	EMERGENCY	91.00	0	631	0		15.00
16.00	INFUSION CENTER	90.04	0	66	0		16.00
17.00	FREESTANDING VNA & HOSPICE	193.01	0	161,818	0		17.00
	TOTALS		0	4,837,709			
E - LABOR & DELIVERY ROOM							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	913,095	10,786	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		913,095	10,786			

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6
Date/Time Prepared:
5/25/2015 4:46 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
F - MEALS							
1.00	DIETARY	10.00	803,171	621,793	0		1.00
	TOTALS		803,171	621,793			
G - FRINGE BENEFITS							
1.00	NONPATIENT TELEPHONES	5.01	0	11,761	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	26,834	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	108,425	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	551,476	0		4.00
5.00	OPERATION OF PLANT	7.00	0	97,348	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	7,812	0		6.00
7.00	HOUSEKEEPING	9.00	0	49,630	0		7.00
8.00	DIETARY	10.00	0	96,962	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	93,359	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,029	0		10.00
11.00	PHARMACY	15.00	0	111,504	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	74,160	0		12.00
13.00	SOCIAL SERVICE	17.00	0	53,594	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	481,271	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	178,871	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	2,195	0		16.00
17.00	SKILLED NURSING FACILITY	44.00	0	73,436	0		17.00
18.00	OPERATING ROOM	50.00	0	302,933	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	110,990	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	114,056	0		20.00
21.00	NUCLEAR MEDICINE	54.01	0	14,583	0		21.00
22.00	ULTRASOUND	54.02	0	27,527	0		22.00
23.00	CT SCAN	57.00	0	32,448	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	29,859	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	45,383	0		25.00
26.00	LABORATORY	60.00	0	174,119	0		26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	4,269	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	51,079	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	231,533	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	123,011	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	8,228	0		31.00
32.00	INFUSION CENTER	90.04	0	19,436	0		32.00
33.00	EMERGENCY	91.00	0	157,647	0		33.00
34.00	PHYSICIAN RECRUITMENT	190.03	0	4,875	0		34.00
35.00	MARKETING / PUBLIC RELATIONS	190.04	0	10,924	0		35.00
36.00	FOUNDATION	190.06	0	8,094	0		36.00
37.00	RESEARCH	191.00	0	15,919	0		37.00
38.00	FREESTANDING VNA & HOSPICE	193.01	0	198,770	0		38.00
39.00	WELLNESS CENTER	193.02	0	17,132	0		39.00
40.00	RENTAL PROPERTIES	193.03	0	7,422	0		40.00
	TOTALS		0	3,740,904			
H - THERAPY							
1.00	PHYSICAL THERAPY	66.00	1,401,961	62,975	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,401,961	62,975			
I - ADMIN OFFICES							
1.00	RENTAL PROPERTIES	193.03	0	85,137	0		1.00
	TOTALS		0	85,137			
J - LAPORTE SUPERVISORS							
1.00	OPERATION OF PLANT	7.00	7,925	0	0		1.00
2.00	DIETARY	10.00	11,470	0	0		2.00
3.00	PHARMACY	15.00	16,429	0	0		3.00
4.00	LABORATORY	60.00	16,510	13,918	0		4.00
5.00	PHYSICAL THERAPY	66.00	11,029	0	0		5.00
	TOTALS		63,363	13,918			
L - DIABETIC ED							
1.00	NURSING ADMINISTRATION	13.00	48,554	0	0		1.00
	TOTALS		48,554	0			
M - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	0	230,893	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	59,576	0		2.00
	TOTALS		0	290,469			

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6

Date/Time Prepared:
5/25/2015 4:46 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
N - PTO USED AS SHORT-TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,746	0	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	946	0	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	11,982	0	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	19,481	0	0	4.00
5.00	OPERATION OF PLANT	7.00	12,545	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	699	0	0	6.00
7.00	HOUSEKEEPING	9.00	4,291	0	0	7.00
8.00	DIETARY	10.00	6,359	0	0	8.00
9.00	NURSING ADMINISTRATION	13.00	3,359	0	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	616	0	0	10.00
11.00	PHARMACY	15.00	5,636	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	12,160	0	0	12.00
13.00	SOCIAL SERVICE	17.00	1,070	0	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	52,495	0	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	32,183	0	0	15.00
16.00	SKILLED NURSING FACILITY	44.00	5,422	0	0	16.00
17.00	OPERATING ROOM	50.00	31,975	0	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	5,301	0	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	6,055	0	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,079	0	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	4,534	0	0	21.00
22.00	LABORATORY	60.00	21,058	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	808	0	0	23.00
24.00	PHYSICAL THERAPY	66.00	10,564	0	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	1,121	0	0	25.00
26.00	INFUSION CENTER	90.04	872	0	0	26.00
27.00	EMERGENCY	91.00	22,424	0	0	27.00
28.00	FREESTANDING VNA & HOSPICE	193.01	18,977	0	0	28.00
	TOTALS		296,758	0	0	
500.00	Grand Total: Decreases		3,526,902	35,214,318		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

		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	5,397,462	13,672	0	13,672	0	1.00
2.00	Land Improvements	2,055,844	0	0	0	2,127	2.00
3.00	Buildings and Fixtures	44,368,649	0	0	0	200,788	3.00
4.00	Building Improvements	69,063,767	516,761	0	516,761	0	4.00
5.00	Fixed Equipment	693,475	132,304	0	132,304	693,475	5.00
6.00	Movable Equipment	87,026,095	7,897,846	0	7,897,846	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	208,605,292	8,560,583	0	8,560,583	896,390	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	208,605,292	8,560,583	0	8,560,583	896,390	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,411,134	0				1.00
2.00	Land Improvements	2,053,717	0				2.00
3.00	Buildings and Fixtures	44,167,861	0				3.00
4.00	Building Improvements	69,580,528	0				4.00
5.00	Fixed Equipment	132,304	0				5.00
6.00	Movable Equipment	94,923,941	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	216,269,485	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	216,269,485	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,179,462	2,191,316	961,994	0	335,593	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	8,064,576	618,523	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,244,038	2,809,839	961,994	0	335,593	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	7,668,365				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	8,683,099				2.00
3.00	Total (sum of lines 1-2)	0	16,351,464				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	121,345,544	0	121,345,544	0.561085	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	94,923,941	0	94,923,941	0.438915	0	2.00
3.00	Total (sum of lines 1-2)	216,269,485	0	216,269,485	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,217,468	2,191,316	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,064,576	618,523	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,282,044	2,809,839	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,580,949	0	335,593	0	7,325,326	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	439,350	0	0	0	9,122,449	2.00
3.00	Total (sum of lines 1-2)	2,020,299	0	335,593	0	16,447,775	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150006

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

Worksheet A-8

Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-961,994	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,525,771				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	5,645,900				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests		0			0.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00

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
33.00 STARKE HOSPITAL	A	19,918,560	STARKE HOSPITAL		193.04	0	33.00
35.00 FI CARRYFORWARD 1990 ASSETS	A	-3,311	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	35.00
36.00 FI CARRYFORWARD 1993 ASSETS	A	-5,020	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	36.00
37.00 FI CARRYFORWARD 1994 ASSETS	A	-1,615	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	37.00
38.00 FI CARRYFORWARD 1994	A	1,820	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	38.00
39.00 EXCESS BENEFIT EXP - RELATED ENTITY	A	-128,032	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.00
40.00 MISC / NON PATIENT INCOME	B	-107,607	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	40.00
41.00 MISC / NON PATIENT INCOME	B	-34,582	NONPATIENT TELEPHONES		5.01	0	41.00
42.00 MISC / NON PATIENT INCOME	B	-20	CASHIERING/ACCOUNTS RECEIVABLE		5.04	0	42.00
43.00 MISC / NON PATIENT INCOME	B	-1,524,492	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	43.00
44.00 MISC / NON PATIENT INCOME	B	-8,800	OPERATION OF PLANT		7.00	0	44.00
45.00 MISC / NON PATIENT INCOME	B	-23,732	HOUSEKEEPING		9.00	0	45.00
45.01 MISC / NON PATIENT INCOME	B	-4,042	DIETARY		10.00	0	45.01
45.02 MISC / NON PATIENT INCOME	B	-630,201	CAFETERIA		11.00	0	45.02
45.03 MISC / NON PATIENT INCOME	B	-26,869	CENTRAL SERVICES & SUPPLY		14.00	0	45.03
45.04 MISC / NON PATIENT INCOME	B	-760,261	PHARMACY		15.00	0	45.04
45.05 MISC / NON PATIENT INCOME	B	-392,683	MEDICAL RECORDS & LIBRARY		16.00	0	45.05
45.06 MISC / NON PATIENT INCOME	B	-71	ADULTS & PEDIATRICS		30.00	0	45.06
45.07 MISC / NON PATIENT INCOME	B	-2,350	DELIVERY ROOM & LABOR ROOM		52.00	0	45.07
45.08 MISC / NON PATIENT INCOME	B	-382,191	LABORATORY		60.00	0	45.08
45.09 MISC / NON PATIENT INCOME	B	-86,986	PHYSICAL THERAPY		66.00	0	45.09
45.10 MISC / NON PATIENT INCOME	B	-6,017	OCCUPATIONAL THERAPY		67.00	0	45.10
45.11 MISC / NON PATIENT INCOME	B	-51,910	ELECTROCARDIOLOGY		69.00	0	45.11
45.12 MISC / NON PATIENT INCOME	B	-4,929	CARDIAC REHABILITATION		76.97	0	45.12
45.13 MISC / NON PATIENT INCOME	B	-57	DIABETIC TRAINING		90.03	0	45.13
45.14 BUSINESS INCOME TAX	A	-57,548	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	45.14
45.15 HOSPITAL ASSESSMENT FEE	A	-10,047,228	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	45.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,212,039					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: 150006

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2015 4:46 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	ALLOCATION FROM HO REPORT	1,710,323	973,815	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	ALLOCATION FROM HO REPORT	437,530	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ALLOCATION FROM HO REPORT	0	304,896	3.00
4.00	5.03	PURCHASING RECEIVING AND STO	ALLOCATION FROM HO REPORT	0	72,000	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	ALLOCATION FROM HO REPORT	6,851,276	1,938,390	4.01
4.02	14.00	CENTRAL SERVICES & SUPPLY	ALLOCATION FROM HO REPORT	0	42,084	4.02
4.03	15.00	PHARMACY	ALLOCATION FROM HO REPORT	0	22,044	4.03
5.00	0			8,999,129	3,353,229	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	IU HEALTH	100.00	IU HEALTH	100.00	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: 150006

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2015 4:46 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	736,508	11		1.00
2.00	437,530	11		2.00
3.00	-304,896	0		3.00
4.00	-72,000	0		4.00
4.01	4,912,886	0		4.01
4.02	-42,084	0		4.02
4.03	-22,044	0		4.03
5.00	5,645,900			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			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: 150006

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2015 4:46 pm

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	358,594	77,056	281,538	159,800	2,000	1.00
2.00	13.00	NURSING ADMINISTRATION	267,515	263,590	3,925	159,800	39	2.00
3.00	17.00	SOCIAL SERVICE	134,348	134,348	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	5,747,029	5,672,629	74,400	142,500	234	4.00
5.00	31.00	INTENSIVE CARE UNIT	107,998	107,998	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	86,046	86,046	0	0	0	6.00
7.00	44.00	SKILLED NURSING FACILITY	20,000	1,800	18,200	159,800	180	7.00
8.00	50.00	OPERATING ROOM	3,039,963	3,039,963	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	295,968	295,968	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	4,286	3,873	413	159,800	3	10.00
11.00	60.00	LABORATORY	911,069	882,549	28,520	159,800	309	11.00
12.00	65.00	RESPIRATORY THERAPY	3,600	3,600	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	148,024	142,742	5,282	217,600	53	13.00
14.00	91.00	EMERGENCY	617,093	617,093	0	0	0	14.00
200.00			11,741,533	11,329,255	412,278		2,818	200.00
1.00	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	153,654	7,683	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	2,996	150	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	16,031	802	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	44.00	SKILLED NURSING FACILITY	13,829	691	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	230	12	0	0	0	10.00
11.00	60.00	LABORATORY	23,740	1,187	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	5,545	277	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
200.00			216,025	10,802	0	0	0	200.00
1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00			
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	153,654	127,884	204,940		1.00
2.00	13.00	NURSING ADMINISTRATION	0	2,996	929	264,519		2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	134,348		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	16,031	58,369	5,730,998		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	107,998		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	86,046		6.00
7.00	44.00	SKILLED NURSING FACILITY	0	13,829	4,371	6,171		7.00
8.00	50.00	OPERATING ROOM	0	0	0	3,039,963		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	295,968		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	230	183	4,056		10.00
11.00	60.00	LABORATORY	0	23,740	4,780	887,329		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	3,600		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	5,545	0	142,742		13.00
14.00	91.00	EMERGENCY	0	0	0	617,093		14.00
200.00			0	216,025	196,516	11,525,771		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	7,325,326	7,325,326			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	9,122,449		9,122,449		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,641,214	18,368	22,875	15,682,457	4.00
5.01 00540	NONPATIENT TELEPHONES	159,531	0	0	43,018	5.01
5.03 00561	PURCHASING RECEIVING AND STORES	671,617	108,434	135,036	93,878	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,654,877	25,043	31,187	393,209	5.04
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	20,295,584	617,513	769,008	2,364,633	5.06
7.00 00700	OPERATION OF PLANT	5,245,107	1,573,444	1,959,454	340,847	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	304,258	112,742	140,401	27,814	8.00
9.00 00900	HOUSEKEEPING	830,855	51,341	63,937	180,254	9.00
10.00 01000	DIETARY	946,555	110,020	137,011	137,041	10.00
11.00 01100	CAFETERIA	794,763	162,971	202,952	209,878	11.00
13.00 01300	NURSING ADMINISTRATION	1,624,566	78,325	97,541	311,297	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,928,323	69,473	86,516	44,064	14.00
15.00 01500	PHARMACY	862,314	53,116	66,147	395,845	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	831,368	67,981	84,659	263,339	16.00
17.00 01700	SOCIAL SERVICE	878,865	28,049	34,931	189,161	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,226,755	652,806	812,959	2,111,651	30.00
31.00 03100	INTENSIVE CARE UNIT	2,462,662	269,582	335,719	627,754	31.00
40.00 04000	SUBPROVIDER - I/PF	26,862	20,096	25,026	6,954	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
43.00 04300	NURSERY	364,204	109,760	136,687	94,060	43.00
44.00 04400	SKILLED NURSING FACILITY	1,131,847	175,374	218,399	225,535	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,390,585	626,224	779,856	1,059,915	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	617,890	186,925	232,784	158,799	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,474,139	305,964	381,026	411,272	54.00
54.01 05401	NUCLEAR MEDICINE	463,328	22,960	28,593	52,796	54.01
54.02 05402	ULTRASOUND	382,416	9,184	11,437	97,753	54.02
57.00 05700	CT SCAN	838,935	29,801	37,112	117,248	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	731,585	22,227	27,679	103,862	58.00
59.00 05900	CARDIAC CATHETERIZATION	851,710	115,772	144,174	159,013	59.00
60.00 06000	LABORATORY	4,026,132	150,567	187,506	734,892	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	702,199	11,883	14,798	16,769	62.00
65.00 06500	RESPIRATORY THERAPY	714,836	10,439	13,000	182,918	65.00
66.00 06600	PHYSICAL THERAPY	1,822,662	57,188	71,218	465,221	66.00
67.00 06700	OCCUPATIONAL THERAPY	631,389	18,984	23,641	158,533	67.00
68.00 06800	SPEECH PATHOLOGY	312,037	9,302	11,585	78,583	68.00
69.00 06900	ELECTROCARDIOLOGY	2,350,313	244,208	304,119	461,596	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,379,983	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,029,677	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,837,709	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	290,469	0	0	0	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	122,892	0	0	31,009	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	172,550	0	0	0	90.00
90.01 09001	DENTAL CLINIC	0	0	0	0	90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.02
90.03 09003	DIABETIC TRAINING	48,497	0	0	12,688	90.03
90.04 09004	INFUSION CENTER	260,091	101,380	126,252	67,459	90.04
91.00 09100	EMERGENCY	2,212,100	208,465	259,608	537,125	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	121,994,026	6,435,911	8,014,833	12,967,683	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,345	27,827	0	190.00
190.03 19001	PHYSICIAN RECRUITMENT	344,293	0	0	17,819	190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	621,699	0	0	39,095	190.04
190.05 19003	SPORTS MEDICINE	515,493	15,338	19,101	129,233	190.05
190.06 19004	FOUNDATION	177,946	13,137	16,360	29,415	190.06
191.00 19100	RESEARCH	235,682	0	0	58,521	191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
193.01 19301	FREESTANDING VNA & HOSPICE	3,566,440	349,399	435,117	707,193	193.01
193.02 19302	WELLNESS CENTER	321,971	0	0	52,437	193.02
193.03 19303	RENTAL PROPERTIES	899,089	73,165	91,115	25,899	193.03
193.04 19304	STARKE HOSPITAL	19,995,841	0	0	1,655,162	193.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.05 19306 RETAIL PHARMACY	21,342	0	0	0	0	193.05
193.06 19305 VACANT	0	167,444	208,524	0	0	193.06
193.07 19307 CONTINUING CARE - MILLERS	0	248,587	309,572	0	2,963	193.07
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	148,693,822	7,325,326	9,122,449	15,682,457	202,549	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.03	5.04	5A.04	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.03	00561	PURCHASING RECEIVING AND STORES	1,010,581					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	688	4,120,626				5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,444	0	24,108,092	24,108,092		5.06
7.00	00700	OPERATION OF PLANT	14,061	0	9,140,724	1,768,785	10,909,509	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,575	0	587,463	113,678	269,731	8.00
9.00	00900	HOUSEKEEPING	3,961	0	1,132,907	219,224	122,831	9.00
10.00	01000	DIETARY	18,087	0	1,350,734	261,375	263,218	10.00
11.00	01100	CAFETERIA	26,793	0	1,400,320	270,970	389,900	11.00
13.00	01300	NURSING ADMINISTRATION	395	0	2,114,279	409,126	187,390	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	126,045	0	3,255,902	630,037	166,210	14.00
15.00	01500	PHARMACY	574	0	1,383,652	267,745	127,079	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	376	0	1,252,841	242,432	162,643	16.00
17.00	01700	SOCIAL SERVICE	87	0	1,134,190	219,473	67,107	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,427	260,624	10,083,575	1,951,232	1,561,809	30.00
31.00	03100	INTENSIVE CARE UNIT	1,126	91,629	3,794,667	734,291	644,964	31.00
40.00	04000	SUBPROVIDER - IPF	5	1,705	80,783	15,632	48,079	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	95	13,698	719,581	139,243	262,595	43.00
44.00	04400	SKILLED NURSING FACILITY	2,123	35,724	1,791,022	346,574	419,575	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,514	754,267	8,651,694	1,674,155	1,498,214	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161	29,375	1,227,954	237,616	447,210	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,636	137,907	3,736,102	722,958	732,005	54.00
54.01	05401	NUCLEAR MEDICINE	7,314	33,784	609,044	117,854	54,931	54.01
54.02	05402	ULTRASOUND	29	54,766	555,989	107,587	21,973	54.02
57.00	05700	CT SCAN	2,220	217,604	1,244,132	240,747	71,298	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,390	106,947	994,825	192,505	53,176	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,086	173,991	1,447,746	280,148	276,979	59.00
60.00	06000	LABORATORY	61,789	454,928	5,621,201	1,087,736	360,226	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	28,565	17,742	792,629	153,378	28,428	62.00
65.00	06500	RESPIRATORY THERAPY	428	58,415	981,248	189,877	24,974	65.00
66.00	06600	PHYSICAL THERAPY	1,268	109,865	2,531,058	489,775	136,819	66.00
67.00	06700	OCCUPATIONAL THERAPY	421	36,003	870,183	168,386	45,418	67.00
68.00	06800	SPEECH PATHOLOGY	206	20,401	432,653	83,721	22,256	68.00
69.00	06900	ELECTROCARDIOLOGY	8,650	231,379	3,615,752	699,670	584,256	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	242,504	146,897	5,769,384	1,116,410	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	181,638	166,296	4,377,611	847,094	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	508,536	5,346,245	1,034,530	0	73.00
74.00	07400	RENAL DIALYSIS	0	16,187	306,656	59,340	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	93	10,427	165,364	31,999	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,171	183,856	35,577	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	954	62,139	12,024	0	90.03
90.04	09004	INFUSION CENTER	218,096	7,684	781,905	151,303	242,548	90.04
91.00	09100	EMERGENCY	1,026	279,433	3,505,029	678,244	498,744	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,006,896	3,988,339	117,141,131	18,002,451	9,792,586	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	50,172	9,709	53,459	190.00
190.03	19001	PHYSICIAN RECRUITMENT	2	0	362,383	70,123	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	244	0	661,038	127,915	0	190.04
190.05	19003	SPORTS MEDICINE	340	15,152	695,600	134,603	36,697	190.05
190.06	19004	FOUNDATION	0	0	237,397	45,938	31,430	190.06
191.00	19100	RESEARCH	35	0	294,238	56,937	0	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	1,468	42,554	5,102,171	987,301	0	193.01
193.02	19302	WELLNESS CENTER	412	0	375,224	72,608	0	193.02
193.03	19303	RENTAL PROPERTIES	970	0	1,090,238	210,968	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	21,651,003	4,189,604	0	193.04
193.05	19306	RETAIL PHARMACY	214	0	21,556	4,171	0	193.05
193.06	19305	VACANT	0	0	375,968	72,752	400,604	193.06
193.07	19307	CONTINUING CARE - MILLERS	0	0	561,122	108,580	594,733	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	74,581	74,581	14,432	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
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Cost Center Description		PURCHASING RECEIVING AND STORES 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.04	Subtotal 5A.04	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,010,581	4,120,626	148,693,822	24,108,092	10,909,509	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/25/2015 4:46 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.03	00561	PURCHASING RECEIVING AND STORES					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	970,872				8.00	
9.00	00900	HOUSEKEEPING	0	1,474,962			9.00	
10.00	01000	DIETARY	0	36,915	1,912,242		10.00	
11.00	01100	CAFETERIA	0	54,682	0	2,115,872	11.00	
13.00	01300	NURSING ADMINISTRATION	0	26,281	0	73,519	2,810,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,568	23,310	0	15,882	0	14.00
15.00	01500	PHARMACY	0	17,822	0	75,634	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,810	0	100,907	0	16.00
17.00	01700	SOCIAL SERVICE	0	9,412	0	42,941	31,091	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	303,108	219,037	830,276	418,562	957,753	30.00
31.00	03100	INTENSIVE CARE UNIT	95,608	90,454	174,444	138,435	364,656	31.00
40.00	04000	SUBPROVIDER - I/PF	244	6,743	5,823	7,129	6,236	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	14,298	36,828	0	17,594	45,903	43.00
44.00	04400	SKILLED NURSING FACILITY	61,509	58,844	280,275	75,147	152,163	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	136,055	210,119	1,095	238,543	442,100	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,343	62,720	81,025	29,965	78,171	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,730	102,661	0	95,719	20,290	54.00
54.01	05401	NUCLEAR MEDICINE	0	7,704	0	7,609	0	54.01
54.02	05402	ULTRASOUND	0	3,082	0	12,457	0	54.02
57.00	05700	CT SCAN	0	9,999	0	25,793	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,458	0	20,878	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,845	0	25,795	55,033	59.00
60.00	06000	LABORATORY	0	50,520	0	159,040	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,987	0	3,461	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,503	0	44,739	0	65.00
66.00	06600	PHYSICAL THERAPY	7,810	19,188	0	112,390	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,593	6,370	0	37,391	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,270	3,121	0	18,304	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,774	81,940	0	86,294	61,292	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	8,539	6,913	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	2,539	0	90.03
90.04	09004	INFUSION CENTER	4,814	34,016	14,566	14,669	31,023	90.04
91.00	09100	EMERGENCY	103,857	69,947	13,288	116,391	233,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	866,581	1,318,318	1,400,792	2,026,266	2,485,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,497	0	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	3,588	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	7,290	0	190.04
190.05	19003	SPORTS MEDICINE	2,096	5,147	0	30,239	0	190.05
190.06	19004	FOUNDATION	0	4,408	0	8,535	0	190.06
191.00	19100	RESEARCH	0	0	0	11,109	27,939	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	0	0	296,791	193.01
193.02	19302	WELLNESS CENTER	16,082	0	0	21,481	0	193.02
193.03	19303	RENTAL PROPERTIES	0	0	0	7,364	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	0	193.04
193.05	19306	RETAIL PHARMACY	0	0	0	0	0	193.05
193.06	19305	VACANT	0	56,183	0	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	86,113	83,409	511,450	0	0	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	970,872	1,474,962	1,912,242	2,115,872	2,810,595	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,111,909				14.00
15.00	01500	PHARMACY	3,056	1,874,988			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	1,781,635		16.00
17.00	01700	SOCIAL SERVICE	4	0	0	1,504,218	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	154,400	0	112,701	893,888	17,486,341
31.00	03100	INTENSIVE CARE UNIT	81,582	0	39,623	182,725	6,341,449
40.00	04000	SUBPROVIDER - IPF	0	0	737	7,356	178,762
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	6,377	0	5,923	83,486	1,331,828
44.00	04400	SKILLED NURSING FACILITY	12,132	0	15,448	336,763	3,549,452
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	250,630	0	325,931	0	13,428,536
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,858	0	12,703	0	2,212,565
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,892	0	59,635	0	5,577,992
54.01	05401	NUCLEAR MEDICINE	1,209	0	14,609	0	812,960
54.02	05402	ULTRASOUND	5,119	0	23,682	0	729,889
57.00	05700	CT SCAN	6,871	0	94,098	0	1,692,938
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,980	0	46,247	0	1,319,069
59.00	05900	CARDIAC CATHETERIZATION	65,402	0	75,238	0	2,265,186
60.00	06000	LABORATORY	34,545	0	196,723	0	7,509,991
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	66	0	7,672	0	989,621
65.00	06500	RESPIRATORY THERAPY	8,068	0	25,260	0	1,277,669
66.00	06600	PHYSICAL THERAPY	14,807	0	47,509	0	3,359,356
67.00	06700	OCCUPATIONAL THERAPY	4,915	0	15,569	0	1,150,825
68.00	06800	SPEECH PATHOLOGY	2,407	0	8,822	0	572,554
69.00	06900	ELECTROCARDIOLOGY	67,579	0	100,054	0	5,311,611
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,835,524	0	63,522	0	8,784,840
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,374,833	0	71,911	0	6,671,449
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,874,988	219,904	0	8,475,667
74.00	07400	RENAL DIALYSIS	0	0	7,000	0	372,996
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	495	0	4,509	0	217,819
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	4,831	0	224,264
90.01	09001	DENTAL CLINIC	0	0	0	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	0	0	413	0	77,115
90.04	09004	INFUSION CENTER	9,941	0	3,323	0	1,288,108
91.00	09100	EMERGENCY	97,925	0	120,834	0	5,437,500
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,085,619	1,874,988	1,724,431	1,504,218	108,648,352
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	120,837
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	0	436,094
190.04	19002	MARKETING / PUBLIC RELATIONS	1	0	0	0	796,244
190.05	19003	SPORTS MEDICINE	3,973	0	6,552	0	914,907
190.06	19004	FOUNDATION	0	0	0	0	327,708
191.00	19100	RESEARCH	0	0	0	0	390,223
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	22,087	0	18,401	0	6,426,751
193.02	19302	WELLNESS CENTER	161	0	0	0	485,556
193.03	19303	RENTAL PROPERTIES	0	0	0	0	1,308,570
193.04	19304	STARKE HOSPITAL	0	0	0	0	25,840,607
193.05	19306	RETAIL PHARMACY	68	0	0	0	25,795
193.06	19305	VACANT	0	0	0	0	905,507
193.07	19307	CONTINUING CARE - MILLERS	0	0	0	0	1,945,407
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	32,251	0	121,264

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,111,909	1,874,988	1,781,635	1,504,218	148,693,822	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.03	00561	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	17,486,341
31.00	03100	INTENSIVE CARE UNIT	0	6,341,449
40.00	04000	SUBPROVIDER - IPF	0	178,762
41.00	04100	SUBPROVIDER - IRF	0	0
43.00	04300	NURSERY	0	1,331,828
44.00	04400	SKILLED NURSING FACILITY	0	3,549,452
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	13,428,536
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,212,565
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,577,992
54.01	05401	NUCLEAR MEDICINE	0	812,960
54.02	05402	ULTRASOUND	0	729,889
57.00	05700	CT SCAN	0	1,692,938
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,319,069
59.00	05900	CARDIAC CATHETERIZATION	0	2,265,186
60.00	06000	LABORATORY	0	7,509,991
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	989,621
65.00	06500	RESPIRATORY THERAPY	0	1,277,669
66.00	06600	PHYSICAL THERAPY	0	3,359,356
67.00	06700	OCCUPATIONAL THERAPY	0	1,150,825
68.00	06800	SPEECH PATHOLOGY	0	572,554
69.00	06900	ELECTROCARDIOLOGY	0	5,311,611
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,784,840
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,671,449
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,475,667
74.00	07400	RENAL DIALYSIS	0	372,996
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0
76.97	07697	CARDIAC REHABILITATION	0	217,819
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	224,264
90.01	09001	DENTAL CLINIC	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0
90.03	09003	DIABETIC TRAINING	0	77,115
90.04	09004	INFUSION CENTER	0	1,288,108
91.00	09100	EMERGENCY	0	5,437,500
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	108,648,352
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	120,837
190.03	19001	PHYSICIAN RECRUITMENT	0	436,094
190.04	19002	MARKETING / PUBLIC RELATIONS	0	796,244
190.05	19003	SPORTS MEDICINE	0	914,907
190.06	19004	FOUNDATION	0	327,708
191.00	19100	RESEARCH	0	390,223
193.00	19300	NONPAID WORKERS	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	6,426,751
193.02	19302	WELLNESS CENTER	0	485,556
193.03	19303	RENTAL PROPERTIES	0	1,308,570
193.04	19304	STARKE HOSPITAL	0	25,840,607
193.05	19306	RETAIL PHARMACY	0	25,795
193.06	19305	VACANT	0	905,507

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
193.07	19307	CONTINUING CARE - MILLERS	0	1,945,407	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	121,264	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	148,693,822	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2015 4: 46 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1. 00			
GENERAL SERVICE COST CENTERS						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,368	22,875	41,243	41,243 4. 00
5. 01 00540	NONPATIENT TELEPHONES	0	0	0	0	113 5. 01
5. 03 00561	PURCHASING RECEIVING AND STORES	0	108,434	135,036	243,470	247 5. 03
5. 04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	25,043	31,187	56,230	1,034 5. 04
5. 06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	617,513	769,008	1,386,521	6,231 5. 06
7. 00 00700	OPERATION OF PLANT		1,573,444	1,959,454	3,532,898	896 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	112,742	140,401	253,143	73 8. 00
9. 00 00900	HOUSEKEEPING	0	51,341	63,937	115,278	474 9. 00
10. 00 01000	DIETARY	0	110,020	137,011	247,031	360 10. 00
11. 00 01100	CAFETERIA	0	162,971	202,952	365,923	552 11. 00
13. 00 01300	NURSING ADMINISTRATION	0	78,325	97,541	175,866	818 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	69,473	86,516	155,989	116 14. 00
15. 00 01500	PHARMACY	0	53,116	66,147	119,263	1,041 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	67,981	84,659	152,640	692 16. 00
17. 00 01700	SOCIAL SERVICE	0	28,049	34,931	62,980	497 17. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	652,806	812,959	1,465,765	5,552 30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	269,582	335,719	605,301	1,650 31. 00
40. 00 04000	SUBPROVIDER - IPF	0	20,096	25,026	45,122	18 40. 00
41. 00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41. 00
43. 00 04300	NURSERY	0	109,760	136,687	246,447	247 43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	175,374	218,399	393,773	593 44. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	626,224	779,856	1,406,080	2,787 50. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	186,925	232,784	419,709	417 52. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	305,964	381,026	686,990	1,081 54. 00
54. 01 05401	NUCLEAR MEDICINE	0	22,960	28,593	51,553	139 54. 01
54. 02 05402	ULTRASOUND	0	9,184	11,437	20,621	257 54. 02
57. 00 05700	CT SCAN	0	29,801	37,112	66,913	308 57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,227	27,679	49,906	273 58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	115,772	144,174	259,946	418 59. 00
60. 00 06000	LABORATORY	0	150,567	187,506	338,073	1,932 60. 00
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,883	14,798	26,681	44 62. 00
65. 00 06500	RESPIRATORY THERAPY	0	10,439	13,000	23,439	481 65. 00
66. 00 06600	PHYSICAL THERAPY	0	57,188	71,218	128,406	1,223 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	18,984	23,641	42,625	417 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	9,302	11,585	20,887	207 68. 00
69. 00 06900	ELECTROCARDIOLOGY	0	244,208	304,119	548,327	1,214 69. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
74. 00 07400	RENAL DIALYSIS	0	0	0	0	0 74. 00
76. 00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76. 00
76. 97 07697	CARDIAC REHABILITATION	0	0	0	0	82 76. 97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000	CLINIC	0	0	0	0	0 90. 00
90. 01 09001	DENTAL CLINIC	0	0	0	0	0 90. 01
90. 02 09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 90. 02
90. 03 09003	DIABETIC TRAINING	0	0	0	0	33 90. 03
90. 04 09004	INFUSION CENTER	0	101,380	126,252	227,632	177 90. 04
91. 00 09100	EMERGENCY	0	208,465	259,608	468,073	1,412 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92. 00
SPECIAL PURPOSE COST CENTERS						
118. 00	SUBTOTALS (SUM OF LINES 1-117)	0	6,435,911	8,014,833	14,450,744	34,106 118. 00
NONREIMBURSABLE COST CENTERS						
190. 00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,345	27,827	50,172	0 190. 00
190. 03 19001	PHYSICIAN RECRUITMENT	0	0	0	0	47 190. 03
190. 04 19002	MARKETING / PUBLIC RELATIONS	0	0	0	0	103 190. 04
190. 05 19003	SPORTS MEDICINE	0	15,338	19,101	34,439	340 190. 05
190. 06 19004	FOUNDATION	0	13,137	16,360	29,497	77 190. 06
191. 00 19100	RESEARCH	0	0	0	0	154 191. 00
193. 00 19300	NONPAID WORKERS	0	0	0	0	0 193. 00
193. 01 19301	FREESTANDING VNA & HOSPICE	0	349,399	435,117	784,516	1,859 193. 01
193. 02 19302	WELLNESS CENTER	0	0	0	0	138 193. 02
193. 03 19303	RENTAL PROPERTIES	0	73,165	91,115	164,280	68 193. 03
193. 04 19304	STARKE HOSPITAL	0	0	0	0	4,351 193. 04
193. 05 19306	RETAIL PHARMACY	0	0	0	0	0 193. 05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
193.06 19305 VACANT	0	167,444	208,524	375,968	0	193.06
193.07 19307 CONTINUING CARE - MILLERS	0	248,587	309,572	558,159	0	193.07
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	7,325,326	9,122,449	16,447,775	41,243	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm		
Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.01	5.03	5.04	5.06	7.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES	113				5.01
5.03 00561	PURCHASING RECEIVING AND STORES	1	243,718			5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	9	166	57,439		5.04
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	32	831	0	1,393,615	5.06
7.00 00700	OPERATION OF PLANT	4	3,391	0	102,248	3,639,437
8.00 00800	LAUNDRY & LINEN SERVICE	0	380	0	6,571	89,983
9.00 00900	HOUSEKEEPING	1	955	0	12,673	40,977
10.00 01000	DIETARY	1	4,362	0	15,109	87,810
11.00 01100	CAFETERIA	2	6,462	0	15,664	130,072
13.00 01300	NURSING ADMINISTRATION	1	95	0	23,650	62,514
14.00 01400	CENTRAL SERVICES & SUPPLY	1	30,399	0	36,421	55,448
15.00 01500	PHARMACY	3	138	0	15,478	42,394
16.00 01600	MEDICAL RECORDS & LIBRARY	3	91	0	14,014	54,258
17.00 01700	SOCIAL SERVICE	2	21	0	12,687	22,387
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9	827	3,630	112,795	521,025
31.00 03100	INTENSIVE CARE UNIT	3	271	1,276	42,447	215,161
40.00 04000	SUBPROVIDER - IPF	0	1	24	904	16,039
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00 04300	NURSERY	1	23	191	8,049	87,602
44.00 04400	SKILLED NURSING FACILITY	1	512	498	20,034	139,971
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7	6,636	10,551	96,778	499,808
52.00 05200	DELIVERY ROOM & LABOR ROOM	1	39	409	13,736	149,190
54.00 05400	RADIOLOGY-DIAGNOSTIC	5	4,012	1,921	41,792	244,198
54.01 05401	NUCLEAR MEDICINE	0	1,764	471	6,813	18,325
54.02 05402	ULTRASOUND	0	7	763	6,219	7,330
57.00 05700	CT SCAN	1	535	3,031	13,917	23,785
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	576	1,490	11,128	17,740
59.00 05900	CARDIAC CATHETERIZATION	0	744	2,423	16,194	92,401
60.00 06000	LABORATORY	3	14,902	6,336	62,879	120,172
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,889	247	8,866	9,484
65.00 06500	RESPIRATORY THERAPY	1	103	814	10,976	8,331
66.00 06600	PHYSICAL THERAPY	2	306	1,530	28,312	45,643
67.00 06700	OCCUPATIONAL THERAPY	1	102	501	9,734	15,151
68.00 06800	SPEECH PATHOLOGY	0	50	284	4,840	7,425
69.00 06900	ELECTROCARDIOLOGY	9	2,086	3,223	40,446	194,909
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	58,477	2,046	64,536	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	43,807	2,316	48,968	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	7,083	59,803	0
74.00 07400	RENAL DIALYSIS	0	0	225	3,430	0
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	1	23	145	1,850	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	156	2,057	0
90.01 09001	DENTAL CLINIC	0	0	0	0	0
90.02 09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
90.03 09003	DIABETIC TRAINING	0	0	13	695	0
90.04 09004	INFUSION CENTER	1	52,600	107	8,746	80,915
91.00 09100	EMERGENCY	4	247	3,892	39,207	166,382
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	110	242,830	55,596	1,040,666	3,266,830
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	561	17,834
190.03 19001	PHYSICIAN RECRUITMENT	0	0	0	4,054	0
190.04 19002	MARKETING / PUBLIC RELATIONS	0	59	0	7,394	0
190.05 19003	SPORTS MEDICINE	1	82	211	7,781	12,242
190.06 19004	FOUNDATION	0	0	0	2,656	10,485
191.00 19100	RESEARCH	0	8	0	3,291	0
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	FREESTANDING VNA & HOSPICE	0	354	593	57,073	0
193.02 19302	WELLNESS CENTER	0	99	0	4,197	0
193.03 19303	RENTAL PROPERTIES	0	234	0	12,195	0
193.04 19304	STARKE HOSPITAL	0	0	0	242,189	0
193.05 19306	RETAIL PHARMACY	0	52	0	241	0
193.06 19305	VACANT	0	0	0	4,206	133,642
193.07 19307	CONTINUING CARE - MILLERS	2	0	0	6,277	198,404
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	1,039	834	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.03	5.04	5.06	7.00	
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)	113	243,718	57,439	1,393,615	3,639,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.03	00561	PURCHASING RECEIVING AND STORES				5.03		
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04		
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	350,150			8.00		
9.00	00900	HOUSEKEEPING	0	170,358		9.00		
10.00	01000	DIETARY	0	4,264	358,937	10.00		
11.00	01100	CAFETERIA	0	6,316	0	11.00		
13.00	01300	NURSING ADMINISTRATION	0	3,035	0	13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	7,418	2,692	0	14.00		
15.00	01500	PHARMACY	0	2,058	0	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,635	0	16.00		
17.00	01700	SOCIAL SERVICE	0	1,087	0	17.00		
17.00						3,144		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,318	25,299	155,846	103,854	96,854	30.00
31.00	03100	INTENSIVE CARE UNIT	34,482	10,447	32,744	34,348	36,876	31.00
40.00	04000	SUBPROVIDER - I/PF	88	779	1,093	1,769	631	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	5,156	4,254	0	4,365	4,642	43.00
44.00	04400	SKILLED NURSING FACILITY	22,184	6,796	52,609	18,646	15,387	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,069	24,269	206	59,187	44,707	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,779	7,244	15,209	7,435	7,905	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,312	11,857	0	23,750	2,052	54.00
54.01	05401	NUCLEAR MEDICINE	0	890	0	1,888	0	54.01
54.02	05402	ULTRASOUND	0	356	0	3,091	0	54.02
57.00	05700	CT SCAN	0	1,155	0	6,400	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	861	0	5,180	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,487	0	6,400	5,565	59.00
60.00	06000	LABORATORY	0	5,835	0	39,461	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	460	0	859	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	405	0	11,101	0	65.00
66.00	06600	PHYSICAL THERAPY	2,817	2,216	0	27,886	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	935	736	0	9,277	0	67.00
68.00	06800	SPEECH PATHOLOGY	458	361	0	4,542	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,328	9,464	0	21,411	6,198	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,119	699	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	630	0	90.03
90.04	09004	INFUSION CENTER	1,736	3,929	2,734	3,640	3,137	90.04
91.00	09100	EMERGENCY	37,457	8,079	2,494	28,879	23,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	312,537	152,266	262,935	502,758	251,383	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	866	0	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	890	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	1,809	0	190.04
190.05	19003	SPORTS MEDICINE	756	594	0	7,503	0	190.05
190.06	19004	FOUNDATION	0	509	0	2,118	0	190.06
191.00	19100	RESEARCH	0	0	0	2,756	2,825	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	0	0	0	30,013	193.01
193.02	19302	WELLNESS CENTER	5,800	0	0	5,330	0	193.02
193.03	19303	RENTAL PROPERTIES	0	0	0	1,827	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	0	193.04
193.05	19306	RETAIL PHARMACY	0	0	0	0	0	193.05
193.06	19305	VACANT	0	6,489	0	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	31,057	9,634	96,002	0	0	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	350,150	170,358	358,937	524,991	284,221		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm			
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00540	NONPATIENT TELEPHONES				5.01	
5.03	00561	PURCHASING RECEIVING AND STORES				5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	292,425			14.00	
15.00	01500	PHARMACY	217			15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	199,358	249,370	16.00	
17.00	01700	SOCIAL SERVICE	0	0	113,459	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,980	0	15,768	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,802	0	5,544	31.00	
40.00	04000	SUBPROVIDER - I/PF	0	0	103	40.00	
41.00	04100	SUBPROVIDER - I/RF	0	0	555	41.00	
43.00	04300	NURSERY	453	0	829	43.00	
44.00	04400	SKILLED NURSING FACILITY	863	0	2,161	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,824	0	45,704	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	772	0	1,777	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,339	0	8,343	54.00	
54.01	05401	NUCLEAR MEDICINE	86	0	2,044	54.01	
54.02	05402	ULTRASOUND	364	0	3,313	54.02	
57.00	05700	CT SCAN	489	0	13,165	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	283	0	6,470	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,651	0	10,527	59.00	
60.00	06000	LABORATORY	2,457	0	27,523	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5	0	1,073	62.00	
65.00	06500	RESPIRATORY THERAPY	574	0	3,534	65.00	
66.00	06600	PHYSICAL THERAPY	1,053	0	6,647	66.00	
67.00	06700	OCCUPATIONAL THERAPY	350	0	2,178	67.00	
68.00	06800	SPEECH PATHOLOGY	171	0	1,234	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,806	0	13,999	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	130,538	0	8,887	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	97,772	0	10,061	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	199,358	30,767	73.00	
74.00	07400	RENAL DIALYSIS	0	0	979	74.00	
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	35	0	631	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	676	90.00	
90.01	09001	DENTAL CLINIC	0	0	0	90.01	
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02	
90.03	09003	DIABETIC TRAINING	0	0	58	90.03	
90.04	09004	INFUSION CENTER	707	0	465	90.04	
91.00	09100	EMERGENCY	6,964	0	16,906	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00	
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	290,555	199,358	241,366	113,459	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00	
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	190.03	
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	190.04	
190.05	19003	SPORTS MEDICINE	283	0	917	190.05	
190.06	19004	FOUNDATION	0	0	0	190.06	
191.00	19100	RESEARCH	0	0	0	191.00	
193.00	19300	NONPAID WORKERS	0	0	0	193.00	
193.01	19301	FREESTANDING VNA & HOSPICE	1,571	0	2,575	193.01	
193.02	19302	WELLNESS CENTER	11	0	0	193.02	
193.03	19303	RENTAL PROPERTIES	0	0	0	193.03	
193.04	19304	STARKE HOSPITAL	0	0	0	193.04	
193.05	19306	RETAIL PHARMACY	5	0	0	193.05	
193.06	19305	VACANT	0	0	0	193.06	
193.07	19307	CONTINUING CARE - MILLERS	0	0	0	193.07	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	4,512	194.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006			Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	Subtotal 24.00		
200.00	Cross Foot Adjustments					0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	292,425	199,358	249,370	113,459	16,447,775		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.03	00561	PURCHASING RECEIVING AND STORES		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,694,946
31.00	03100	INTENSIVE CARE UNIT	0	1,040,134
40.00	04000	SUBPROVIDER - IPF	0	67,126
41.00	04100	SUBPROVIDER - IRF	0	0
43.00	04300	NURSERY	0	368,556
44.00	04400	SKILLED NURSING FACILITY	0	699,429
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,263,613
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	632,622
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,055,652
54.01	05401	NUCLEAR MEDICINE	0	83,973
54.02	05402	ULTRASOUND	0	42,321
57.00	05700	CT SCAN	0	129,699
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	93,907
59.00	05900	CARDIAC CATHETERIZATION	0	403,756
60.00	06000	LABORATORY	0	619,573
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	54,608
65.00	06500	RESPIRATORY THERAPY	0	59,759
66.00	06600	PHYSICAL THERAPY	0	246,041
67.00	06700	OCCUPATIONAL THERAPY	0	82,007
68.00	06800	SPEECH PATHOLOGY	0	40,459
69.00	06900	ELECTROCARDIOLOGY	0	851,420
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	264,484
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	202,924
73.00	07300	DRUGS CHARGED TO PATIENTS	0	297,011
74.00	07400	RENAL DIALYSIS	0	4,634
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0
76.97	07697	CARDIAC REHABILITATION	0	5,585
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	2,889
90.01	09001	DENTAL CLINIC	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0
90.03	09003	DIABETIC TRAINING	0	1,429
90.04	09004	INFUSION CENTER	0	386,526
91.00	09100	EMERGENCY	0	803,582
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	13,498,665
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,433
190.03	19001	PHYSICIAN RECRUITMENT	0	4,991
190.04	19002	MARKETING / PUBLIC RELATIONS	0	9,365
190.05	19003	SPORTS MEDICINE	0	65,149
190.06	19004	FOUNDATION	0	45,342
191.00	19100	RESEARCH	0	9,034
193.00	19300	NONPAID WORKERS	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	878,554
193.02	19302	WELLNESS CENTER	0	15,575
193.03	19303	RENTAL PROPERTIES	0	178,604
193.04	19304	STARKE HOSPITAL	0	246,540
193.05	19306	RETAIL PHARMACY	0	298
193.06	19305	VACANT	0	520,305

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
193.07	19307	CONTINUING CARE - MILLERS	0	899,535	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	6,385	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	16,447,775	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

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Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS						
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (BILLABLE SUPPLIES)		
	1.00	2.00	4.00	5.01	5.03		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	309,472					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		309,472				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	776	776	60,014,331			4.00	
5.01 00540 NONPATIENT TELEPHONES	0	0	164,624	1,504		5.01	
5.03 00561 PURCHASING RECEIVING AND STORES	4,581	4,581	359,257	12	22,419,962	5.03	
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,058	1,058	1,504,749	116	15,269	5.04	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	26,088	26,088	9,049,112	430	76,416	5.06	
7.00 00700 OPERATION OF PLANT	66,473	66,473	1,304,368	58	311,938	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	4,763	4,763	106,440	5	34,935	8.00	
9.00 00900 HOUSEKEEPING	2,169	2,169	689,804	19	87,879	9.00	
10.00 01000 DIETARY	4,648	4,648	524,433	15	401,257	10.00	
11.00 01100 CAFETERIA	6,885	6,885	803,171	22	594,419	11.00	
13.00 01300 NURSING ADMINISTRATION	3,309	3,309	1,191,283	16	8,765	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	2,935	2,935	168,626	11	2,796,349	14.00	
15.00 01500 PHARMACY	2,244	2,244	1,514,836	42	12,733	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	2,872	2,872	1,007,757	38	8,348	16.00	
17.00 01700 SOCIAL SERVICE	1,185	1,185	723,889	23	1,931	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	27,579	27,579	8,080,955	114	76,033	30.00	
31.00 03100 INTENSIVE CARE UNIT	11,389	11,389	2,402,316	46	24,971	31.00	
40.00 04000 SUBPROVIDER - IPF	849	849	26,613	1	121	40.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00 04300 NURSERY	4,637	4,637	359,952	8	2,103	43.00	
44.00 04400 SKILLED NURSING FACILITY	7,409	7,409	863,087	15	47,097	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	26,456	26,456	4,056,130	99	610,403	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,897	7,897	607,698	15	3,581	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,926	12,926	1,573,872	68	369,069	54.00	
54.01 05401 NUCLEAR MEDICINE	970	970	202,041	2	162,271	54.01	
54.02 05402 ULTRASOUND	388	388	374,087	3	652	54.02	
57.00 05700 CT SCAN	1,259	1,259	448,689	9	49,248	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	939	939	397,463	1	53,012	58.00	
59.00 05900 CARDIAC CATHETERIZATION	4,891	4,891	608,518	0	68,472	59.00	
60.00 06000 LABORATORY	6,361	6,361	2,812,315	40	1,370,808	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	502	502	64,171	5	633,714	62.00	
65.00 06500 RESPIRATORY THERAPY	441	441	699,999	9	9,488	65.00	
66.00 06600 PHYSICAL THERAPY	2,416	2,416	1,780,326	27	28,127	66.00	
67.00 06700 OCCUPATIONAL THERAPY	802	802	606,682	9	9,338	67.00	
68.00 06800 SPEECH PATHOLOGY	393	393	300,725	4	4,572	68.00	
69.00 06900 ELECTROCARDIOLOGY	10,317	10,317	1,766,457	115	191,900	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,379,983	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,029,677	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	
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	118,667	7	2,071	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	1	0	90.00	
90.01 09001 DENTAL CLINIC	0	0	0	0	0	90.01	
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02	
90.03 09003 DIABETIC TRAINING	0	0	48,554	0	0	90.03	
90.04 09004 INFUSION CENTER	4,283	4,283	258,155	7	4,838,517	90.04	
91.00 09100 EMERGENCY	8,807	8,807	2,055,492	54	22,763	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	271,897	271,897	49,625,313	1,466	22,338,230	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	944	944	0	0	0	190.00	
190.03 19001 PHYSICIAN RECRUITMENT	0	0	68,192	2	39	190.03	
190.04 19002 MARKETING / PUBLIC RELATIONS	0	0	149,612	0	5,415	190.04	
190.05 19003 SPORTS MEDICINE	648	648	494,554	7	7,552	190.05	
190.06 19004 FOUNDATION	555	555	112,566	4	0	190.06	
191.00 19100 RESEARCH	0	0	223,951	0	766	191.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 FREESTANDING VNA & HOSPICE	14,761	14,761	2,706,316	0	32,559	193.01	
193.02 19302 WELLNESS CENTER	0	0	200,668	3	9,148	193.02	
193.03 19303 RENTAL PROPERTIES	3,091	3,091	99,112	0	21,514	193.03	
193.04 19304 STARKE HOSPITAL	0	0	6,334,047	0	0	193.04	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (BILLABLE SUPPLIES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00	5.01	5.03		
193.05	19306	RETAIL PHARMACY	0	0	0	0	4,739	193.05
193.06	19305	VACANT	7,074	7,074	0	0	0	193.06
193.07	19307	CONTINUING CARE - MILLERS	10,502	10,502	0	22	0	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	7,325,326	9,122,449	15,682,457	202,549	1,010,581	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.670400	29.477462	0.261312	134.673537	0.045075	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			41,243	113	243,718	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000687	0.075133	0.010871	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5A.06	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	448,375,485				5.04
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-24,108,092	124,585,730		5.06
7.00	00700	OPERATION OF PLANT	0	0	9,140,724	192,644	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	587,463	4,763	568,703
9.00	00900	HOUSEKEEPING	0	0	1,132,907	2,169	0
10.00	01000	DIETARY	0	0	1,350,734	4,648	0
11.00	01100	CAFETERIA	0	0	1,400,320	6,885	0
13.00	01300	NURSING ADMINISTRATION	0	0	2,114,279	3,309	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,255,902	2,935	12,048
15.00	01500	PHARMACY	0	0	1,383,652	2,244	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,252,841	2,872	0
17.00	01700	SOCIAL SERVICE	0	0	1,134,190	1,185	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,359,534	0	10,083,575	27,579	177,550
31.00	03100	INTENSIVE CARE UNIT	9,970,522	0	3,794,667	11,389	56,004
40.00	04000	SUBPROVIDER - IPF	185,487	0	80,783	849	143
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	1,490,521	0	719,581	4,637	8,375
44.00	04400	SKILLED NURSING FACILITY	3,887,271	0	1,791,022	7,409	36,030
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	82,068,688	0	8,651,694	26,456	79,696
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,196,441	0	1,227,954	7,897	14,259
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,006,236	0	3,736,102	12,926	44,360
54.01	05401	NUCLEAR MEDICINE	3,676,197	0	609,044	970	0
54.02	05402	ULTRASOUND	5,959,305	0	555,989	388	0
57.00	05700	CT SCAN	23,678,315	0	1,244,132	1,259	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,637,328	0	994,825	939	0
59.00	05900	CARDIAC CATHETERIZATION	18,932,637	0	1,447,746	4,891	0
60.00	06000	LABORATORY	49,502,456	0	5,621,201	6,361	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,930,600	0	792,629	502	0
65.00	06500	RESPIRATORY THERAPY	6,356,382	0	981,248	441	0
66.00	06600	PHYSICAL THERAPY	11,954,867	0	2,531,058	2,416	4,575
67.00	06700	OCCUPATIONAL THERAPY	3,917,645	0	870,183	802	1,519
68.00	06800	SPEECH PATHOLOGY	2,219,883	0	432,653	393	744
69.00	06900	ELECTROCARDIOLOGY	25,177,239	0	3,615,752	10,317	8,654
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,984,405	0	5,769,384	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,095,318	0	4,377,611	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	55,335,762	0	5,346,245	0	0
74.00	07400	RENAL DIALYSIS	1,761,415	0	306,656	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,134,601	0	165,364	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,215,594	0	183,856	0	0
90.01	09001	DENTAL CLINIC	0	0	0	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	103,830	0	62,139	0	0
90.04	09004	INFUSION CENTER	836,100	0	781,905	4,283	2,820
91.00	09100	EMERGENCY	30,406,169	0	3,505,029	8,807	60,836
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	433,980,748	-24,108,092	93,033,039	172,921	507,613
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	50,172	944	0
190.03	19001	PHYSICIAN RECRUITMENT	0	0	362,383	0	0
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	661,038	0	0
190.05	19003	SPORTS MEDICINE	1,648,768	0	695,600	648	1,228
190.06	19004	FOUNDATION	0	0	237,397	555	0
191.00	19100	RESEARCH	0	0	294,238	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	4,630,464	0	5,102,171	0	0
193.02	19302	WELLNESS CENTER	0	0	375,224	0	9,420
193.03	19303	RENTAL PROPERTIES	0	0	1,090,238	0	0
193.04	19304	STARKE HOSPITAL	0	0	21,651,003	0	0
193.05	19306	RETAIL PHARMACY	0	0	21,556	0	0
193.06	19305	VACANT	0	0	375,968	7,074	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5A.06	5.06	7.00	8.00	
193.07	19307	CONTINUING CARE - MILLERS	0	561,122	10,502	50,442	193.07
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	74,581	0	0	194.00
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)	4,120,626	24,108,092	10,909,509	970,872	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.009190	0.193506	56.630412	1.707169	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	57,439	1,393,615	3,639,437	350,150	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000128	0.011186	18.892034	0.615699	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (BILLABLE SUPPLIES)	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.03	00561						5.03
5.04	00580						5.04
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	185,712					9.00
10.00	01000	4,648	104,763				10.00
11.00	01100	6,885	0	1,203,575			11.00
13.00	01300	3,309	0	41,820	618,776		13.00
14.00	01400	2,935	0	9,034	0	12,052,128	14.00
15.00	01500	2,244	0	43,023	0	8,956	15.00
16.00	01600	2,872	0	57,399	0	7	16.00
17.00	01700	1,185	0	24,426	6,845	11	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,579	45,487	238,092	210,857	452,550	30.00
31.00	03100	11,389	9,557	78,746	80,282	239,120	31.00
40.00	04000	849	319	4,055	1,373	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	4,637	0	10,008	10,106	18,690	43.00
44.00	04400	7,409	15,355	42,746	33,500	35,559	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	26,456	60	135,691	97,332	734,603	50.00
52.00	05200	7,897	4,439	17,045	17,210	31,825	52.00
54.00	05400	12,926	0	54,448	4,467	96,408	54.00
54.01	05401	970	0	4,328	0	3,543	54.01
54.02	05402	388	0	7,086	0	15,003	54.02
57.00	05700	1,259	0	14,672	0	20,140	57.00
58.00	05800	939	0	11,876	0	11,665	58.00
59.00	05900	4,891	0	14,673	12,116	191,694	59.00
60.00	06000	6,361	0	90,467	0	101,252	60.00
62.00	06200	502	0	1,969	0	192	62.00
65.00	06500	441	0	25,449	0	23,648	65.00
66.00	06600	2,416	0	63,931	0	43,399	66.00
67.00	06700	802	0	21,269	0	14,406	67.00
68.00	06800	393	0	10,412	0	7,054	68.00
69.00	06900	10,317	0	49,087	13,494	198,077	69.00
71.00	07100	0	0	0	0	5,379,983	71.00
72.00	07200	0	0	0	0	4,029,677	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	4,857	1,522	1,450	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	1,444	0	0	90.03
90.04	09004	4,283	798	8,344	6,830	29,138	90.04
91.00	09100	8,807	728	66,207	51,350	287,020	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		165,989	76,743	1,152,604	547,284	11,975,070	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	944	0	0	0	0	190.00
190.03	19001	0	0	2,041	0	0	190.03
190.04	19002	0	0	4,147	0	4	190.04
190.05	19003	648	0	17,201	0	11,644	190.05
190.06	19004	555	0	4,855	0	0	190.06
191.00	19100	0	0	6,319	6,151	0	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	65,341	64,737	193.01
193.02	19302	0	0	12,219	0	473	193.02
193.03	19303	0	0	4,189	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19306	0	0	0	0	200	193.05
193.06	19305	7,074	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (BILLABLE SUPPLIES)	
		9.00	10.00	11.00	13.00	14.00	
193.07	19307 CONTINUING CARE - MILLERS	10,502	28,020	0	0	0	193.07
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	1,474,962	1,912,242	2,115,872	2,810,595	4,111,909	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.942201	18.253028	1.757989	4.542185	0.341177	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	170,358	358,937	524,991	284,221	292,425	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.917324	3.426181	0.436193	0.459328	0.024263	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.03	00561				5.03
5.04	00580				5.04
5.06	00590				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500	100			15.00
16.00	01600	0	448,375,485		16.00
17.00	01700	0	0	24,540	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	28,359,534	14,583	30.00
31.00	03100	0	9,970,522	2,981	31.00
40.00	04000	0	185,487	120	40.00
41.00	04100	0	0	0	41.00
43.00	04300	0	1,490,521	1,362	43.00
44.00	04400	0	3,887,271	5,494	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	82,068,688	0	50.00
52.00	05200	0	3,196,441	0	52.00
54.00	05400	0	15,006,236	0	54.00
54.01	05401	0	3,676,197	0	54.01
54.02	05402	0	5,959,305	0	54.02
57.00	05700	0	23,678,315	0	57.00
58.00	05800	0	11,637,328	0	58.00
59.00	05900	0	18,932,637	0	59.00
60.00	06000	0	49,502,456	0	60.00
62.00	06200	0	1,930,600	0	62.00
65.00	06500	0	6,356,382	0	65.00
66.00	06600	0	11,954,867	0	66.00
67.00	06700	0	3,917,645	0	67.00
68.00	06800	0	2,219,883	0	68.00
69.00	06900	0	25,177,239	0	69.00
71.00	07100	0	15,984,405	0	71.00
72.00	07200	0	18,095,318	0	72.00
73.00	07300	100	55,335,762	0	73.00
74.00	07400	0	1,761,415	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	1,134,601	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	1,215,594	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	103,830	0	90.03
90.04	09004	0	836,100	0	90.04
91.00	09100	0	30,406,169	0	91.00
92.00	09200	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		100	433,980,748	24,540	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
190.03	19001	0	0	0	190.03
190.04	19002	0	0	0	190.04
190.05	19003	0	1,648,768	0	190.05
190.06	19004	0	0	0	190.06
191.00	19100	0	0	0	191.00
193.00	19300	0	0	0	193.00
193.01	19301	0	4,630,464	0	193.01
193.02	19302	0	0	0	193.02
193.03	19303	0	0	0	193.03
193.04	19304	0	0	0	193.04
193.05	19306	0	0	0	193.05
193.06	19305	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		15.00	16.00	17.00	
193.07	19307 CONTINUING CARE - MILLERS	0	0	0	193.07
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	8,115,505	0	194.00
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)	1,874,988	1,781,635	1,504,218	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18,749.880000	0.003974	61.296577	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	199,358	249,370	113,459	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1,993.580000	0.000556	4.623431	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		17,486,341	58,369	17,544,710	30.00	
31.00	03100 INTENSIVE CARE UNIT		6,341,449	0	6,341,449	31.00	
40.00	04000 SUBPROVIDER - I PF		178,762	0	178,762	40.00	
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00	
43.00	04300 NURSERY		1,331,828	0	1,331,828	43.00	
44.00	04400 SKILLED NURSING FACILITY		3,549,452	4,371	3,553,823	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		13,428,536	0	13,428,536	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,212,565	0	2,212,565	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,577,992	0	5,577,992	54.00	
54.01	05401 NUCLEAR MEDICINE		812,960	0	812,960	54.01	
54.02	05402 ULTRASOUND		729,889	0	729,889	54.02	
57.00	05700 CT SCAN		1,692,938	0	1,692,938	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,319,069	0	1,319,069	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,265,186	183	2,265,369	59.00	
60.00	06000 LABORATORY		7,509,991	4,780	7,514,771	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		989,621	0	989,621	62.00	
65.00	06500 RESPIRATORY THERAPY	0	1,277,669	0	1,277,669	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,359,356	0	3,359,356	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,150,825	0	1,150,825	67.00	
68.00	06800 SPEECH PATHOLOGY	0	572,554	0	572,554	68.00	
69.00	06900 ELECTROCARDIOLOGY		5,311,611	0	5,311,611	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,784,840	0	8,784,840	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		6,671,449	0	6,671,449	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		8,475,667	0	8,475,667	73.00	
74.00	07400 RENAL DIALYSIS		372,996	0	372,996	74.00	
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		217,819	0	217,819	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		224,264	0	224,264	90.00	
90.01	09001 DENTAL CLINIC		0	0	0	90.01	
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	90.02	
90.03	09003 DIABETIC TRAINING		77,115	0	77,115	90.03	
90.04	09004 INFUSION CENTER		1,288,108	0	1,288,108	90.04	
91.00	09100 EMERGENCY		5,437,500	0	5,437,500	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,624,426	0	3,624,426	92.00	
200.00	Subtotal (see instructions)	0	112,272,778	67,703	112,340,481	200.00	
201.00	Less Observation Beds		3,624,426		3,624,426	201.00	
202.00	Total (see instructions)	0	108,648,352	67,703	108,716,055	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

		Title XVII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,317,485		22,317,485		30.00
31.00	03100	INTENSIVE CARE UNIT	9,970,522		9,970,522		31.00
40.00	04000	SUBPROVIDER - IPF	185,487		185,487		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	1,490,521		1,490,521		43.00
44.00	04400	SKILLED NURSING FACILITY	3,887,271		3,887,271		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,041,277	48,027,411	82,068,688	0.163626	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,601,447	594,994	3,196,441	0.692196	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,746,403	11,259,833	15,006,236	0.371712	54.00
54.01	05401	NUCLEAR MEDICINE	978,740	2,697,457	3,676,197	0.221142	54.01
54.02	05402	ULTRASOUND	836,801	5,122,504	5,959,305	0.122479	54.02
57.00	05700	CT SCAN	5,707,210	17,971,105	23,678,315	0.071497	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,128,321	10,509,007	11,637,328	0.113348	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,575,088	12,357,549	18,932,637	0.119645	59.00
60.00	06000	LABORATORY	15,193,601	34,308,855	49,502,456	0.151709	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,216,377	714,223	1,930,600	0.512598	62.00
65.00	06500	RESPIRATORY THERAPY	5,195,648	1,160,734	6,356,382	0.201006	65.00
66.00	06600	PHYSICAL THERAPY	2,304,386	9,650,481	11,954,867	0.281003	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,419,143	2,498,502	3,917,645	0.293754	67.00
68.00	06800	SPEECH PATHOLOGY	409,805	1,810,078	2,219,883	0.257921	68.00
69.00	06900	ELECTROCARDIOLOGY	4,846,683	20,330,556	25,177,239	0.210969	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,889,113	8,095,292	15,984,405	0.549588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,727,826	6,367,492	18,095,318	0.368684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,710,119	24,625,643	55,335,762	0.153168	73.00
74.00	07400	RENAL DIALYSIS	1,761,415	0	1,761,415	0.211759	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,196	1,132,405	1,134,601	0.191979	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,215,482	112	1,215,594	0.184489	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.02
90.03	09003	DIABETIC TRAINING	24,578	79,252	103,830	0.742704	90.03
90.04	09004	INFUSION CENTER	11,258	824,842	836,100	1.540615	90.04
91.00	09100	EMERGENCY	5,746,219	24,659,950	30,406,169	0.178829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,216,471	4,825,578	6,042,049	0.599867	92.00
200.00		Subtotal (see instructions)	184,356,893	249,623,855	433,980,748		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	184,356,893	249,623,855	433,980,748		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/25/2015 4:46 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.163626		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.692196		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371712		54.00
54.01	05401 NUCLEAR MEDICINE	0.221142		54.01
54.02	05402 ULTRASOUND	0.122479		54.02
57.00	05700 CT SCAN	0.071497		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119654		59.00
60.00	06000 LABORATORY	0.151806		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598		62.00
65.00	06500 RESPIRATORY THERAPY	0.201006		65.00
66.00	06600 PHYSICAL THERAPY	0.281003		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293754		67.00
68.00	06800 SPEECH PATHOLOGY	0.257921		68.00
69.00	06900 ELECTROCARDIOLOGY	0.210969		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368684		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153168		73.00
74.00	07400 RENAL DIALYSIS	0.211759		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.191979		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.184489		90.00
90.01	09001 DENTAL CLINIC	0.000000		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	09003 DIABETIC TRAINING	0.742704		90.03
90.04	09004 INFUSION CENTER	1.540615		90.04
91.00	09100 EMERGENCY	0.178829		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		17,486,341		58,369	17,544,710	30.00
31.00	03100 INTENSIVE CARE UNIT		6,341,449		0	6,341,449	31.00
40.00	04000 SUBPROVIDER - I PF		178,762		0	178,762	40.00
41.00	04100 SUBPROVIDER - I RF		0		0	0	41.00
43.00	04300 NURSERY		1,331,828		0	1,331,828	43.00
44.00	04400 SKILLED NURSING FACILITY		3,549,452		4,371	3,553,823	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		13,428,536		0	13,428,536	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,212,565		0	2,212,565	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,577,992		0	5,577,992	54.00
54.01	05401 NUCLEAR MEDICINE		812,960		0	812,960	54.01
54.02	05402 ULTRASOUND		729,889		0	729,889	54.02
57.00	05700 CT SCAN		1,692,938		0	1,692,938	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,319,069		0	1,319,069	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,265,186		183	2,265,369	59.00
60.00	06000 LABORATORY		7,509,991		4,780	7,514,771	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		989,621		0	989,621	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,277,669		0	1,277,669	65.00
66.00	06600 PHYSICAL THERAPY	0	3,359,356		0	3,359,356	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,150,825		0	1,150,825	67.00
68.00	06800 SPEECH PATHOLOGY	0	572,554		0	572,554	68.00
69.00	06900 ELECTROCARDIOLOGY		5,311,611		0	5,311,611	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,784,840		0	8,784,840	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		6,671,449		0	6,671,449	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		8,475,667		0	8,475,667	73.00
74.00	07400 RENAL DIALYSIS		372,996		0	372,996	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS		0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION		217,819		0	217,819	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		224,264		0	224,264	90.00
90.01	09001 DENTAL CLINIC		0		0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER		0		0	0	90.02
90.03	09003 DIABETIC TRAINING		77,115		0	77,115	90.03
90.04	09004 INFUSION CENTER		1,288,108		0	1,288,108	90.04
91.00	09100 EMERGENCY		5,437,500		0	5,437,500	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,624,426			3,624,426	92.00
200.00	Subtotal (see instructions)	0	112,272,778		67,703	112,340,481	200.00
201.00	Less Observation Beds		3,624,426			3,624,426	201.00
202.00	Total (see instructions)	0	108,648,352		67,703	108,716,055	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,317,485		22,317,485		30.00
31.00	03100	INTENSIVE CARE UNIT	9,970,522		9,970,522		31.00
40.00	04000	SUBPROVIDER - IPF	185,487		185,487		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	1,490,521		1,490,521		43.00
44.00	04400	SKILLED NURSING FACILITY	3,887,271		3,887,271		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,041,277	48,027,411	82,068,688	0.163626	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,601,447	594,994	3,196,441	0.692196	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,746,403	11,259,833	15,006,236	0.371712	54.00
54.01	05401	NUCLEAR MEDICINE	978,740	2,697,457	3,676,197	0.221142	54.01
54.02	05402	ULTRASOUND	836,801	5,122,504	5,959,305	0.122479	54.02
57.00	05700	CT SCAN	5,707,210	17,971,105	23,678,315	0.071497	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,128,321	10,509,007	11,637,328	0.113348	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,575,088	12,357,549	18,932,637	0.119645	59.00
60.00	06000	LABORATORY	15,193,601	34,308,855	49,502,456	0.151709	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,216,377	714,223	1,930,600	0.512598	62.00
65.00	06500	RESPIRATORY THERAPY	5,195,648	1,160,734	6,356,382	0.201006	65.00
66.00	06600	PHYSICAL THERAPY	2,304,386	9,650,481	11,954,867	0.281003	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,419,143	2,498,502	3,917,645	0.293754	67.00
68.00	06800	SPEECH PATHOLOGY	409,805	1,810,078	2,219,883	0.257921	68.00
69.00	06900	ELECTROCARDIOLOGY	4,846,683	20,330,556	25,177,239	0.210969	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,889,113	8,095,292	15,984,405	0.549588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,727,826	6,367,492	18,095,318	0.368684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,710,119	24,625,643	55,335,762	0.153168	73.00
74.00	07400	RENAL DIALYSIS	1,761,415	0	1,761,415	0.211759	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,196	1,132,405	1,134,601	0.191979	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,215,482	112	1,215,594	0.184489	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	90.02
90.03	09003	DIABETIC TRAINING	24,578	79,252	103,830	0.742704	90.03
90.04	09004	INFUSION CENTER	11,258	824,842	836,100	1.540615	90.04
91.00	09100	EMERGENCY	5,746,219	24,659,950	30,406,169	0.178829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,216,471	4,825,578	6,042,049	0.599867	92.00
200.00		Subtotal (see instructions)	184,356,893	249,623,855	433,980,748		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	184,356,893	249,623,855	433,980,748		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/25/2015 4:46 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.163626		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.692196		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371712		54.00
54.01	05401 NUCLEAR MEDICINE	0.221142		54.01
54.02	05402 ULTRASOUND	0.122479		54.02
57.00	05700 CT SCAN	0.071497		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119654		59.00
60.00	06000 LABORATORY	0.151806		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598		62.00
65.00	06500 RESPIRATORY THERAPY	0.201006		65.00
66.00	06600 PHYSICAL THERAPY	0.281003		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293754		67.00
68.00	06800 SPEECH PATHOLOGY	0.257921		68.00
69.00	06900 ELECTROCARDIOLOGY	0.210969		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368684		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153168		73.00
74.00	07400 RENAL DIALYSIS	0.211759		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.191979		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.184489		90.00
90.01	09001 DENTAL CLINIC	0.000000		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	09003 DIABETIC TRAINING	0.742704		90.03
90.04	09004 INFUSION CENTER	1.540615		90.04
91.00	09100 EMERGENCY	0.178829		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150006

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

Worksheet C
Part II
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,428,536	2,263,613	11,164,923	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,212,565	632,622	1,579,943	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,577,992	1,055,652	4,522,340	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	812,960	83,973	728,987	0	0	54.01
54.02	05402	ULTRASOUND	729,889	42,321	687,568	0	0	54.02
57.00	05700	CT SCAN	1,692,938	129,699	1,563,239	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,319,069	93,907	1,225,162	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,265,186	403,756	1,861,430	0	0	59.00
60.00	06000	LABORATORY	7,509,991	619,573	6,890,418	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	989,621	54,608	935,013	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,277,669	59,759	1,217,910	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,359,356	246,041	3,113,315	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,150,825	82,007	1,068,818	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	572,554	40,459	532,095	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,311,611	851,420	4,460,191	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,784,840	264,484	8,520,356	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,671,449	202,924	6,468,525	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,475,667	297,011	8,178,656	0	0	73.00
74.00	07400	RENAL DIALYSIS	372,996	4,634	368,362	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	217,819	5,585	212,234	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	224,264	2,889	221,375	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	77,115	1,429	75,686	0	0	90.03
90.04	09004	INFUSION CENTER	1,288,108	386,526	901,582	0	0	90.04
91.00	09100	EMERGENCY	5,437,500	803,582	4,633,918	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,624,426	556,726	3,067,700	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	83,384,946	9,185,200	74,199,746	0	0	200.00
201.00		Less Observation Beds	3,624,426	556,726	3,067,700	0	0	201.00
202.00		Total (line 200 minus line 201)	79,760,520	8,628,474	71,132,046	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	13,428,536	82,068,688	0.163626	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,212,565	3,196,441	0.692196	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,577,992	15,006,236	0.371712	54.00
54.01	05401 NUCLEAR MEDICINE	812,960	3,676,197	0.221142	54.01
54.02	05402 ULTRASOUND	729,889	5,959,305	0.122479	54.02
57.00	05700 CT SCAN	1,692,938	23,678,315	0.071497	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,319,069	11,637,328	0.113348	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,265,186	18,932,637	0.119645	59.00
60.00	06000 LABORATORY	7,509,991	49,502,456	0.151709	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	989,621	1,930,600	0.512598	62.00
65.00	06500 RESPIRATORY THERAPY	1,277,669	6,356,382	0.201006	65.00
66.00	06600 PHYSICAL THERAPY	3,359,356	11,954,867	0.281003	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,150,825	3,917,645	0.293754	67.00
68.00	06800 SPEECH PATHOLOGY	572,554	2,219,883	0.257921	68.00
69.00	06900 ELECTROCARDIOLOGY	5,311,611	25,177,239	0.210969	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,784,840	15,984,405	0.549588	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,671,449	18,095,318	0.368684	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,475,667	55,335,762	0.153168	73.00
74.00	07400 RENAL DIALYSIS	372,996	1,761,415	0.211759	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	217,819	1,134,601	0.191979	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	224,264	1,215,594	0.184489	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	90.02
90.03	09003 DIABETIC TRAINING	77,115	103,830	0.742704	90.03
90.04	09004 INFUSION CENTER	1,288,108	836,100	1.540615	90.04
91.00	09100 EMERGENCY	5,437,500	30,406,169	0.178829	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,624,426	6,042,049	0.599867	92.00
200.00	Subtotal (sum of lines 50 thru 199)	83,384,946	396,129,462		200.00
201.00	Less Observation Beds	3,624,426	0		201.00
202.00	Total (line 200 minus line 201)	79,760,520	396,129,462		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,694,946	0	2,694,946	18,380	146.62	30.00
31.00	INTENSIVE CARE UNIT	1,040,134		1,040,134	2,981	348.92	31.00
40.00	SUBPROVIDER - IPF	67,126	0	67,126	120	559.38	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	368,556		368,556	1,362	270.60	43.00
44.00	SKILLED NURSING FACILITY	699,429		699,429	5,494	127.31	44.00
200.00	Total (lines 30-199)	4,870,191		4,870,191	28,337		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,745	1,135,572				
31.00	INTENSIVE CARE UNIT	1,980	690,862				
40.00	SUBPROVIDER - IPF	97	54,260				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	1,922	244,690				
200.00	Total (lines 30-199)	11,744	2,125,384				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Title XVII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,263,613	82,068,688	0.027582	16,487,079	454,747	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	632,622	3,196,441	0.197914	29,000	5,740	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,055,652	15,006,236	0.070348	2,189,524	154,029	54.00
54.01	05401 NUCLEAR MEDICINE	83,973	3,676,197	0.022842	604,735	13,813	54.01
54.02	05402 ULTRASOUND	42,321	5,959,305	0.007102	448,363	3,184	54.02
57.00	05700 CT SCAN	129,699	23,678,315	0.005478	3,386,011	18,549	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	93,907	11,637,328	0.008069	620,095	5,004	58.00
59.00	05900 CARDIAC CATHETERIZATION	403,756	18,932,637	0.021326	3,416,564	72,862	59.00
60.00	06000 LABORATORY	619,573	49,502,456	0.012516	8,480,603	106,143	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	54,608	1,930,600	0.028286	675,356	19,103	62.00
65.00	06500 RESPIRATORY THERAPY	59,759	6,356,382	0.009401	2,680,098	25,196	65.00
66.00	06600 PHYSICAL THERAPY	246,041	11,954,867	0.020581	1,221,816	25,146	66.00
67.00	06700 OCCUPATIONAL THERAPY	82,007	3,917,645	0.020933	947,000	19,824	67.00
68.00	06800 SPEECH PATHOLOGY	40,459	2,219,883	0.018226	289,063	5,268	68.00
69.00	06900 ELECTROCARDIOLOGY	851,420	25,177,239	0.033817	2,961,593	100,152	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264,484	15,984,405	0.016546	4,768,601	78,901	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	202,924	18,095,318	0.011214	6,281,010	70,435	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	297,011	55,335,762	0.005367	16,172,728	86,799	73.00
74.00	07400 RENAL DIALYSIS	4,634	1,761,415	0.002631	1,396,595	3,674	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	5,585	1,134,601	0.004922	1,909	9	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,889	1,215,594	0.002377	711,033	1,690	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	1,429	103,830	0.013763	8,748	120	90.03
90.04	09004 INFUSION CENTER	386,526	836,100	0.462296	8,961	4,143	90.04
91.00	09100 EMERGENCY	803,582	30,406,169	0.026428	3,172,106	83,832	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	556,726	6,042,049	0.092142	753,722	69,449	92.00
200.00	Total (lines 50-199)	9,185,200	396,129,462		77,712,313	1,427,812	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	18,380	0.00	7,745	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,981	0.00	1,980	0		31.00
40.00	04000	SUBPROVIDER - IPF	120	0.00	97	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	1,362	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	5,494	0.00	1,922	0		44.00
200.00		Total (lines 30-199)	28,337		11,744	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
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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	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01	
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02	
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	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
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	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 DENTAL CLINIC	0	0	0	0	0	90.01	
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02	
90.03	09003 DIABETIC TRAINING	0	0	0	0	0	90.03	
90.04	09004 INFUSION CENTER	0	0	0	0	0	90.04	
91.00	09100 EMERGENCY	0	0	0	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00	Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	82,068,688	0.000000	0.000000	16,487,079	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,196,441	0.000000	0.000000	29,000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,006,236	0.000000	0.000000	2,189,524	54.00
54.01	05401	NUCLEAR MEDICINE	0	3,676,197	0.000000	0.000000	604,735	54.01
54.02	05402	ULTRASOUND	0	5,959,305	0.000000	0.000000	448,363	54.02
57.00	05700	CT SCAN	0	23,678,315	0.000000	0.000000	3,386,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,637,328	0.000000	0.000000	620,095	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,932,637	0.000000	0.000000	3,416,564	59.00
60.00	06000	LABORATORY	0	49,502,456	0.000000	0.000000	8,480,603	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,930,600	0.000000	0.000000	675,356	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,356,382	0.000000	0.000000	2,680,098	65.00
66.00	06600	PHYSICAL THERAPY	0	11,954,867	0.000000	0.000000	1,221,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,917,645	0.000000	0.000000	947,000	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,219,883	0.000000	0.000000	289,063	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,177,239	0.000000	0.000000	2,961,593	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,984,405	0.000000	0.000000	4,768,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,095,318	0.000000	0.000000	6,281,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	55,335,762	0.000000	0.000000	16,172,728	73.00
74.00	07400	RENAL DIALYSIS	0	1,761,415	0.000000	0.000000	1,396,595	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,134,601	0.000000	0.000000	1,909	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,215,594	0.000000	0.000000	711,033	90.00
90.01	09001	DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	0	103,830	0.000000	0.000000	8,748	90.03
90.04	09004	INFUSION CENTER	0	836,100	0.000000	0.000000	8,961	90.04
91.00	09100	EMERGENCY	0	30,406,169	0.000000	0.000000	3,172,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,042,049	0.000000	0.000000	753,722	92.00
200.00		Total (lines 50-199)	0	396,129,462			77,712,313	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	14,329,324	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	15,220	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,691,672	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	1,140,330	0	54.01
54.02	05402 ULTRASOUND	0	357,498	0	54.02
57.00	05700 CT SCAN	0	5,703,176	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,361,011	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,026,230	0	59.00
60.00	06000 LABORATORY	0	4,789,835	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	295,943	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	437,631	0	65.00
66.00	06600 PHYSICAL THERAPY	0	36,078	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	515	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,224,530	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,740,242	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,114,093	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,763,004	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	658,370	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	2,468	0	90.03
90.04	09004 INFUSION CENTER	0	471,116	0	90.04
91.00	09100 EMERGENCY	0	5,261,481	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,097,077	0	92.00
200.00	Total (lines 50-199)	0	74,516,844	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.163626	14,329,324	0	0	2,344,650	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.692196	15,220	0	0	10,535	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371712	3,691,672	0	0	1,372,239	54.00
54.01	05401 NUCLEAR MEDICINE	0.221142	1,140,330	0	0	252,175	54.01
54.02	05402 ULTRASOUND	0.122479	357,498	0	0	43,786	54.02
57.00	05700 CT SCAN	0.071497	5,703,176	0	0	407,760	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348	3,361,011	0	0	380,964	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119645	6,026,230	0	0	721,008	59.00
60.00	06000 LABORATORY	0.151709	4,789,835	0	0	726,661	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	295,943	0	0	151,700	62.00
65.00	06500 RESPIRATORY THERAPY	0.201006	437,631	0	0	87,966	65.00
66.00	06600 PHYSICAL THERAPY	0.281003	36,078	0	0	10,138	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293754	515	0	0	151	67.00
68.00	06800 SPEECH PATHOLOGY	0.257921	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.210969	9,224,530	0	0	1,946,090	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	3,740,242	0	0	2,055,592	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368684	3,114,093	0	0	1,148,116	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153168	9,763,004	0	160,351	1,495,380	73.00
74.00	07400 RENAL DIALYSIS	0.211759	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.191979	658,370	0	0	126,393	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.184489	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0.742704	2,468	0	0	1,833	90.03
90.04	09004 INFUSION CENTER	1.540615	471,116	0	0	725,808	90.04
91.00	09100 EMERGENCY	0.178829	5,261,481	0	0	940,905	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	2,097,077	0	0	1,257,967	92.00
200.00	Subtotal (see instructions)		74,516,844	0	160,351	16,207,817	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		74,516,844	0	160,351	16,207,817	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/25/2015 4:46 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	24,561		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DENTAL CLINIC	0	0		90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.02
90.03 09003 DIABETIC TRAINING	0	0		90.03
90.04 09004 INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	24,561		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	24,561		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006 Component CCN: 15S006		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,263,613	82,068,688	0.027582	10,950	302	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	632,622	3,196,441	0.197914	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,055,652	15,006,236	0.070348	1,719	121	54.00
54.01	05401 NUCLEAR MEDICINE	83,973	3,676,197	0.022842	0	0	54.01
54.02	05402 ULTRASOUND	42,321	5,959,305	0.007102	5	0	54.02
57.00	05700 CT SCAN	129,699	23,678,315	0.005478	6,000	33	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	93,907	11,637,328	0.008069	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	403,756	18,932,637	0.021326	163	3	59.00
60.00	06000 LABORATORY	619,573	49,502,456	0.012516	10,068	126	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	54,608	1,930,600	0.028286	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	59,759	6,356,382	0.009401	300	3	65.00
66.00	06600 PHYSICAL THERAPY	246,041	11,954,867	0.020581	1,260	26	66.00
67.00	06700 OCCUPATIONAL THERAPY	82,007	3,917,645	0.020933	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	40,459	2,219,883	0.018226	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	851,420	25,177,239	0.033817	1,075	36	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	264,484	15,984,405	0.016546	113	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	202,924	18,095,318	0.011214	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	297,011	55,335,762	0.005367	18,962	102	73.00
74.00	07400 RENAL DIALYSIS	4,634	1,761,415	0.002631	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	5,585	1,134,601	0.004922	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,889	1,215,594	0.002377	543	1	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	1,429	103,830	0.013763	0	0	90.03
90.04	09004 INFUSION CENTER	386,526	836,100	0.462296	9	4	90.04
91.00	09100 EMERGENCY	803,582	30,406,169	0.026428	8,436	223	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,042,049	0.000000	0	0	92.00
200.00	Total (lines 50-199)	8,628,474	396,129,462		59,603	982	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	82,068,688	0.000000	0.000000	10,950	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,196,441	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,006,236	0.000000	0.000000	1,719	54.00
54.01	05401 NUCLEAR MEDICINE	0	3,676,197	0.000000	0.000000	0	54.01
54.02	05402 ULTRASOUND	0	5,959,305	0.000000	0.000000	5	54.02
57.00	05700 CT SCAN	0	23,678,315	0.000000	0.000000	6,000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,637,328	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,932,637	0.000000	0.000000	163	59.00
60.00	06000 LABORATORY	0	49,502,456	0.000000	0.000000	10,068	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,930,600	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	6,356,382	0.000000	0.000000	300	65.00
66.00	06600 PHYSICAL THERAPY	0	11,954,867	0.000000	0.000000	1,260	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,917,645	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,219,883	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	25,177,239	0.000000	0.000000	1,075	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,984,405	0.000000	0.000000	113	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	18,095,318	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	55,335,762	0.000000	0.000000	18,962	73.00
74.00	07400 RENAL DIALYSIS	0	1,761,415	0.000000	0.000000	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,134,601	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,215,594	0.000000	0.000000	543	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	103,830	0.000000	0.000000	0	90.03
90.04	09004 INFUSION CENTER	0	836,100	0.000000	0.000000	9	90.04
91.00	09100 EMERGENCY	0	30,406,169	0.000000	0.000000	8,436	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,042,049	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	396,129,462			59,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	30	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	30	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/25/2015 4:46 pm
	Title XVIII	Subprovider - IPF	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	0.163626	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.692196	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.371712	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0.221142	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.122479	0	0	0	0	54.02
57.00 05700 CT SCAN	0.071497	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.119645	0	0	0	0	59.00
60.00 06000 LABORATORY	0.151709	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.201006	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.281003	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.293754	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.257921	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.210969	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.368684	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.153168	0	0	155	0	73.00
74.00 07400 RENAL DIALYSIS	0.211759	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.191979	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.184489	30	0	0	6	90.00
90.01 09001 DENTAL CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.02
90.03 09003 DIABETIC TRAINING	0.742704	0	0	0	0	90.03
90.04 09004 INFUSION CENTER	1.540615	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.178829	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	0	0	0	0	92.00
200.00 Subtotal (see instructions)		30	0	155	6	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		30	0	155	6	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/25/2015 4:46 pm
	Component CCN: 15S006	Title XVII I	Subprovider - IPF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	24		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DENTAL CLINIC	0	0		90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.02
90.03 09003 DIABETIC TRAINING	0	0		90.03
90.04 09004 INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	24		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	24		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	82,068,688	0.000000	0.000000	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,196,441	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,006,236	0.000000	0.000000	3,361	54.00
54.01	05401 NUCLEAR MEDICINE	0	3,676,197	0.000000	0.000000	0	54.01
54.02	05402 ULTRASOUND	0	5,959,305	0.000000	0.000000	0	54.02
57.00	05700 CT SCAN	0	23,678,315	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,637,328	0.000000	0.000000	319	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,932,637	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	49,502,456	0.000000	0.000000	36,709	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,930,600	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	6,356,382	0.000000	0.000000	762	65.00
66.00	06600 PHYSICAL THERAPY	0	11,954,867	0.000000	0.000000	657,248	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,917,645	0.000000	0.000000	420,882	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,219,883	0.000000	0.000000	18,908	68.00
69.00	06900 ELECTROCARDIOLOGY	0	25,177,239	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,984,405	0.000000	0.000000	8,268	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	18,095,318	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	55,335,762	0.000000	0.000000	263,711	73.00
74.00	07400 RENAL DIALYSIS	0	1,761,415	0.000000	0.000000	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,134,601	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,215,594	0.000000	0.000000	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	103,830	0.000000	0.000000	0	90.03
90.04	09004 INFUSION CENTER	0	836,100	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	30,406,169	0.000000	0.000000	29	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,042,049	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	396,129,462			1,410,197	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150006

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

Worksheet D
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,694,946	0	2,694,946	18,380	146.62	30.00	
31.00	INTENSIVE CARE UNIT	1,040,134		1,040,134	2,981	348.92	31.00	
40.00	SUBPROVIDER - IPF	67,126	0	67,126	120	559.38	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
43.00	NURSERY	368,556		368,556	1,362	270.60	43.00	
44.00	SKILLED NURSING FACILITY	699,429		699,429	5,494	127.31	44.00	
200.00	Total (Lines 30-199)	4,870,191		4,870,191	28,337		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,301	190,753					30.00
31.00	INTENSIVE CARE UNIT	266	92,813					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	122	33,013					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (Lines 30-199)	1,689	316,579					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,263,613	82,068,688	0.027582	1,712,244	47,227	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	632,622	3,196,441	0.197914	584,468	115,674	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,055,652	15,006,236	0.070348	188,012	13,226	54.00
54.01	05401	NUCLEAR MEDICINE	83,973	3,676,197	0.022842	37,926	866	54.01
54.02	05402	ULTRASOUND	42,321	5,959,305	0.007102	44,834	318	54.02
57.00	05700	CT SCAN	129,699	23,678,315	0.005478	209,751	1,149	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93,907	11,637,328	0.008069	38,122	308	58.00
59.00	05900	CARDIAC CATHETERIZATION	403,756	18,932,637	0.021326	243,414	5,191	59.00
60.00	06000	LABORATORY	619,573	49,502,456	0.012516	833,090	10,427	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,608	1,930,600	0.028286	53,023	1,500	62.00
65.00	06500	RESPIRATORY THERAPY	59,759	6,356,382	0.009401	260,520	2,449	65.00
66.00	06600	PHYSICAL THERAPY	246,041	11,954,867	0.020581	61,821	1,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,007	3,917,645	0.020933	46,884	981	67.00
68.00	06800	SPEECH PATHOLOGY	40,459	2,219,883	0.018226	19,095	348	68.00
69.00	06900	ELECTROCARDIOLOGY	851,420	25,177,239	0.033817	159,104	5,380	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,484	15,984,405	0.016546	461,793	7,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	202,924	18,095,318	0.011214	259,863	2,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	297,011	55,335,762	0.005367	1,604,013	8,609	73.00
74.00	07400	RENAL DIALYSIS	4,634	1,761,415	0.002631	21,143	56	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,585	1,134,601	0.004922	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,889	1,215,594	0.002377	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	09003	DIABETIC TRAINING	1,429	103,830	0.013763	1,719	24	90.03
90.04	09004	INFUSION CENTER	386,526	836,100	0.462296	0	0	90.04
91.00	09100	EMERGENCY	803,582	30,406,169	0.026428	253,816	6,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	556,726	6,042,049	0.092142	63,243	5,827	92.00
200.00		Total (lines 50-199)	9,185,200	396,129,462		7,157,898	238,095	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description			Title XIX				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	18,380	0.00	1,301	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,981	0.00	266	0		31.00
40.00	04000	SUBPROVIDER - IPF	120	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
43.00	04300	NURSERY	1,362	0.00	122	0		43.00
44.00	04400	SKILLED NURSING FACILITY	5,494	0.00	0	0		44.00
200.00		Total (lines 30-199)	28,337		1,689	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
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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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0		0	54.01
54.02 05402 ULTRASOUND	0	0	0	0		0	54.02
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		0	62.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0		0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0		0	90.00
90.01 09001 DENTAL CLINIC	0	0	0	0		0	90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		0	90.02
90.03 09003 DIABETIC TRAINING	0	0	0	0		0	90.03
90.04 09004 INFUSION CENTER	0	0	0	0		0	90.04
91.00 09100 EMERGENCY	0	0	0	0		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
200.00 Total (lines 50-199)	0	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	82,068,688	0.000000	0.000000	1,712,244	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,196,441	0.000000	0.000000	584,468	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,006,236	0.000000	0.000000	188,012	54.00
54.01	05401 NUCLEAR MEDICINE	0	3,676,197	0.000000	0.000000	37,926	54.01
54.02	05402 ULTRASOUND	0	5,959,305	0.000000	0.000000	44,834	54.02
57.00	05700 CT SCAN	0	23,678,315	0.000000	0.000000	209,751	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,637,328	0.000000	0.000000	38,122	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,932,637	0.000000	0.000000	243,414	59.00
60.00	06000 LABORATORY	0	49,502,456	0.000000	0.000000	833,090	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,930,600	0.000000	0.000000	53,023	62.00
65.00	06500 RESPIRATORY THERAPY	0	6,356,382	0.000000	0.000000	260,520	65.00
66.00	06600 PHYSICAL THERAPY	0	11,954,867	0.000000	0.000000	61,821	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,917,645	0.000000	0.000000	46,884	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,219,883	0.000000	0.000000	19,095	68.00
69.00	06900 ELECTROCARDIOLOGY	0	25,177,239	0.000000	0.000000	159,104	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,984,405	0.000000	0.000000	461,793	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	18,095,318	0.000000	0.000000	259,863	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	55,335,762	0.000000	0.000000	1,604,013	73.00
74.00	07400 RENAL DIALYSIS	0	1,761,415	0.000000	0.000000	21,143	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,134,601	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,215,594	0.000000	0.000000	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	103,830	0.000000	0.000000	1,719	90.03
90.04	09004 INFUSION CENTER	0	836,100	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	30,406,169	0.000000	0.000000	253,816	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,042,049	0.000000	0.000000	63,243	92.00
200.00	Total (lines 50-199)	0	396,129,462			7,157,898	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/25/2015 4:46 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/25/2015 4:46 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.163626	0	3,038,525	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.692196	0	140,039	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.371712	0	532,469	0	0
54.01 05401 NUCLEAR MEDICINE	0.221142	0	99,287	0	0
54.02 05402 ULTRASOUND	0.122479	0	537,309	0	0
57.00 05700 CT SCAN	0.071497	0	1,104,005	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348	0	564,630	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.119645	0	424,606	0	0
60.00 06000 LABORATORY	0.151709	0	2,320,081	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	0	38,778	0	0
65.00 06500 RESPIRATORY THERAPY	0.201006	0	87,318	0	0
66.00 06600 PHYSICAL THERAPY	0.281003	0	533,154	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.293754	0	370,901	0	0
68.00 06800 SPEECH PATHOLOGY	0.257921	0	441,663	0	0
69.00 06900 ELECTROCARDIOLOGY	0.210969	0	664,686	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	0	302,120	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.368684	0	273,163	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.153168	0	1,315,574	0	0
74.00 07400 RENAL DIALYSIS	0.211759	0	0	0	0
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.191979	0	22,710	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.184489	0	0	0	0
90.01 09001 DENTAL CLINIC	0.000000	0	0	0	0
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0
90.03 09003 DIABETIC TRAINING	0.742704	0	4,160	0	0
90.04 09004 INFUSION CENTER	1.540615	0	46,973	0	0
91.00 09100 EMERGENCY	0.178829	0	2,615,878	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	0	313,642	0	0
200.00 Subtotal (see instructions)		0	15,791,671	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	15,791,671	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/25/2015 4:46 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	497,182	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	96,934	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	197,925	0		54.00
54.01 05401 NUCLEAR MEDICINE	21,957	0		54.01
54.02 05402 ULTRASOUND	65,809	0		54.02
57.00 05700 CT SCAN	78,933	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	64,000	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	50,802	0		59.00
60.00 06000 LABORATORY	351,977	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	19,878	0		62.00
65.00 06500 RESPIRATORY THERAPY	17,551	0		65.00
66.00 06600 PHYSICAL THERAPY	149,818	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	108,954	0		67.00
68.00 06800 SPEECH PATHOLOGY	113,914	0		68.00
69.00 06900 ELECTROCARDIOLOGY	140,228	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	166,042	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	100,711	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	201,504	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	4,360	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DENTAL CLINIC	0	0		90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.02
90.03 09003 DIABETIC TRAINING	3,090	0		90.03
90.04 09004 INFUSION CENTER	72,367	0		90.04
91.00 09100 EMERGENCY	467,795	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	188,143	0		92.00
200.00 Subtotal (see instructions)	3,179,874	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,179,874	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2015 4:46 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,380	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,380	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)		14,583	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)		7,745	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)		17,544,710	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)		17,544,710	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)		17,544,710	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)		954.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,392,990	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)		7,392,990	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,341,449	2,981	2,127.29	1,980	4,212,034	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,815,281	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,420,305	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,826,434	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,427,812	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,254,246	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,166,059	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,797	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					954.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,624,426	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,694,946	17,544,710	0.153604	3,624,426	556,726	90.00
91.00	Nursing School cost	0	17,544,710	0.000000	3,624,426	0	91.00
92.00	Allied health cost	0	17,544,710	0.000000	3,624,426	0	92.00
93.00	All other Medical Education	0	17,544,710	0.000000	3,624,426	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		120	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		120	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)		120	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)		97	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)		178,762	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)		178,762	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)		178,762	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)		1,489.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		144,499	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)		144,499	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S006				Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,639		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					154,138		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)					54,260		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					982		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					55,242		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					98,896		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 15S006		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	67,126	178,762	0.375505	0	0	90.00
91.00	Nursing School cost	0	178,762	0.000000	0	0	91.00
92.00	Allied health cost	0	178,762	0.000000	0	0	92.00
93.00	All other Medical Education	0	178,762	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,494	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)		5,494	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,922	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)		3,553,823	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)		3,553,823	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)		3,553,823	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1	
		Component CCN: 155297		Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				3,553,823 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				646.86 71.00
72.00	Program routine service cost (line 9 x line 71)				1,243,265 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,243,265 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,243,265 83.00
84.00	Program inpatient ancillary services (see instructions)				365,150 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				1,608,415 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 155297		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2015 4:46 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,380	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,380	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)		14,583	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,301	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,362	15.00
16.00	Nursery days (title V or XIX only)		122	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)		17,544,710	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)		17,544,710	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)		17,544,710	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)		954.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,241,870	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,241,870	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	
42.00	1,331,828	1,362	977.85	122	119,298	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	6,341,449	2,981	2,127.29	266	565,859	43.00
44.00						44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
48.00					1,776,956	48.00
49.00					3,703,983	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00					316,579	50.00
51.00					238,095	51.00
52.00					554,674	52.00
53.00					3,149,309	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00					0	54.00
55.00					0.00	55.00
56.00					0	56.00
57.00					0	57.00
58.00					0	58.00
59.00					0.00	59.00
60.00					0.00	60.00
61.00					0	61.00
62.00					0	62.00
63.00					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00					0	64.00
65.00					0	65.00
66.00					0	66.00
67.00					0	67.00
68.00					0	68.00
69.00					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00						70.00
71.00						71.00
72.00						72.00
73.00						73.00
74.00						74.00
75.00						75.00
76.00						76.00
77.00						77.00
78.00						78.00
79.00						79.00
80.00						80.00
81.00						81.00
82.00						82.00
83.00						83.00
84.00						84.00
85.00						85.00
86.00						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00					3,797	87.00
88.00					954.55	88.00
89.00					3,624,426	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,694,946	17,544,710	0.153604	3,624,426	556,726	90.00
91.00	Nursing School cost	0	17,544,710	0.000000	3,624,426	0	91.00
92.00	Allied health cost	0	17,544,710	0.000000	3,624,426	0	92.00
93.00	All other Medical Education	0	17,544,710	0.000000	3,624,426	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,811,332	30.00
31.00	03100	INTENSIVE CARE UNIT		5,298,764	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.163626	16,487,079	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.692196	29,000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.371712	2,189,524	54.00
54.01	05401	NUCLEAR MEDICINE	0.221142	604,735	54.01
54.02	05402	ULTRASOUND	0.122479	448,363	54.02
57.00	05700	CT SCAN	0.071497	3,386,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113348	620,095	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119654	3,416,564	59.00
60.00	06000	LABORATORY	0.151806	8,480,603	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	675,356	62.00
65.00	06500	RESPIRATORY THERAPY	0.201006	2,680,098	65.00
66.00	06600	PHYSICAL THERAPY	0.281003	1,221,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293754	947,000	67.00
68.00	06800	SPEECH PATHOLOGY	0.257921	289,063	68.00
69.00	06900	ELECTROCARDIOLOGY	0.210969	2,961,593	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	4,768,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.368684	6,281,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153168	16,172,728	73.00
74.00	07400	RENAL DIALYSIS	0.211759	1,396,595	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.191979	1,909	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.184489	711,033	90.00
90.01	09001	DENTAL CLINIC	0.000000	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	0.742704	8,748	90.03
90.04	09004	INFUSION CENTER	1.540615	8,961	90.04
91.00	09100	EMERGENCY	0.178829	3,172,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	753,722	92.00
200.00		Total (sum of lines 50-94 and 96-98)		77,712,313	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		77,712,313	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		141,393		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.163626	10,950	1,792	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.692196	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371712	1,719	639	54.00
54.01	05401 NUCLEAR MEDICINE	0.221142	0	0	54.01
54.02	05402 ULTRASOUND	0.122479	5	1	54.02
57.00	05700 CT SCAN	0.071497	6,000	429	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119654	163	20	59.00
60.00	06000 LABORATORY	0.151806	10,068	1,528	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.201006	300	60	65.00
66.00	06600 PHYSICAL THERAPY	0.281003	1,260	354	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293754	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.257921	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.210969	1,075	227	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	113	62	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368684	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153168	18,962	2,904	73.00
74.00	07400 RENAL DIALYSIS	0.211759	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.191979	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.184489	543	100	90.00
90.01	09001 DENTAL CLINIC	0.000000	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	0.742704	0	0	90.03
90.04	09004 INFUSION CENTER	1.540615	9	14	90.04
91.00	09100 EMERGENCY	0.178829	8,436	1,509	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		59,603	9,639	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)		59,603		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.163626	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.692196	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371712	3,361	54.00
54.01	05401 NUCLEAR MEDICINE	0.221142	0	54.01
54.02	05402 ULTRASOUND	0.122479	0	54.02
57.00	05700 CT SCAN	0.071497	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348	319	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119645	0	59.00
60.00	06000 LABORATORY	0.151709	36,709	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.201006	762	65.00
66.00	06600 PHYSICAL THERAPY	0.281003	657,248	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293754	420,882	67.00
68.00	06800 SPEECH PATHOLOGY	0.257921	18,908	68.00
69.00	06900 ELECTROCARDIOLOGY	0.210969	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	8,268	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368684	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153168	263,711	73.00
74.00	07400 RENAL DIALYSIS	0.211759	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.191979	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.184489	0	90.00
90.01	09001 DENTAL CLINIC	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0.742704	0	90.03
90.04	09004 INFUSION CENTER	1.540615	0	90.04
91.00	09100 EMERGENCY	0.178829	29	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,410,197	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		1,410,197	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/25/2015 4:46 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,251,853	30.00
31.00	03100	INTENSIVE CARE UNIT		587,044	31.00
40.00	04000	SUBPROVIDER - IPF		36,247	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		436,518	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.163626	1,712,244	280,168 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.692196	584,468	404,566 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.371712	188,012	69,886 54.00
54.01	05401	NUCLEAR MEDICINE	0.221142	37,926	8,387 54.01
54.02	05402	ULTRASOUND	0.122479	44,834	5,491 54.02
57.00	05700	CT SCAN	0.071497	209,751	14,997 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113348	38,122	4,321 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119654	243,414	29,125 59.00
60.00	06000	LABORATORY	0.151806	833,090	126,468 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	53,023	27,179 62.00
65.00	06500	RESPIRATORY THERAPY	0.201006	260,520	52,366 65.00
66.00	06600	PHYSICAL THERAPY	0.281003	61,821	17,372 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293754	46,884	13,772 67.00
68.00	06800	SPEECH PATHOLOGY	0.257921	19,095	4,925 68.00
69.00	06900	ELECTROCARDIOLOGY	0.210969	159,104	33,566 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	461,793	253,796 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.368684	259,863	95,807 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.153168	1,604,013	245,683 73.00
74.00	07400	RENAL DIALYSIS	0.211759	21,143	4,477 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.191979	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.184489	0	0 90.00
90.01	09001	DENTAL CLINIC	0.000000	0	0 90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.02
90.03	09003	DIABETIC TRAINING	0.742704	1,719	1,277 90.03
90.04	09004	INFUSION CENTER	1.540615	0	0 90.04
91.00	09100	EMERGENCY	0.178829	253,816	45,390 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	63,243	37,937 92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,157,898	1,776,956 200.00
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)		7,157,898	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/25/2015 4:46 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		138	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.163626	6,505	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.692196	2,221	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371712	714	54.00
54.01	05401 NUCLEAR MEDICINE	0.221142	144	54.01
54.02	05402 ULTRASOUND	0.122479	170	54.02
57.00	05700 CT SCAN	0.071497	797	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348	145	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119645	925	59.00
60.00	06000 LABORATORY	0.151709	3,165	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	201	62.00
65.00	06500 RESPIRATORY THERAPY	0.201006	990	65.00
66.00	06600 PHYSICAL THERAPY	0.281003	235	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293754	178	67.00
68.00	06800 SPEECH PATHOLOGY	0.257921	73	68.00
69.00	06900 ELECTROCARDIOLOGY	0.210969	604	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	1,754	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368684	987	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153168	6,094	73.00
74.00	07400 RENAL DIALYSIS	0.211759	80	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.191979	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.184489	0	90.00
90.01	09001 DENTAL CLINIC	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0.742704	7	90.03
90.04	09004 INFUSION CENTER	1.540615	0	90.04
91.00	09100 EMERGENCY	0.178829	964	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		26,953	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		26,953	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/25/2015 4:46 pm
		Title XIX	Skilled Nursing Facility	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.163626	40,604	6,644 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.692196	13,860	9,594 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.371712	4,459	1,657 54.00
54.01	05401 NUCLEAR MEDICINE	0.221142	899	199 54.01
54.02	05402 ULTRASOUND	0.122479	1,063	130 54.02
57.00	05700 CT SCAN	0.071497	4,974	356 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113348	904	102 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.119645	5,772	691 59.00
60.00	06000 LABORATORY	0.151709	19,756	2,997 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.512598	1,257	644 62.00
65.00	06500 RESPIRATORY THERAPY	0.201006	6,178	1,242 65.00
66.00	06600 PHYSICAL THERAPY	0.281003	1,466	412 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293754	1,112	327 67.00
68.00	06800 SPEECH PATHOLOGY	0.257921	453	117 68.00
69.00	06900 ELECTROCARDIOLOGY	0.210969	3,773	796 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.549588	10,951	6,019 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.368684	6,162	2,272 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.153168	38,038	5,826 73.00
74.00	07400 RENAL DIALYSIS	0.211759	501	106 74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.191979	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.184489	0	0 90.00
90.01	09001 DENTAL CLINIC	0.000000	0	0 90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.02
90.03	09003 DIABETIC TRAINING	0.742704	41	30 90.03
90.04	09004 INFUSION CENTER	1.540615	0	0 90.04
91.00	09100 EMERGENCY	0.178829	6,019	1,076 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.599867	1,500	900 92.00
200.00	Total (sum of lines 50-94 and 96-98)		169,742	42,137 200.00
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)		169,742	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,121,280	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,344,387	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		537,446	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		132.90	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.48	31.00
32.00	Sum of lines 30 and 31		20.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.27	33.00
34.00	Disproportionate share adjustment (see instructions)		273,774	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000125090	0.000133591	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,131,612	1,021,653	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		846,384	257,513	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,103,897		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		19,380,784		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		19,380,784		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,537,909		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		16,343		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,935,036		59.00
60.00	Primary payer payments		1,289		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,933,747		61.00
62.00	Deductibles billed to program beneficiaries		1,947,360		62.00
63.00	Coinurance billed to program beneficiaries		22,496		63.00
64.00	Allowable bad debts (see instructions)		-94,669		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		-61,535		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-94,669		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,902,356		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-24,255		70.93
70.94	HRR adjustment amount (see instructions)		-65,694		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/25/2015 4:46 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,812,407		71.00
71.01	Sequestration adjustment (see instructions)		376,248		71.01
72.00	Interim payments		18,511,653		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)		-75,494		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		437,354		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,561	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,207,817	2.00
3.00	PPS payments		13,582,096	3.00
4.00	Outlier payment (see instructions)		159,856	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,561	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		160,351	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		160,351	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)		160,351	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		135,790	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)		24,561	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)		13,741,952	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,767,734	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		10,998,779	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		10,998,779	30.00
31.00	Primary payer payments		92	31.00
32.00	Subtotal (line 30 minus line 31)		10,998,687	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		194,234	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		126,252	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		194,234	36.00
37.00	Subtotal (see instructions)		11,124,939	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,124,939	40.00
40.01	Sequestration adjustment (see instructions)		222,499	40.01
41.00	Interim payments		10,947,583	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-45,143	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,163	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/25/2015 4:46 pm
		Component CCN: 15S006	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6	2.00
3.00	PPS payments		41	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		155	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		155	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)		155	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		131	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)		24	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)		41	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		65	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		65	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		65	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		65	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		65	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		71	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-7	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: 150006

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		18,457,653		10,850,583	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/31/2014	54,000	07/31/2014	97,000	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)		54,000		97,000	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)		18,511,653		10,947,583	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		75,494		45,143	6.02	
7.00	Total Medicare program liability (see instructions)		18,436,159		10,902,440	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150006
Component CCN: 15S006

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		49,646		71	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)		49,646		71	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		7	6.02
7.00	Total Medicare program liability (see instructions)		49,646		64	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150006
Component CCN: 155297

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2015 4:46 pm

Title XVIII

Skilled Nursing
Facility

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		720,562		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		720,562		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		720,563		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150006

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

Worksheet E-1
Part II
Date/Time Prepared:
5/25/2015 4:46 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			4,443 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			9,725 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,193 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			17,564 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			433,980,748 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			11,313,964 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			848,556 8.00
9.00	Sequestration adjustment amount (see instructions)			16,971 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			831,585 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			957,501 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)			-125,916 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/25/2015 4:46 pm
		Component CCN: 15S006	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		78,125	1.00
2.00	Net IPF PPS Outlier Payments		7,430	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		0.328767	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		85,555	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		85,555	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		85,555	18.00
19.00	Deductibles		2,368	19.00
20.00	Subtotal (line 18 minus line 19)		83,187	20.00
21.00	Coinsurance		32,528	21.00
22.00	Subtotal (line 20 minus line 21)		50,659	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		50,659	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		50,659	31.00
31.01	Sequestration adjustment (see instructions)		1,013	31.01
32.00	Interim payments		49,646	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		7,430	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		854,588	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		854,588	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		119,320	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		735,268	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		735,268	15.00
15.01	Sequestration adjustment (see instructions)		14,705	15.01
16.00	Interim payments		720,562	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 150006

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

Worksheet G

Date/Time Prepared:
5/25/2015 4:46 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	14,105,128	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	47,677,354	0	0	0	4.00
5.00	Other receivable	1,029,226	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-22,616,139	0	0	0	6.00
7.00	Inventory	2,726,799	0	0	0	7.00
8.00	Prepaid expenses	1,639,611	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)	44,561,979	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,411,134	0	0	0	12.00
13.00	Land improvements	2,053,717	0	0	0	13.00
14.00	Accumulated depreciation	-1,565,083	0	0	0	14.00
15.00	Buildings	44,167,861	0	0	0	15.00
16.00	Accumulated depreciation	-32,727,700	0	0	0	16.00
17.00	Leasehold improvements	69,712,832	0	0	0	17.00
18.00	Accumulated depreciation	-44,158,163	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	94,923,941	0	0	0	23.00
24.00	Accumulated depreciation	-72,583,216	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)	65,235,323	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	107,212,778	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	653,790	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	107,866,568	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	217,663,870	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,510,562	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,747,507	0	0	0	38.00
39.00	Payroll taxes payable	2,883,742	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,594,188	0	0	0	40.00
41.00	Deferred income	144,626	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	10,038,974	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,919,599	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	10,315,440	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)	10,315,440	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	35,235,039	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	182,428,831				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)	182,428,831	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	217,663,870	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150006

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

Worksheet G-1

Date/Time Prepared:
5/25/2015 4:46 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		181,076,301		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,034,402			2.00
3.00	Total (sum of line 1 and line 2)		196,110,703		0	3.00
4.00	DECREASE IN LIABILITIES	21,192,212		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)		21,192,212		0	10.00
11.00	Subtotal (line 3 plus line 10)		217,302,915		0	11.00
12.00	DECREASE IN ASSETS	19,839,682		0		12.00
13.00	INTERCOMPANY CONTRIBUTIONS	15,034,402		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)		34,874,084		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		182,428,831		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	DECREASE IN LIABILITIES		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	DECREASE IN ASSETS		0			12.00
13.00	INTERCOMPANY CONTRIBUTIONS		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: 150006

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2015 4:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,317,485		22,317,485	1.00
2.00	SUBPROVIDER - IPF	185,487		185,487	2.00
3.00	SUBPROVIDER - IRF	0		0	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	3,887,271		3,887,271	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)	26,390,243		26,390,243	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,970,522		9,970,522	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,970,522		9,970,522	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,360,765		36,360,765	17.00
18.00	Ancillary services	139,782,120	219,234,121	359,016,241	18.00
19.00	Outpatient services	8,214,008	30,389,734	38,603,742	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON-REIMBURSABLE	4,474,436	9,920,301	14,394,737	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	188,831,329	259,544,156	448,375,485	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		149,905,861		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		149,905,861		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150006

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

Worksheet G-3

Date/Time Prepared:
5/25/2015 4:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	448,375,485	1.00
2.00	Less contractual allowances and discounts on patients' accounts	292,561,834	2.00
3.00	Net patient revenues (line 1 minus line 2)	155,813,651	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	149,905,861	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,907,790	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	9,126,612	24.00
25.00	Total other income (sum of lines 6-24)	9,126,612	25.00
26.00	Total (line 5 plus line 25)	15,034,402	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,034,402	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150006	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/25/2015 4:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,386,855	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		91,697	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)		50.24	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.48	8.00
9.00	Sum of lines 7 and 8		20.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.28	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		59,357	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,537,909	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