

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 3:18 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2015 Time: 3:18 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH WEST HOSPITAL (150158) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-135,336	-140,190	-170,476	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	-135,336	-140,190	-170,476	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:11 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1111 N. RONALD REAGAN PARKWAY	PO Box:	Zip Code: 46123-7085		County: HENDRICKS				1.00	
2.00	City: AVON	State: IN							2.00	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									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)					4			21.00	
<u>Inpatient PPS Information</u>										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,497	359	0	12	3,129	216		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:11 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				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.		0				38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		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	61.00
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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000

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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.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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)	N			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00		
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00		
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	669,062	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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:11 am			
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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, INC.	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 340 WEST 10TH ST	PO Box:					
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00		
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	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	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 11:11 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			Y	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 11:11 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/21/2015	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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 11:11 am		
	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
			N		N	
					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.				N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
			Y/N	Date		
			1.00	2.00		
Home Office Costs						
36.00	Were home office costs claimed on the cost report?				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.				Y	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.	STEVE		HOWELL		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.	317.962.1035		SHOWELL7@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)	04/21/2015	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: 150158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 11:11 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	111	40,515	0.00			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)		111	40,515	0.00		0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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)		127	46,355	0.00		0	14.00
15.00 CAH visits						0	15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)	30.00						24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)		127					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: 150158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 11:11 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,844	1,297	23,173			1.00
2.00 HMO and other (see instructions)	5,168	3,508				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)	9,844	1,297	23,173			7.00
8.00 INTENSIVE CARE UNIT	1,975	15	4,191			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		177	3,680			13.00
14.00 Total (see instructions)	11,819	1,489	31,044	0.00	705.60	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	65			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	705.60	27.00
28.00 Observation Bed Days		146	2,015			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	216	491			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: 150158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 11:11 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,385	1,337	7,855	1.00
2.00 HMO and other (see instructions)				1,012	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,385	1,337		7,855	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 11:11 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	42,968,012	-179,390	42,788,622	1,467,655.00	29.15
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		873,508	-5,747	867,761	32,479.72	26.72
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		526,709	0	526,709	3,820.04	137.88
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		11,280,623	0	11,280,623	295,261.00	38.21
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,483,935	0	10,483,935		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		221,338	0	221,338		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	359,776	-11,339	348,437	11,461.00	30.40
27.00	Administrative & General	5.00	3,329,280	-2,892	3,326,388	95,662.00	34.77
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	605,314	-1,094	604,220	26,843.00	22.51
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	786,087	-2,838	783,249	63,190.00	12.40
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	942,625	-622,473	320,152	21,751.00	14.72
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	621,013	621,013	41,997.00	14.79
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,171,194	-4,386	2,166,808	50,140.00	43.22

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 11:11 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
39.00	Central Services and Supply	14.00	272,122	-3,333	268,789	14,469.00	18.58	39.00
40.00	Pharmacy	15.00	1,909,157	-5,625	1,903,532	50,416.00	37.76	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	236,579	0	236,579	8,758.00	27.01	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 11:11 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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)	42,968,012	-179,390	42,788,622	1,467,655.00	29.15	1.00
2.00	Excluded area salaries (see instructions)	873,508	-5,747	867,761	32,479.72	26.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,094,504	-173,643	41,920,861	1,435,175.28	29.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,807,332	0	11,807,332	299,081.04	39.48	4.00
5.00	Subtotal wage-related costs (see inst.)	10,483,935	0	10,483,935	0.00	25.01	5.00
6.00	Total (sum of lines 3 thru 5)	64,385,771	-173,643	64,212,128	1,734,256.32	37.03	6.00
7.00	Total overhead cost (see instructions)	10,612,134	-32,967	10,579,167	384,687.00	27.50	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 11:11 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,462,734	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)		6,008,592	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		190,904	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		38,419	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)		71,208	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		6,530	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		3,039,023	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		-112,136	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,705,274	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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/26/2015 11:11 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	526,709	10,705,273	1.00
2.00	Hospital	526,709	10,705,273	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 11:11 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.160651	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			6,579,732	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			79,505,631	6.00
7.00	Medicaid cost (line 1 times line 6)			12,772,659	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)			6,192,927	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)			912,013	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			7,596,150	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			1,220,329	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)			308,316	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			6,501,243	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	56,490,484	10,135,728	66,626,212	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,075,253	1,628,315	10,703,568	21.00
22.00	Partial payment by patients approved for charity care	889	4,650	5,539	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,074,364	1,623,665	10,698,029	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)			19,392,520	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			76,513	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			19,316,007	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,103,136	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,801,165	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,302,408	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

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

Worksheet A
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	5,590,375	5,590,375	1.00
1.01	00101	MOB	483,709	483,709	385,840	869,549	1.01
1.02	00102	INTEREST	0	0	6,269,496	6,269,496	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	3,415,271	3,415,271	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	359,776	268,737	628,513	7,799,522	4.00
5.01	00540	NONPATIENT TELEPHONES	0	69,348	69,348	-166,246	5.01
5.02	00550	DATA PROCESSING	150,231	115,328	265,559	-107,686	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	234,346	113,761	348,107	-56,526	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	2,944,703	43,317,490	46,262,193	-11,995,944	5.04
6.00	00600	MAINTENANCE & REPAIRS	605,314	2,960,612	3,565,926	-1,339,865	6.00
7.00	00700	OPERATION OF PLANT	0	272,053	272,053	-360,156	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	59,164	59,164	-1,117	8.00
9.00	00900	HOUSEKEEPING	786,087	2,998,985	3,785,072	-294,702	9.00
10.00	01000	DIETARY	942,625	1,373,641	2,316,266	-1,587,167	10.00
11.00	01100	CAFETERIA	0	0	0	1,340,002	11.00
13.00	01300	NURSING ADMINISTRATION	2,171,194	1,056,172	3,227,366	-257,932	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	272,122	85,119	357,241	4,271,354	14.00
15.00	01500	PHARMACY	1,909,157	3,921,490	5,830,647	-3,621,516	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	236,579	66,639	303,218	-44,827	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,719,184	5,162,367	16,881,551	-5,804,262	30.00
31.00	03100	INTENSIVE CARE UNIT	2,398,585	1,032,095	3,430,680	-520,198	31.00
43.00	04300	NURSERY	1,086,276	316,344	1,402,620	200,806	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,261,587	10,038,219	12,299,806	-9,532,616	50.00
51.00	05100	RECOVERY ROOM	1,671,743	536,044	2,207,787	-424,068	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,280,096	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,330,432	2,230,458	5,560,890	-1,746,659	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	701,378	569,201	1,270,579	-186,312	55.00
59.00	05900	CARDIAC CATHETERIZATION	576,085	2,124,902	2,700,987	-2,118,838	59.00
60.00	06000	LABORATORY	0	5,343,265	5,343,265	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	451,314	451,314	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,171,015	378,882	1,549,897	-314,090	65.00
66.00	06600	PHYSICAL THERAPY	1,132,909	409,152	1,542,061	-304,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	340,599	95,954	436,553	-70,282	67.00
68.00	06800	SPEECH PATHOLOGY	120,895	37,069	157,964	-27,694	68.00
69.00	06900	ELECTROCARDIOLOGY	528,606	602,216	1,130,822	-122,725	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,462,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,555,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,470,955	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	191,901	110,895	302,796	-76,572	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	361,871	326,067	687,938	-174,137	90.02
91.00	09100	EMERGENCY	3,889,304	2,216,749	6,106,053	-1,325,330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	42,094,504	89,143,441	131,237,945	459,933	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,381	245,062	320,443	-37,888	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	412,904	2,748,815	3,161,719	-104,902	192.01
192.02	19202	MARKETING	205,692	909,708	1,115,400	-29,314	192.02
192.03	19203	BACK AND NECK	179,531	325,909	505,440	-287,829	192.03
200.00		TOTAL (SUM OF LINES 118-199)	42,968,012	93,372,935	136,340,947	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

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

Worksheet A
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	775,433	6,365,808	1.00
1.01	00101 MOB	-390,241	479,308	1.01
1.02	00102 INTEREST	1,652,692	7,922,188	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	3,415,271	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-255,786	8,172,249	4.00
5.01	00540 NONPATIENT TELEPHONES	0	-96,898	5.01
5.02	00550 DATA PROCESSING	5,666,651	5,824,524	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	579,412	870,993	5.03
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL	-33,904,073	362,176	5.04
6.00	00600 MAINTENANCE & REPAIRS	-509,577	1,716,484	6.00
7.00	00700 OPERATION OF PLANT	0	-88,103	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	58,047	8.00
9.00	00900 HOUSEKEEPING	0	3,490,370	9.00
10.00	01000 DIETARY	0	729,099	10.00
11.00	01100 CAFETERIA	-746,012	593,990	11.00
13.00	01300 NURSING ADMINISTRATION	164,631	3,134,065	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	4,628,595	14.00
15.00	01500 PHARMACY	0	2,209,131	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	258,391	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-62,405	11,014,884	30.00
31.00	03100 INTENSIVE CARE UNIT	-2,426	2,908,056	31.00
43.00	04300 NURSERY	0	1,603,426	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-75,565	2,691,625	50.00
51.00	05100 RECOVERY ROOM	0	1,783,719	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,280,096	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-5,267	3,808,964	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,038	1,091,305	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	582,149	59.00
60.00	06000 LABORATORY	0	5,343,265	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	451,314	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,235,807	65.00
66.00	06600 PHYSICAL THERAPY	15,000	1,252,407	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	366,271	67.00
68.00	06800 SPEECH PATHOLOGY	0	130,270	68.00
69.00	06900 ELECTROCARDIOLOGY	-306,743	701,354	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,462,865	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,555,472	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,470,955	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	226,224	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	-19	513,782	90.02
91.00	09100 EMERGENCY	-313,512	4,467,211	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-27,710,769	103,987,109	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	282,555	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 RETAIL PHARMACY	11,693	3,068,510	192.01
192.02	19202 MARKETING	0	1,086,086	192.02
192.03	19203 BACK AND NECK	0	217,611	192.03
200.00	TOTAL (SUM OF LINES 118-199)	-27,699,076	108,641,871	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	24,554	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,371,745	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
	0		0	4,396,299	
B - IMPLANTABLE DEVICES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	456	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,555,472	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
	0		0	6,555,928	
C - BILLABLE MEDICAL SUPPLIES					
1.00	PHARMACY	15.00	0	14	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,462,865	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
	0		0	2,462,879	
D - PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	86,913	1.00
	0		0	86,913	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,712,609	1.00
2.00	OPERATION OF PLANT	7.00	0	6	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
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
				7,712,615	
F - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,136,631	143,465	1.00
	TOTALS		1,136,631	143,465	
G - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	3,598	1.00
2.00	RETAIL PHARMACY	192.01	0	365	2.00
	TOTALS		0	3,963	
H - CAFETERIA					
1.00	CAFETERIA	11.00	621,013	718,989	1.00
	O		621,013	718,989	
I - INTEREST					
1.00	INTEREST	1.02	0	6,269,496	1.00
2.00	EMERGENCY	91.00	0	148	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
				6,269,644	
K - NURSERY					
1.00	NURSERY	43.00	379,652	48,178	1.00
	O		379,652	48,178	
L - PACU					
1.00	ADULTS & PEDIATRICS	30.00	27,693	2,353	1.00
	O		27,693	2,353	
M - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,794,495	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,184,321	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
				7,978,816	
N - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	795,880	1.00
2.00	MOB	1.01	0	385,840	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	230,950	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
				1,412,670	
O - INPATIENT CARE SERVICES ADMIN					
1.00	NURSING ADMINISTRATION	13.00	6,673	1,698	1.00
2.00	INTENSIVE CARE UNIT	31.00	140,521	35,763	2.00
			147,194	37,461	
P - BILLABLE DRUGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	18,723	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,470,955	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
				3,489,678	
Q - SHORT TERM DISABILITY BENEFIT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,339	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	2,724	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	168	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	1,094	4.00
5.00	HOUSEKEEPING	9.00	0	2,838	5.00
6.00	DIETARY	10.00	0	1,460	6.00
7.00	NURSING ADMINISTRATION	13.00	0	11,059	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,333	8.00
9.00	PHARMACY	15.00	0	5,625	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	58,020	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	2,635	11.00
12.00	NURSERY	43.00	0	314	12.00
13.00	OPERATING ROOM	50.00	0	8,043	13.00
14.00	RECOVERY ROOM	51.00	0	13,041	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,153	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,282	16.00
17.00	RESPIRATORY THERAPY	65.00	0	4,605	17.00
18.00	PHYSICAL THERAPY	66.00	0	5,798	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	3,547	19.00
20.00	EMERGENCY	91.00	0	21,565	20.00
21.00	BACK AND NECK	192.03	0	5,747	21.00
				179,390	
R - UTILITIES RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	6,025	1.00
	TOTALS		0	6,025	

Provider CCN: 150158

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

Worksheet A-6
Date/Time Prepared:
5/26/2015 11:11 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
S - MARKETING					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,595	1.00
2.00	MARKETING	192.02	0	4,379	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	5,974	
500.00	Grand Total: Increases		2,312,183	41,511,240	500.00

RECLASSIFICATIONS

Provider CCN: 150158

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

Worksheet A-6
Date/Time Prepared:
5/26/2015 11:11 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	962	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	53	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	12	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	213	0	4.00	
5.00	HOUSEKEEPING	9.00	0	24,914	0	5.00	
6.00	DIETARY	10.00	0	943	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,962	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,431	0	8.00	
9.00	PHARMACY	15.00	0	1,158	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	7	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	1,072,848	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	260,570	0	12.00	
13.00	NURSERY	43.00	0	56,699	0	13.00	
14.00	OPERATING ROOM	50.00	0	1,741,659	0	14.00	
15.00	RECOVERY ROOM	51.00	0	98,982	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	249,448	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	9,253	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	184,332	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	84,433	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	68,515	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	2,830	0	21.00	
22.00	SPEECH PATHOLOGY	68.00	0	591	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	14,642	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	6,088	0	24.00	
25.00	SLEEP LAB	90.02	0	20,007	0	25.00	
26.00	EMERGENCY	91.00	0	488,245	0	26.00	
27.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	805	0	27.00	
28.00	RETAIL PHARMACY	192.01	0	1,252	0	28.00	
29.00	MARKETING	192.02	0	2,153	0	29.00	
30.00	BACK AND NECK	192.03	0	1,292	0	30.00	
	0		0	4,396,299			
B - IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	808	0	1.00	
2.00	NURSERY	43.00	0	23	0	2.00	
3.00	OPERATING ROOM	50.00	0	5,511,316	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	436	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	1,042,885	0	5.00	
6.00	EMERGENCY	91.00	0	460	0	6.00	
	0		0	6,555,928			
C - BILLABLE MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	43	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	138,108	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	12,237	0	3.00	
4.00	NURSERY	43.00	0	2,035	0	4.00	
5.00	OPERATING ROOM	50.00	0	1,363,615	0	5.00	
6.00	RECOVERY ROOM	51.00	0	133	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	177,658	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	706,194	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	234	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	6,425	0	10.00	
11.00	OCCUPATIONAL THERAPY	67.00	0	8	0	11.00	
12.00	CARDIAC REHABILITATION	76.97	0	21	0	12.00	
13.00	EMERGENCY	91.00	0	56,131	0	13.00	
14.00	RETAIL PHARMACY	192.01	0	37	0	14.00	
	0		0	2,462,879			
D - PTO							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	86,913	0	1.00	
	0		0	86,913			
E - EMPLOYEE BENEFITS							
1.00	DATA PROCESSING	5.02	0	24,519	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	54,111	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	436,378	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	102,748	0	4.00	
6.00	HOUSEKEEPING	9.00	0	267,485	0	6.00	
7.00	DIETARY	10.00	0	243,143	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	260,087	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,932	0	9.00	

RECLASSIFICATIONS

Provider CCN: 150158

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		
10.00	PHARMACY	15.00	0	254,033	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	43,570	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	2,329,291	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	369,844	0	13.00	
14.00	NURSERY	43.00	0	168,267	0	14.00	
15.00	OPERATING ROOM	50.00	0	440,307	0	15.00	
16.00	RECOVERY ROOM	51.00	0	294,907	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	530,511	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	130,675	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	97,673	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	204,296	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	194,825	0	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	67,444	0	22.00	
23.00	SPEECH PATHOLOGY	68.00	0	27,103	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	72,627	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	44,581	0	25.00	
26.00	SLEEP LAB	90.02	0	79,453	0	26.00	
27.00	EMERGENCY	91.00	0	752,707	0	27.00	
28.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,167	0	28.00	
29.00	RETAIL PHARMACY	192.01	0	65,033	0	29.00	
30.00	MARKETING	192.02	0	31,142	0	30.00	
31.00	BACK AND NECK	192.03	0	48,756	0	31.00	
			0	7,712,615			
F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,136,631	143,465	0	1.00	
	TOTALS		1,136,631	143,465			
G - NON-BILLABLE DRUGS							
1.00	OPERATING ROOM	50.00	0	1,393	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,570	0	2.00	
	TOTALS		0	3,963			
H - CAFETERIA							
1.00	DIETARY	10.00	621,013	718,989	0	1.00	
			621,013	718,989			
I - INTEREST							
1.00	DATA PROCESSING	5.02	0	988	11	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,255,057	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	126	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	956	0	4.00	
5.00	OPERATING ROOM	50.00	0	193	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,839	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	38	0	7.00	
8.00	PHYSICAL THERAPY	66.00	0	38	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	46	0	9.00	
10.00	BACK AND NECK	192.03	0	363	0	10.00	
			0	6,269,644			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	379,652	48,178	0	1.00	
			379,652	48,178			
L - PACU							
1.00	RECOVERY ROOM	51.00	27,693	2,353	0	1.00	
			27,693	2,353			
M - DEPRECIATION							
1.00	NONPATIENT TELEPHONES	5.01	0	166,246	9	1.00	
2.00	DATA PROCESSING	5.02	0	31,536	9	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	159	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,845,462	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	1,243,089	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	359,086	0	6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	0	904	0	7.00	
8.00	HOUSEKEEPING	9.00	0	2,303	0	8.00	
9.00	DIETARY	10.00	0	2,838	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	4,128	0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,484	0	11.00	
12.00	PHARMACY	15.00	0	6,359	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	304,120	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	5,499	0	14.00	
15.00	OPERATING ROOM	50.00	0	324,735	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	418,591	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	45,263	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	62,235	0	18.00	

RECLASSIFICATIONS

Provider CCN: 150158

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			
19.00	RESPIRATORY THERAPY	65.00	0	24,136	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	8,252	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	35,396	0	21.00	
22.00	SLEEP LAB	90.02	0	471	0	22.00	
23.00	EMERGENCY	91.00	0	23,351	0	23.00	
24.00	RETAIL PHARMACY	192.01	0	1,644	0	24.00	
25.00	BACK AND NECK	192.03	0	27,529	0	25.00	
0			0	7,978,816			
N - LEASE							
1.00	DATA PROCESSING	5.02	0	50,643	10	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	928	10	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	411,523	10	3.00	
4.00	OPERATION OF PLANT	7.00	0	1,064	0	4.00	
5.00	DIETARY	10.00	0	241	0	5.00	
6.00	PHARMACY	15.00	0	288,372	0	6.00	
7.00	SOCIAL SERVICE	17.00	0	1,250	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	95,596	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	48,332	0	9.00	
10.00	OPERATING ROOM	50.00	0	115,420	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,223	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,121	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	1,006	0	13.00	
14.00	MARKETING	192.02	0	398	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	991	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	25,930	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	14	0	17.00	
18.00	CARDIAC REHABILITATION	76.97	0	25,882	0	18.00	
19.00	SLEEP LAB	90.02	0	74,187	0	19.00	
20.00	EMERGENCY	91.00	0	4,584	0	20.00	
21.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	23,884	0	21.00	
22.00	RETAIL PHARMACY	192.01	0	29,192	0	22.00	
23.00	BACK AND NECK	192.03	0	209,889	0	23.00	
0			0	1,412,670			
O - INPATIENT CARE SERVICES ADMIN							
1.00	ADULTS & PEDIATRICS	30.00	147,194	37,461	0	1.00	
2.00		0.00	0	0	0	2.00	
0			147,194	37,461			
P - BILLABLE DRUGS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	366	0	1.00	
2.00	PHARMACY	15.00	0	3,075,206	0	2.00	
3.00	OPERATING ROOM	50.00	0	27,953	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	353,383	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	24,475	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	669	0	6.00	
7.00	RETAIL PHARMACY	192.01	0	7,626	0	7.00	
0			0	3,489,678			
Q - SHORT TERM DISABILITY BENEFIT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,339	0	0	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	2,724	0	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	168	0	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	1,094	0	0	4.00	
5.00	HOUSEKEEPING	9.00	2,838	0	0	5.00	
6.00	DIETARY	10.00	1,460	0	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	11,059	0	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	3,333	0	0	8.00	
9.00	PHARMACY	15.00	5,625	0	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	58,020	0	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	2,635	0	0	11.00	
12.00	NURSERY	43.00	314	0	0	12.00	
13.00	OPERATING ROOM	50.00	8,043	0	0	13.00	
14.00	RECOVERY ROOM	51.00	13,041	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	15,153	0	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	1,282	0	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	4,605	0	0	17.00	
18.00	PHYSICAL THERAPY	66.00	5,798	0	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	3,547	0	0	19.00	
20.00	EMERGENCY	91.00	21,565	0	0	20.00	
21.00	BACK AND NECK	192.03	5,747	0	0	21.00	

RECLASSIFICATIONS

Provider CCN: 150158

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

Worksheet A-6

Date/Time Prepared:
5/26/2015 11:11 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		179,390	0			
R - UTILITIES RECLASS							
1.00	OPERATING ROOM	50.00	0	6,025	0		1.00
	TOTALS		0	6,025			
S - MARKETING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,440	0		1.00
2.00	SLEEP LAB	90.02	0	19	0		2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	32	0		3.00
4.00	RETAIL PHARMACY	192.01	0	483	0		4.00
	TOTALS		0	5,974			
500.00	Grand Total: Decreases		2,491,573	41,331,850			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2015 11:11 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	6,456,000	344,703	0	344,703	0	2.00
3.00	Buildings and Fixtures	74,902,000	101	0	101	0	3.00
4.00	Building Improvements	25,249,000	318,745	0	318,745	0	4.00
5.00	Fixed Equipment	14,044,000	668,223	0	668,223	0	5.00
6.00	Movable Equipment	50,672,000	2,826,679	0	2,826,679	619,780	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	171,323,000	4,158,451	0	4,158,451	619,780	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	171,323,000	4,158,451	0	4,158,451	619,780	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	6,800,703	0				2.00
3.00	Buildings and Fixtures	74,902,101	0				3.00
4.00	Building Improvements	25,567,745	0				4.00
5.00	Fixed Equipment	14,712,223	0				5.00
6.00	Movable Equipment	52,878,899	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	174,861,671	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	174,861,671	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	0	0	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	483,709	483,709				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	483,709	483,709				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	121,982,772	0	121,982,772	0.697596	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	52,878,899	0	52,878,899	0.302404	0	2.00
3.00	Total (sum of lines 1-2)	174,861,671	0	174,861,671	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	6,048,635	317,173	1.00
1.01	MOB	0	0	0	0	-4,401	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,184,321	230,950	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,232,956	543,722	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	0	0	0	0	6,365,808	1.00
1.01	MOB	0	0	0	483,709	479,308	1.01
1.02	INTEREST	7,922,188	0	0	0	7,922,188	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,415,271	2.00
3.00	Total (sum of lines 1-2)	7,922,188	0	0	483,709	18,182,575	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - MOB (chapter 2)			OMOB	1.01	0	1.01
1.02 Investment income - INTEREST (chapter 2)			OINTEREST	1.02	0	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-478,707	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,673,999			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	19,294,076			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-746,012	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees 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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - MOB			OMOB	1.01	0	26.01
26.02 Depreciation - INTEREST			OINTEREST	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00

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
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 ACCRUED PTO TO HO	A	-59,863		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
34.00 BENEFITS TO HO	A	-7,802,260		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
36.00 OTHER OPERATING REVENUE	B	-1,121		PURCHASING RECEIVING AND STORES	5.03	0	36.00
37.00 OTHER OPERATING REVENUE	B	-272,537		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
37.01 OTHER OPERATING REVENUE	B	-509,577		MAINTENANCE & REPAIRS	6.00	0	37.01
37.02 OTHER OPERATING REVENUE	B	-2,500		NURSING ADMINISTRATION	13.00	0	37.02
38.00 OTHER OPERATING REVENUE	B	-423		ADULTS & PEDIATRICS	30.00	0	38.00
39.00 OTHER OPERATING REVENUE	B	-31		RADIOLOGY-DIAGNOSTIC	54.00	0	39.00
39.01 MOB LEASE EXPENSE	A	-390,241		MOB	1.01	10	39.01
39.02 BAD DEBT EXPENSE	A	-19,460,231		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	39.02
40.00 BAD DEBT EXPENSE	A	-8,332		ADULTS & PEDIATRICS	30.00	0	40.00
40.01 BAD DEBT EXPENSE	A	11,693		RETAIL PHARMACY	192.01	0	40.01
41.00 MARKETING	A	-5,440		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
42.00 MARKETING	A	1,595		RADIOLOGY-THERAPEUTIC	55.00	0	42.00
43.00 MARKETING	A	-19		SLEEP LAB	90.02	0	43.00
45.00 CONTRIBUTIONS	A	-7,500		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.00
45.01 HAF FEES	B	-12,587,647		OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.01
45.02		0			0.00	0	45.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,699,076					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: 150158

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2015 11:11 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	INTERCOMPANY/HO CR ALLOCATIO	1,254,140	0
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY/HO CR ALLOCATIO	7,619,127	12,790
3.00	5.02	DATA PROCESSING	INTERCOMPANY/HO CR ALLOCATIO	5,666,651	0
4.00	5.03	PURCHASING RECEIVING AND STO	INTERCOMPANY/HO CR ALLOCATIO	580,533	0
4.01	5.04	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY/HO CR ALLOCATIO	16,801,617	14,435,025
4.02	13.00	NURSING ADMINISTRATION	INTERCOMPANY/HO CR ALLOCATIO	538,188	371,057
4.03	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	33,043	33,043
4.04	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	130,475	130,475
4.05	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	552,676	552,676
4.06	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	192,957	192,957
4.07	60.00	LABORATORY	INTERCOMPANY	5,343,265	5,343,265
4.08	66.00	PHYSICAL THERAPY	INTERCOMPANY	15,244	15,244
4.09	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	470,225	470,225
4.10	90.02	SLEEP LAB	INTERCOMPANY	103,165	103,165
4.11	91.00	EMERGENCY	INTERCOMPANY	313,512	313,512
4.12	50.00	OPERATING ROOM	INTERCOMPANY	5,083	5,083
4.13	1.02	INTEREST	INTERCOMPANY/HO CR ALLOCATIO	7,907,208	6,254,516
4.14	0.00			0	0
4.15	0.00			0	0
4.16	0.00			0	0
4.17	0.00			0	0
4.18	0.00			0	0
4.19	0.00			0	0
4.20	0.00			0	0
4.21	0.00			0	0
4.22	0.00			0	0
4.23	0.00			0	0
4.24	0.00			0	0
4.25	0.00			0	0
4.26	0.00			0	0
4.27	0.00			0	0
4.28	0.00			0	0
4.29	0.00			0	0
4.30	0.00			0	0
4.31	0.00			0	0
4.32	0.00			0	0
4.33	0.00			0	0
4.34	0.00			0	0
4.35	0.00			0	0
4.36	0.00			0	0
4.37	0.00			0	0
4.38	0.00			0	0
4.39	0.00			0	0
4.40	0.00			0	0
4.41	0.00			0	0
4.42	0.00			0	0
4.43	0.00			0	0
4.44	0.00			0	0
4.45	0.00			0	0
4.46	0.00			0	0
4.47	0.00			0	0
4.48	0.00			0	0
5.00	0			47,527,109	28,233,033

* 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

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

Provider CCN: 150158

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 11:11 am

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

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-HO	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:	FINANCIAL				100.00

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

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

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

Provider CCN: 150158

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 11:11 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,254,140	9		1.00
2.00	7,606,337	0		2.00
3.00	5,666,651	0		3.00
4.00	580,533	0		4.00
4.01	2,366,592	0		4.01
4.02	167,131	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	1,652,692	11		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
4.34	0	0		4.34
4.35	0	0		4.35
4.36	0	0		4.36
4.37	0	0		4.37
4.38	0	0		4.38
4.39	0	0		4.39
4.40	0	0		4.40
4.41	0	0		4.41
4.42	0	0		4.42
4.43	0	0		4.43
4.44	0	0		4.44
4.45	0	0		4.45
4.46	0	0		4.46
4.47	0	0		4.47
4.48	0	0		4.48
5.00	19,294,076			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

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

Provider CCN: 150158

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 11:11 am

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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: 150158

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

Worksheet A-8-2
Date/Time Prepared:
5/26/2015 11:11 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	1,500	0	1,500	171,400	10	1.00
2.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	24,000	0	24,000	171,400	160	2.00
3.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	-31,500	-31,500	0	171,400	0	3.00
4.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	203,750	0	203,750	171,400	1,358	4.00
5.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	345,992	345,992	0	171,400	0	5.00
6.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	3,519,481	3,519,481	0	171,400	0	6.00
7.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	6,000	6,000	0	194,500	0	7.00
8.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	6,000	0	6,000	194,500	40	8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	18,000	18,000	0	194,500	0	9.00
10.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	27,390	27,390	0	194,500	0	10.00
11.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	355,874	0	355,874	194,500	4,745	11.00
12.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	5,475	0	5,475	171,400	37	12.00
13.00	50.00	AGGREGATE-OPERATING ROOM	73,756	73,756	0	200,300	0	13.00
14.00	50.00	AGGREGATE-OPERATING ROOM	5,083	0	5,083	200,300	34	14.00
15.00	50.00	AGGREGATE-OPERATING ROOM	235,839	0	235,839	200,300	7,547	15.00
16.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	7,850	0	7,850	231,100	52	16.00
17.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	12,053	0	12,053	231,100	80	17.00
18.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	-11,550	-11,550	0	231,100	0	18.00
19.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	23,440	0	23,440	231,100	156	19.00
20.00	66.00	AGGREGATE-PHYSICAL THERAPY	-15,000	-15,000	0	171,400	0	20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	306,743	306,743	0	171,400	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	313,512	313,512	0	171,400	0	22.00
200.00			5,433,688	4,552,824	880,864		14,219	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	824	41	0	0	0	1.00
2.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	13,185	659	0	0	0	2.00
3.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	3.00
4.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	111,904	5,595	0	0	0	4.00
5.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	5.00
6.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	6.00
7.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,740	187	0	0	0	8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	443,703	22,185	0	0	0	11.00
12.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	3,049	152	0	0	0	12.00
13.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	13.00
14.00	50.00	AGGREGATE-OPERATING ROOM	3,274	164	0	0	0	14.00
15.00	50.00	AGGREGATE-OPERATING ROOM	726,762	36,338	0	0	0	15.00
16.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	5,778	289	0	0	0	16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150158

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 11:11 am

	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	
17.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	8,889	444	0	0	0	17.00
18.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	18.00
19.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	17,333	867	0	0	0	19.00
20.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	22.00
200.00			1,338,441	66,921	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	824	676	676		1.00
2.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	13,185	10,815	10,815		2.00
3.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	-31,500		3.00
4.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	111,904	91,846	91,846		4.00
5.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	345,992		5.00
6.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	3,519,481		6.00
7.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	6,000		7.00
8.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	3,740	2,260	2,260		8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	18,000		9.00
10.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	27,390		10.00
11.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	443,703	0	0		11.00
12.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	3,049	2,426	2,426		12.00
13.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	73,756		13.00
14.00	50.00	AGGREGATE-OPERATING ROOM	0	3,274	1,809	1,809		14.00
15.00	50.00	AGGREGATE-OPERATING ROOM	0	726,762	0	0		15.00
16.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	5,778	2,072	2,072		16.00
17.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	8,889	3,164	3,164		17.00
18.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	-11,550		18.00
19.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	17,333	6,107	6,107		19.00
20.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	-15,000		20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	306,743		21.00
22.00	91.00	AGGREGATE-EMERGENCY	0	0	0	313,512		22.00
200.00			0	1,338,441	121,175	4,673,999		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	6,365,808	6,365,808				1.00
1.01	00101	MOB	479,308	362,607	841,915			1.01
1.02	00102	INTEREST	7,922,188	0	0	7,922,188		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,415,271				3,415,271	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,172,249	0	65,038	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	-96,898	11,656	0	15,381	250,978	5.01
5.02	00550	DATA PROCESSING	5,824,524	78,179	0	103,169	86,650	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	870,993	85,240	0	112,488	463	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	362,176	280,616	84,421	370,318	85,831	5.04
6.00	00600	MAINTENANCE & REPAIRS	1,716,484	1,223,574	0	1,614,703	257,899	6.00
7.00	00700	OPERATION OF PLANT	-88,103	62,892	0	82,996	195,623	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	58,047	20,061	0	26,474	2,549	8.00
9.00	00900	HOUSEKEEPING	3,490,370	84,057	8,645	110,926	3,635	9.00
10.00	01000	DIETARY	729,099	96,194	8,937	126,943	2,201	10.00
11.00	01100	CAFETERIA	593,990	160,048	0	211,210	3,662	11.00
13.00	01300	NURSING ADMINISTRATION	3,134,065	36,050	0	47,574	12,736	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,628,595	143,277	0	189,077	91,545	14.00
15.00	01500	PHARMACY	2,209,131	49,331	0	65,100	2,162	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	258,391	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,014,884	1,412,630	0	1,864,193	660,087	30.00
31.00	03100	INTENSIVE CARE UNIT	2,908,056	205,888	0	271,703	14,135	31.00
43.00	04300	NURSERY	1,603,426	116,977	0	154,370	8,479	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,691,625	588,356	0	776,430	463,303	50.00
51.00	05100	RECOVERY ROOM	1,783,719	49,752	0	65,656	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,280,096	156,538	0	206,577	52,471	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,808,964	352,175	0	464,751	818,542	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,091,305	196,560	0	259,392	15,827	55.00
59.00	05900	CARDIAC CATHETERIZATION	582,149	50,093	0	66,106	135,888	59.00
60.00	06000	LABORATORY	5,343,265	76,092	0	100,416	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	451,314	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,235,807	51,397	0	67,826	37,957	65.00
66.00	06600	PHYSICAL THERAPY	1,252,407	2,407	57,722	3,177	3,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	366,271	2,407	57,722	3,177	3,159	67.00
68.00	06800	SPEECH PATHOLOGY	130,270	2,407	57,722	3,177	3,159	68.00
69.00	06900	ELECTROCARDIOLOGY	701,354	7,062	0	9,319	84,652	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,462,865	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,555,472	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,470,955	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	226,224	0	35,187	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	513,782	3,190	181,314	4,209	713	90.02
91.00	09100	EMERGENCY	4,467,211	398,095	0	525,350	61,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,987,109	6,365,808	556,708	7,922,188	3,358,526	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	282,555	0	32,530	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	3,068,510	0	21,679	0	4,227	192.01
192.02	19202	MARKETING	1,086,086	0	14,070	0	0	192.02
192.03	19203	BACK AND NECK	217,611	0	216,928	0	52,518	192.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	108,641,871	6,365,808	841,915	7,922,188	3,415,271	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 11:11 am
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,237,287				4.00
5.01	00540	NONPATIENT TELEPHONES	0	181,117			5.01
5.02	00550	DATA PROCESSING	1,195,540	649	7,288,711		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	282,576	1,297	52,390	1,405,447	5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	4,421,290	21,403	864,429	10	6,490,494
6.00	00600	MAINTENANCE & REPAIRS	160,098	8,756	353,630	0	5,335,144
7.00	00700	OPERATION OF PLANT	293,585	7,459	301,241	0	855,693
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,107	108,238
9.00	00900	HOUSEKEEPING	373,409	1,784	72,036	0	4,144,862
10.00	01000	DIETARY	10,494	1,297	52,390	0	1,027,555
11.00	01100	CAFETERIA	149,969	2,270	91,682	0	1,212,831
13.00	01300	NURSING ADMINISTRATION	215,641	1,621	65,487	3	3,513,177
14.00	01400	CENTRAL SERVICES & SUPPLY	8,810	811	32,744	422,993	5,517,852
15.00	01500	PHARMACY	62,392	3,081	124,425	2,148	2,517,770
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	7,754	162	6,549	0	272,856
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	328,602	40,376	1,630,630	503	16,951,905
31.00	03100	INTENSIVE CARE UNIT	83,138	0	0	1,259	3,484,179
43.00	04300	NURSERY	48,038	1,621	65,487	5,155	2,003,553
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,864	15,890	641,773	5,359	5,256,600
51.00	05100	RECOVERY ROOM	53,460	973	39,292	443	1,993,295
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,255	5,837	235,753	0	1,974,527
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,665	12,323	497,702	35,273	6,098,395
55.00	05500	RADIOLOGY-THERAPEUTIC	22,989	5,513	222,656	42	1,814,284
59.00	05900	CARDIAC CATHETERIZATION	18,840	1,784	72,036	2,311	929,207
60.00	06000	LABORATORY	0	6,486	261,948	0	5,788,207
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	43,667	494,981
65.00	06500	RESPIRATORY THERAPY	38,231	324	13,097	2	1,444,641
66.00	06600	PHYSICAL THERAPY	36,943	1,459	58,938	10	1,416,222
67.00	06700	OCCUPATIONAL THERAPY	11,164	1,459	58,938	0	504,297
68.00	06800	SPEECH PATHOLOGY	3,963	1,459	58,938	0	261,095
69.00	06900	ELECTROCARDIOLOGY	17,210	973	39,292	20	859,882
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	238,297	2,701,162
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	634,285	7,189,757
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,470,955
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	6,290	486	19,646	0	287,833
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	11,861	1,621	65,487	0	782,177
91.00	09100	EMERGENCY	126,773	21,890	884,075	12,560	6,497,015
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,208,844	171,064	6,882,691	1,405,447	103,200,641
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,471	811	32,744	0	351,111
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	13,534	2,594	104,779	0	3,215,323
192.02	19202	MARKETING	6,742	1,297	52,390	0	1,160,585
192.03	19203	BACK AND NECK	5,696	5,351	216,107	0	714,211
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	8,237,287	181,117	7,288,711	1,405,447	108,641,871

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B Part I Date/Time Prepared: 5/26/2015 11:11 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	6,490,494				5.04
6.00	00600	MAINTENANCE & REPAIRS	338,984	5,674,128			6.00
7.00	00700	OPERATION OF PLANT	54,369	82,531	992,593		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,877	26,326	4,673	146,114	8.00
9.00	00900	HOUSEKEEPING	263,356	110,304	19,581	0	4,538,103
10.00	01000	DIETARY	65,289	126,231	22,408	0	105,014
11.00	01100	CAFETERIA	77,061	210,025	37,283	0	174,724
13.00	01300	NURSING ADMINISTRATION	223,220	47,307	8,398	0	39,356
14.00	01400	CENTRAL SERVICES & SUPPLY	350,593	188,017	33,376	0	156,415
15.00	01500	PHARMACY	159,974	64,735	11,491	0	53,854
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	17,337	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,077,091	1,853,738	329,065	65,662	1,542,165
31.00	03100	INTENSIVE CARE UNIT	221,378	270,179	47,961	10,771	224,768
43.00	04300	NURSERY	127,302	153,504	27,249	2,283	127,703
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	333,994	772,075	137,055	11,059	642,306
51.00	05100	RECOVERY ROOM	126,650	65,287	11,589	0	54,314
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,457	205,418	36,465	6,320	170,892
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	387,480	462,145	82,038	12,129	384,468
55.00	05500	RADIOLOGY-THERAPEUTIC	115,276	257,938	45,788	1,700	214,584
59.00	05900	CARDIAC CATHETERIZATION	59,040	65,735	11,669	0	54,686
60.00	06000	LABORATORY	367,771	99,853	17,725	0	83,070
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	31,450	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	91,790	67,446	11,973	0	56,110
66.00	06600	PHYSICAL THERAPY	89,984	3,159	561	0	2,628
67.00	06700	OCCUPATIONAL THERAPY	32,042	3,159	561	0	2,628
68.00	06800	SPEECH PATHOLOGY	16,589	3,159	561	0	2,628
69.00	06900	ELECTROCARDIOLOGY	54,635	9,267	1,645	0	7,709
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	171,626	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	456,823	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	220,538	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	18,288	0	0	116	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	49,698	4,186	743	1,222	3,482
91.00	09100	EMERGENCY	412,807	522,404	92,735	34,852	434,599
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,144,769	5,674,128	992,593	146,114	4,538,103
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,309	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	204,295	0	0	0	0
192.02	19202	MARKETING	73,741	0	0	0	0
192.03	19203	BACK AND NECK	45,380	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,490,494	5,674,128	992,593	146,114	4,538,103

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						1.02
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
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY	1,346,497					10.00
11.00	01100 CAFETERIA	0	1,711,924				11.00
13.00	01300 NURSING ADMINISTRATION	0	71,145	3,902,603			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	20,538	0	6,266,791		14.00
15.00	01500 PHARMACY	0	71,528	12,886	13,719	2,905,957	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	12,423	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,154,415	505,892	1,687,761	3,214	22,730	30.00
31.00	03100 INTENSIVE CARE UNIT	192,082	106,968	440,720	8,043	5,991	31.00
43.00	04300 NURSERY	0	57,010	242,636	32,921	1,708	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	100,417	243,322	34,221	14,207	50.00
51.00	05100 RECOVERY ROOM	0	74,331	299,525	2,831	2,895	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	57,718	200,963	0	1,662	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	158,046	62,510	225,254	6,610	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	28,357	23,030	271	387	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	25,613	50,446	14,759	1,049	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	278,859	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	55,830	0	14	11	65.00
66.00	06600 PHYSICAL THERAPY	0	50,046	0	65	49	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	14,813	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,928	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,918	33,448	129	96	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,521,762	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,050,518	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,599,581	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	10,652	13,571	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	17,823	0	0	0	90.02
91.00	09100 EMERGENCY	0	201,866	591,785	80,211	59,750	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,346,497	1,665,862	3,902,603	6,266,791	1,716,726	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,348	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	18,295	0	0	1,189,231	192.01
192.02	19202 MARKETING	0	8,852	0	0	0	192.02
192.03	19203 BACK AND NECK	0	11,567	0	0	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,346,497	1,711,924	3,902,603	6,266,791	2,905,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	0				16.00
17.00	01700	SOCIAL SERVICE	0	302,616			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	230,566	25,424,204	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	38,364	5,051,404	0	31.00
43.00	04300	NURSERY	0	33,686	2,809,555	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	7,545,256	0	50.00
51.00	05100	RECOVERY ROOM	0	0	2,630,717	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,779,422	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,879,075	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,501,615	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,212,204	0	59.00
60.00	06000	LABORATORY	0	0	6,356,626	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	805,290	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,727,815	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,562,714	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	557,500	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	288,960	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	986,729	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,394,550	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	11,697,098	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,291,074	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	330,460	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	859,331	0	90.02
91.00	09100	EMERGENCY	0	0	8,928,024	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	302,616	101,619,623	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	380,768	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	4,627,144	0	192.01
192.02	19202	MARKETING	0	0	1,243,178	0	192.02
192.03	19203	BACK AND NECK	0	0	771,158	0	192.03
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	302,616	108,641,871	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0	1.00	1.01	1.02	2.00	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	65,038	0	0	4.00
5.01	00540 NONPATIENT TELEPHONES	0	11,656	0	15,381	250,978	5.01
5.02	00550 DATA PROCESSING	0	78,179	0	103,169	86,650	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	85,240	0	112,488	463	5.03
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL	0	280,616	84,421	370,318	85,831	5.04
6.00	00600 MAINTENANCE & REPAIRS	0	1,223,574	0	1,614,703	257,899	6.00
7.00	00700 OPERATION OF PLANT	0	62,892	0	82,996	195,623	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	20,061	0	26,474	2,549	8.00
9.00	00900 HOUSEKEEPING	0	84,057	8,645	110,926	3,635	9.00
10.00	01000 DIETARY	0	96,194	8,937	126,943	2,201	10.00
11.00	01100 CAFETERIA	0	160,048	0	211,210	3,662	11.00
13.00	01300 NURSING ADMINISTRATION	0	36,050	0	47,574	12,736	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	143,277	0	189,077	91,545	14.00
15.00	01500 PHARMACY	0	49,331	0	65,100	2,162	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	1,412,630	0	1,864,193	660,087	30.00
31.00	03100 INTENSIVE CARE UNIT	0	205,888	0	271,703	14,135	31.00
43.00	04300 NURSERY	0	116,977	0	154,370	8,479	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	588,356	0	776,430	463,303	50.00
51.00	05100 RECOVERY ROOM	0	49,752	0	65,656	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	156,538	0	206,577	52,471	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	352,175	0	464,751	818,542	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	196,560	0	259,392	15,827	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	50,093	0	66,106	135,888	59.00
60.00	06000 LABORATORY	0	76,092	0	100,416	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	51,397	0	67,826	37,957	65.00
66.00	06600 PHYSICAL THERAPY	0	2,407	57,722	3,177	3,159	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,407	57,722	3,177	3,159	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,407	57,722	3,177	3,159	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,062	0	9,319	84,652	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	35,187	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	3,190	181,314	4,209	713	90.02
91.00	09100 EMERGENCY	0	398,095	0	525,350	61,061	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,003,201	556,708	7,922,188	3,358,526	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	32,530	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	0	21,679	0	4,227	192.01
192.02	19202 MARKETING	0	0	14,070	0	0	192.02
192.03	19203 BACK AND NECK	0	0	216,928	0	52,518	192.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,003,201	841,915	7,922,188	3,415,271	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 11:11 am		
Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES
		2A	4.00	5.01	5.02	5.03
GENERAL SERVICE COST CENTERS						
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101 MOB					1.01
1.02	00102 INTEREST					1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	65,038	65,038			4.00
5.01	00540 NONPATIENT TELEPHONES	278,015	0	181,117		5.01
5.02	00550 DATA PROCESSING	267,998	9,447	649	278,094	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	198,191	2,233	1,297	1,999	203,720
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL	821,186	34,882	21,403	32,981	1
6.00	00600 MAINTENANCE & REPAIRS	3,096,176	1,265	8,756	13,492	0
7.00	00700 OPERATION OF PLANT	341,511	2,320	7,459	11,494	0
8.00	00800 LAUNDRY & LINEN SERVICE	49,084	0	0	0	160
9.00	00900 HOUSEKEEPING	207,263	2,951	1,784	2,748	0
10.00	01000 DIETARY	234,275	83	1,297	1,999	0
11.00	01100 CAFETERIA	374,920	1,185	2,270	3,498	0
13.00	01300 NURSING ADMINISTRATION	96,360	1,704	1,621	2,499	0
14.00	01400 CENTRAL SERVICES & SUPPLY	423,899	70	811	1,249	61,314
15.00	01500 PHARMACY	116,593	493	3,081	4,747	311
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700 SOCIAL SERVICE	0	61	162	250	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	3,936,910	2,597	40,376	62,216	73
31.00	03100 INTENSIVE CARE UNIT	491,726	657	0	0	183
43.00	04300 NURSERY	279,826	380	1,621	2,499	747
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,828,089	584	15,890	24,486	777
51.00	05100 RECOVERY ROOM	115,408	422	973	1,499	64
52.00	05200 DELIVERY ROOM & LABOR ROOM	415,586	294	5,837	8,995	0
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,635,468	859	12,323	18,989	5,113
55.00	05500 RADIOLOGY-THERAPEUTIC	471,779	182	5,513	8,495	6
59.00	05900 CARDIAC CATHETERIZATION	252,087	149	1,784	2,748	335
60.00	06000 LABORATORY	176,508	0	6,486	9,994	0
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	6,330
65.00	06500 RESPIRATORY THERAPY	157,180	302	324	500	0
66.00	06600 PHYSICAL THERAPY	66,465	292	1,459	2,249	1
67.00	06700 OCCUPATIONAL THERAPY	66,465	88	1,459	2,249	0
68.00	06800 SPEECH PATHOLOGY	66,465	31	1,459	2,249	0
69.00	06900 ELECTROCARDIOLOGY	101,033	136	973	1,499	3
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	34,542
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	91,939
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697 CARDIAC REHABILITATION	35,187	50	486	750	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	0
90.02	09002 SLEEP LAB	189,426	94	1,621	2,499	0
91.00	09100 EMERGENCY	984,506	1,002	21,890	33,731	1,821
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,840,623	64,813	171,064	262,603	203,720
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,530	20	811	1,249	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201 RETAIL PHARMACY	25,906	107	2,594	3,998	0
192.02	19202 MARKETING	14,070	53	1,297	1,999	0
192.03	19203 BACK AND NECK	269,446	45	5,351	8,245	0
200.00	Cross Foot Adjustments	0				200.00
201.00	Negative Cost Centers	0	0	96,898	0	0
202.00	TOTAL (sum lines 118-201)	18,182,575	65,038	278,015	278,094	203,720

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 11:11 am				
Cost Center	Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.04	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	MOB				1.01		
1.02	00102	INTEREST				1.02		
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		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	910,453			5.04		
6.00	00600	MAINTENANCE & REPAIRS	47,552	3,167,241		6.00		
7.00	00700	OPERATION OF PLANT	7,627	46,068	382,525	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	965	14,695	1,801	66,705	8.00	
9.00	00900	HOUSEKEEPING	36,943	61,571	7,546	0	320,806	9.00
10.00	01000	DIETARY	9,159	70,461	8,636	0	7,424	10.00
11.00	01100	CAFETERIA	10,810	117,234	14,368	0	12,352	11.00
13.00	01300	NURSING ADMINISTRATION	31,313	26,406	3,236	0	2,782	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,181	104,949	12,862	0	11,057	14.00
15.00	01500	PHARMACY	22,441	36,134	4,429	0	3,807	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,432	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,070	1,034,737	126,816	29,977	109,016	30.00
31.00	03100	INTENSIVE CARE UNIT	31,054	150,811	18,483	4,917	15,889	31.00
43.00	04300	NURSERY	17,858	85,685	10,501	1,042	9,028	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,852	430,965	52,818	5,049	45,406	50.00
51.00	05100	RECOVERY ROOM	17,766	36,443	4,466	0	3,840	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,599	114,662	14,053	2,885	12,081	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,355	257,965	31,616	5,537	27,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,171	143,978	17,646	776	15,169	55.00
59.00	05900	CARDIAC CATHETERIZATION	8,282	36,693	4,497	0	3,866	59.00
60.00	06000	LABORATORY	51,590	55,737	6,831	0	5,872	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,412	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	12,876	37,648	4,614	0	3,966	65.00
66.00	06600	PHYSICAL THERAPY	12,623	1,763	216	0	186	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,495	1,763	216	0	186	67.00
68.00	06800	SPEECH PATHOLOGY	2,327	1,763	216	0	186	68.00
69.00	06900	ELECTROCARDIOLOGY	7,664	5,173	634	0	545	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,075	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	64,082	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,937	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,565	0	0	53	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	6,972	2,336	286	558	246	90.02
91.00	09100	EMERGENCY	57,908	291,601	35,738	15,911	30,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	861,956	3,167,241	382,525	66,705	320,806	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,129	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	28,658	0	0	0	0	192.01
192.02	19202	MARKETING	10,344	0	0	0	0	192.02
192.03	19203	BACK AND NECK	6,366	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	33,954	0	0	201.00
202.00		TOTAL (sum lines 118-201)	910,453	3,167,241	416,479	66,705	320,806	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	333,334					10.00
11.00	01100	0	536,637				11.00
13.00	01300	0	22,302	188,223			13.00
14.00	01400	0	6,438	0	671,830		14.00
15.00	01500	0	22,422	621	1,471	216,550	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	3,894	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	285,783	158,581	81,402	345	1,694	30.00
31.00	03100	47,551	33,531	21,256	862	446	31.00
43.00	04300	0	17,871	11,702	3,529	127	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	31,478	11,735	3,669	1,059	50.00
51.00	05100	0	23,301	14,446	304	216	51.00
52.00	05200	0	18,093	9,692	0	124	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	49,543	3,015	24,148	493	54.00
55.00	05500	0	8,889	1,111	29	29	55.00
59.00	05900	0	8,029	2,433	1,582	78	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	29,895	0	63.00
65.00	06500	0	17,501	0	2	1	65.00
66.00	06600	0	15,688	0	7	4	66.00
67.00	06700	0	4,643	0	0	0	67.00
68.00	06800	0	1,545	0	0	0	68.00
69.00	06900	0	6,244	1,613	14	7	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	163,140	0	71.00
72.00	07200	0	0	0	434,234	0	72.00
73.00	07300	0	0	0	0	119,198	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	3,339	655	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	5,587	0	0	0	90.02
91.00	09100	0	63,279	28,542	8,599	4,453	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		333,334	522,198	188,223	671,830	127,929	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	2,303	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	5,735	0	0	88,621	192.01
192.02	19202	0	2,775	0	0	0	192.02
192.03	19203	0	3,626	0	0	0	192.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		333,334	536,637	188,223	671,830	216,550	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	0				16.00
17.00	01700	SOCIAL SERVICE	0	6,799			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,180	6,026,773	0	6,026,773
31.00	03100	INTENSIVE CARE UNIT	0	862	818,228	0	818,228
43.00	04300	NURSERY	0	757	443,173	0	443,173
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	2,498,857	0	2,498,857
51.00	05100	RECOVERY ROOM	0	0	219,148	0	219,148
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	619,901	0	619,901
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,126,603	0	2,126,603
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	689,773	0	689,773
59.00	05900	CARDIAC CATHETERIZATION	0	0	322,563	0	322,563
60.00	06000	LABORATORY	0	0	313,018	0	313,018
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	40,637	0	40,637
65.00	06500	RESPIRATORY THERAPY	0	0	234,914	0	234,914
66.00	06600	PHYSICAL THERAPY	0	0	100,953	0	100,953
67.00	06700	OCCUPATIONAL THERAPY	0	0	81,564	0	81,564
68.00	06800	SPEECH PATHOLOGY	0	0	76,241	0	76,241
69.00	06900	ELECTROCARDIOLOGY	0	0	125,538	0	125,538
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	221,757	0	221,757
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	590,255	0	590,255
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	150,135	0	150,135
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	43,085	0	43,085
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	209,625	0	209,625
91.00	09100	EMERGENCY	0	0	1,579,704	0	1,579,704
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,799	17,532,445	0	17,532,445
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	40,042	0	40,042
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	155,619	0	155,619
192.02	19202	MARKETING	0	0	30,538	0	30,538
192.03	19203	BACK AND NECK	0	0	293,079	0	293,079
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	130,852	0	130,852
202.00		TOTAL (sum lines 118-201)	0	6,799	18,182,575	0	18,182,575

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	317,319				1.00
1.01	00101	MOB	18,075	37,398			1.01
1.02	00102	INTEREST	0	0	299,244		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2,923,015	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,889	0	0	251,314,125
5.01	00540	NONPATIENT TELEPHONES	581	0	581	214,804	0
5.02	00550	DATA PROCESSING	3,897	0	3,897	74,161	36,474,958
5.03	00560	PURCHASING RECEIVING AND STORES	4,249	0	4,249	396	8,621,153
5.04	00590	OTHER ADMINISTRATIVE AND GENERAL	13,988	3,750	13,988	73,460	134,891,125
6.00	00600	MAINTENANCE & REPAIRS	60,992	0	60,992	220,727	4,884,447
7.00	00700	OPERATION OF PLANT	3,135	0	3,135	167,427	8,957,051
8.00	00800	LAUNDRY & LINEN SERVICE	1,000	0	1,000	2,182	0
9.00	00900	HOUSEKEEPING	4,190	384	4,190	3,111	11,392,401
10.00	01000	DIETARY	4,795	397	4,795	1,884	320,152
11.00	01100	CAFETERIA	7,978	0	7,978	3,134	4,575,442
13.00	01300	NURSING ADMINISTRATION	1,797	0	1,797	10,900	6,579,041
14.00	01400	CENTRAL SERVICES & SUPPLY	7,142	0	7,142	78,350	268,789
15.00	01500	PHARMACY	2,459	0	2,459	1,850	1,903,532
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	236,579
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,416	0	70,416	564,946	10,025,380
31.00	03100	INTENSIVE CARE UNIT	10,263	0	10,263	12,098	2,536,471
43.00	04300	NURSERY	5,831	0	5,831	7,257	1,465,614
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,328	0	29,328	396,525	2,253,544
51.00	05100	RECOVERY ROOM	2,480	0	2,480	0	1,631,009
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,803	0	7,803	44,908	1,136,631
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,555	0	17,555	700,562	3,315,279
55.00	05500	RADIOLOGY-THERAPEUTIC	9,798	0	9,798	13,546	701,378
59.00	05900	CARDIAC CATHETERIZATION	2,497	0	2,497	116,302	574,803
60.00	06000	LABORATORY	3,793	0	3,793	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,562	0	2,562	32,486	1,166,410
66.00	06600	PHYSICAL THERAPY	120	2,564	120	2,704	1,127,111
67.00	06700	OCCUPATIONAL THERAPY	120	2,564	120	2,704	340,599
68.00	06800	SPEECH PATHOLOGY	120	2,564	120	2,704	120,895
69.00	06900	ELECTROCARDIOLOGY	352	0	352	72,451	525,059
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	1,563	0	0	191,901
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	159	8,054	159	610	361,871
91.00	09100	EMERGENCY	19,844	0	19,844	52,260	3,867,739
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	317,319	24,729	299,244	2,874,449	250,446,364
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,445	0	0	75,381
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	963	0	3,618	412,904
192.02	19202	MARKETING	0	625	0	0	205,692
192.03	19203	BACK AND NECK	0	9,636	0	44,948	173,784
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	6,365,808	841,915	7,922,188	3,415,271	8,237,287
203.00		Unit cost multiplier (Wkst. B, Part I)	20.061225	22.512300	26.474008	1.168407	0.032777
204.00		Cost to be allocated (per Wkst. B, Part II)					65,038
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000259

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	1,117					5.01
5.02	00550	4	1,113				5.02
5.03	00560	8	8	14,525,674			5.03
5.04	00590	132	132	104	-6,490,494	102,151,377	5.04
6.00	00600	54	54	0	0	5,335,144	6.00
7.00	00700	46	46	0	0	855,693	7.00
8.00	00800	0	0	11,441	0	108,238	8.00
9.00	00900	11	11	0	0	4,144,862	9.00
10.00	01000	8	8	0	0	1,027,555	10.00
11.00	01100	14	14	0	0	1,212,831	11.00
13.00	01300	10	10	27	0	3,513,177	13.00
14.00	01400	5	5	4,371,745	0	5,517,852	14.00
15.00	01500	19	19	22,203	0	2,517,770	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	1	1	0	0	272,856	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	249	249	5,202	0	16,951,905	30.00
31.00	03100	0	0	13,017	0	3,484,179	31.00
43.00	04300	10	10	53,281	0	2,003,553	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	98	98	55,385	0	5,256,600	50.00
51.00	05100	6	6	4,582	0	1,993,295	51.00
52.00	05200	36	36	0	0	1,974,527	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	76	76	364,558	0	6,098,395	54.00
55.00	05500	34	34	439	0	1,814,284	55.00
59.00	05900	11	11	23,886	0	929,207	59.00
60.00	06000	40	40	0	0	5,788,207	60.00
63.00	06300	0	0	451,314	0	494,981	63.00
65.00	06500	2	2	23	0	1,444,641	65.00
66.00	06600	9	9	106	0	1,416,222	66.00
67.00	06700	9	9	0	0	504,297	67.00
68.00	06800	9	9	0	0	261,095	68.00
69.00	06900	6	6	208	0	859,882	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	2,462,865	0	2,701,162	71.00
72.00	07200	0	0	6,555,472	0	7,189,757	72.00
73.00	07300	0	0	0	0	3,470,955	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	3	3	0	0	287,833	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	10	10	0	0	782,177	90.02
91.00	09100	135	135	129,816	0	6,497,015	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,055	1,051	14,525,674	-6,490,494	96,710,147	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	5	5	0	0	351,111	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	16	16	0	0	3,215,323	192.01
192.02	19202	8	8	0	0	1,160,585	192.02
192.03	19203	33	33	0	0	714,211	192.03
200.00							200.00
201.00							201.00
202.00		181,117	7,288,711	1,405,447		6,490,494	202.00
203.00		162.145927	6,548.707098	0.096756		0.063538	203.00
204.00		278,015	278,094	203,720		910,453	204.00
205.00		162.145927	249.859838	0.014025		0.008913	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
	00101						1.01
	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600	215,537					6.00
7.00	00700	3,135	212,402				7.00
8.00	00800	1,000	1,000	839,253			8.00
9.00	00900	4,190	4,190	0	207,212		9.00
10.00	01000	4,795	4,795	0	4,795	29,379	10.00
11.00	01100	7,978	7,978	0	7,978	0	11.00
13.00	01300	1,797	1,797	0	1,797	0	13.00
14.00	01400	7,142	7,142	0	7,142	0	14.00
15.00	01500	2,459	2,459	0	2,459	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	70,416	70,416	377,155	70,416	25,188	30.00
31.00	03100	10,263	10,263	61,867	10,263	4,191	31.00
43.00	04300	5,831	5,831	13,113	5,831	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	29,328	29,328	63,519	29,328	0	50.00
51.00	05100	2,480	2,480	0	2,480	0	51.00
52.00	05200	7,803	7,803	36,300	7,803	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	17,555	17,555	69,665	17,555	0	54.00
55.00	05500	9,798	9,798	9,762	9,798	0	55.00
59.00	05900	2,497	2,497	0	2,497	0	59.00
60.00	06000	3,793	3,793	0	3,793	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,562	2,562	0	2,562	0	65.00
66.00	06600	120	120	0	120	0	66.00
67.00	06700	120	120	0	120	0	67.00
68.00	06800	120	120	0	120	0	68.00
69.00	06900	352	352	0	352	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	668	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	159	159	7,021	159	0	90.02
91.00	09100	19,844	19,844	200,183	19,844	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		215,537	212,402	839,253	207,212	29,379	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		5,674,128	992,593	146,114	4,538,103	1,346,497	202.00
203.00		26,325,540	4,673,181	0,174,100	21,900,773	45,831,955	203.00
204.00		3,167,241	416,479	66,705	320,806	333,334	204.00
205.00		14,694,651	1,800,948	0,079,481	1,548,202	11,345,995	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	58,015					11.00
13.00	01300	2,411	28,469				13.00
14.00	01400	696	0	10,142,357			14.00
15.00	01500	2,424	94	22,203	6,313,607		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	421	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,144	12,312	5,202	49,385	0	30.00
31.00	03100	3,625	3,215	13,017	13,017	0	31.00
43.00	04300	1,932	1,770	53,281	3,711	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,403	1,775	55,385	30,866	0	50.00
51.00	05100	2,519	2,185	4,582	6,290	0	51.00
52.00	05200	1,956	1,466	0	3,612	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	5,356	456	364,558	14,361	0	54.00
55.00	05500	961	168	439	841	0	55.00
59.00	05900	868	368	23,886	2,279	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	451,314	0	0	63.00
65.00	06500	1,892	0	23	23	0	65.00
66.00	06600	1,696	0	106	106	0	66.00
67.00	06700	502	0	0	0	0	67.00
68.00	06800	167	0	0	0	0	68.00
69.00	06900	675	244	208	209	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	2,462,865	0	0	71.00
72.00	07200	0	0	6,555,472	0	0	72.00
73.00	07300	0	0	0	3,475,318	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	361	99	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	604	0	0	0	0	90.02
91.00	09100	6,841	4,317	129,816	129,816	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		56,454	28,469	10,142,357	3,729,834	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	249	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	620	0	0	2,583,773	0	192.01
192.02	19202	300	0	0	0	0	192.02
192.03	19203	392	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		1,711,924	3,902,603	6,266,791	2,905,957	0	202.00
203.00		29.508300	137.082546	0.617883	0.460269	0.000000	203.00
204.00		536,637	188,223	671,830	216,550	0	204.00
205.00		9.249970	6.611507	0.066240	0.034299	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 MOB		1.01
1.02	00102 INTEREST		1.02
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
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00590 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
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	33,059	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	25,188	30.00
31.00	03100 INTENSIVE CARE UNIT	4,191	31.00
43.00	04300 NURSERY	3,680	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.02	09002 SLEEP LAB	0	90.02
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,059	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RETAIL PHARMACY	0	192.01
192.02	19202 MARKETING	0	192.02
192.03	19203 BACK AND NECK	0	192.03
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	302,616	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.153816	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,799	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.205663	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 11:11 am

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	25,424,204		25,424,204	2,260	25,426,464	30.00
31.00	03100 INTENSIVE CARE UNIT	5,051,404		5,051,404	2,426	5,053,830	31.00
43.00	04300 NURSERY	2,809,555		2,809,555	0	2,809,555	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,545,256		7,545,256	1,809	7,547,065	50.00
51.00	05100 RECOVERY ROOM	2,630,717		2,630,717	0	2,630,717	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,779,422		2,779,422	0	2,779,422	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,879,075		7,879,075	5,236	7,884,311	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,501,615		2,501,615	6,107	2,507,722	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,212,204		1,212,204	0	1,212,204	59.00
60.00	06000 LABORATORY	6,356,626		6,356,626	0	6,356,626	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	805,290		805,290	0	805,290	63.00
65.00	06500 RESPIRATORY THERAPY	1,727,815	0	1,727,815	0	1,727,815	65.00
66.00	06600 PHYSICAL THERAPY	1,562,714	0	1,562,714	0	1,562,714	66.00
67.00	06700 OCCUPATIONAL THERAPY	557,500	0	557,500	0	557,500	67.00
68.00	06800 SPEECH PATHOLOGY	288,960	0	288,960	0	288,960	68.00
69.00	06900 ELECTROCARDIOLOGY	986,729		986,729	0	986,729	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,394,550		4,394,550	0	4,394,550	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	11,697,098		11,697,098	0	11,697,098	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,291,074		5,291,074	0	5,291,074	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	330,460		330,460	0	330,460	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.02	09002 SLEEP LAB	859,331		859,331	0	859,331	90.02
91.00	09100 EMERGENCY	8,928,024		8,928,024	0	8,928,024	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,034,082		2,034,082	0	2,034,082	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	103,653,705	0	103,653,705	17,838	103,671,543	200.00
201.00	Less Observation Beds	2,034,082		2,034,082		2,034,082	201.00
202.00	Total (see instructions)	101,619,623	0	101,619,623	17,838	101,637,461	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:11 am
		Title XVII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,611,427		37,611,427	30.00
31.00	03100	INTENSIVE CARE UNIT	11,995,086		11,995,086	31.00
43.00	04300	NURSERY	5,905,355		5,905,355	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,816,140	50,303,533	83,119,673	50.00
51.00	05100	RECOVERY ROOM	3,073,167	13,006,559	16,079,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,784,202	1,460,431	8,244,633	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,761,050	71,215,732	88,976,782	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	433,414	23,343,002	23,776,416	55.00
59.00	05900	CARDIAC CATHETERIZATION	11,389,306	15,222,135	26,611,441	59.00
60.00	06000	LABORATORY	28,031,911	33,674,394	61,706,305	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,236,194	651,058	1,887,252	63.00
65.00	06500	RESPIRATORY THERAPY	3,957,490	2,452,347	6,409,837	65.00
66.00	06600	PHYSICAL THERAPY	2,904,643	3,323,997	6,228,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,411,310	523,115	1,934,425	67.00
68.00	06800	SPEECH PATHOLOGY	629,563	449,416	1,078,979	68.00
69.00	06900	ELECTROCARDIOLOGY	8,453,586	10,313,303	18,766,889	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,867,431	5,388,190	10,255,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,050,950	14,831,730	34,882,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,152,507	13,122,587	40,275,094	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,355	2,277,634	2,295,989	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.02	09002	SLEEP LAB	4,927	7,133,982	7,138,909	90.02
91.00	09100	EMERGENCY	20,435,809	112,890,958	133,326,767	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	396,024	3,646,474	4,042,498	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	247,319,847	385,230,577	632,550,424	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	247,319,847	385,230,577	632,550,424	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:11 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.090798		50.00
51.00	05100 RECOVERY ROOM	0.163605		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.337119		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.088611		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105471		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.045552		59.00
60.00	06000 LABORATORY	0.103014		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.426700		63.00
65.00	06500 RESPIRATORY THERAPY	0.269557		65.00
66.00	06600 PHYSICAL THERAPY	0.250892		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.288199		67.00
68.00	06800 SPEECH PATHOLOGY	0.267809		68.00
69.00	06900 ELECTROCARDIOLOGY	0.052578		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.428502		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.335327		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131373		73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.143929		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.120373		90.02
91.00	09100 EMERGENCY	0.066963		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.503175		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 150158

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2015 11:11 am

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	25,424,204		25,424,204	2,260	25,426,464	30.00
31.00	03100 INTENSIVE CARE UNIT	5,051,404		5,051,404	2,426	5,053,830	31.00
43.00	04300 NURSERY	2,809,555		2,809,555	0	2,809,555	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,545,256		7,545,256	1,809	7,547,065	50.00
51.00	05100 RECOVERY ROOM	2,630,717		2,630,717	0	2,630,717	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,779,422		2,779,422	0	2,779,422	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,879,075		7,879,075	5,236	7,884,311	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,501,615		2,501,615	6,107	2,507,722	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,212,204		1,212,204	0	1,212,204	59.00
60.00	06000 LABORATORY	6,356,626		6,356,626	0	6,356,626	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	805,290		805,290	0	805,290	63.00
65.00	06500 RESPIRATORY THERAPY	1,727,815	0	1,727,815	0	1,727,815	65.00
66.00	06600 PHYSICAL THERAPY	1,562,714	0	1,562,714	0	1,562,714	66.00
67.00	06700 OCCUPATIONAL THERAPY	557,500	0	557,500	0	557,500	67.00
68.00	06800 SPEECH PATHOLOGY	288,960	0	288,960	0	288,960	68.00
69.00	06900 ELECTROCARDIOLOGY	986,729		986,729	0	986,729	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,394,550		4,394,550	0	4,394,550	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	11,697,098		11,697,098	0	11,697,098	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,291,074		5,291,074	0	5,291,074	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	330,460		330,460	0	330,460	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.02	09002 SLEEP LAB	859,331		859,331	0	859,331	90.02
91.00	09100 EMERGENCY	8,928,024		8,928,024	0	8,928,024	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,034,082		2,034,082	0	2,034,082	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	103,653,705	0	103,653,705	17,838	103,671,543	200.00
201.00	Less Observation Beds	2,034,082		2,034,082		2,034,082	201.00
202.00	Total (see instructions)	101,619,623	0	101,619,623	17,838	101,637,461	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:11 am
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,611,427		37,611,427	30.00
31.00	03100	INTENSIVE CARE UNIT	11,995,086		11,995,086	31.00
43.00	04300	NURSERY	5,905,355		5,905,355	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,816,140	50,303,533	83,119,673	50.00
51.00	05100	RECOVERY ROOM	3,073,167	13,006,559	16,079,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,784,202	1,460,431	8,244,633	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,761,050	71,215,732	88,976,782	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	433,414	23,343,002	23,776,416	55.00
59.00	05900	CARDIAC CATHETERIZATION	11,389,306	15,222,135	26,611,441	59.00
60.00	06000	LABORATORY	28,031,911	33,674,394	61,706,305	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,236,194	651,058	1,887,252	63.00
65.00	06500	RESPIRATORY THERAPY	3,957,490	2,452,347	6,409,837	65.00
66.00	06600	PHYSICAL THERAPY	2,904,643	3,323,997	6,228,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,411,310	523,115	1,934,425	67.00
68.00	06800	SPEECH PATHOLOGY	629,563	449,416	1,078,979	68.00
69.00	06900	ELECTROCARDIOLOGY	8,453,586	10,313,303	18,766,889	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,867,431	5,388,190	10,255,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,050,950	14,831,730	34,882,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,152,507	13,122,587	40,275,094	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,355	2,277,634	2,295,989	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.02	09002	SLEEP LAB	4,927	7,133,982	7,138,909	90.02
91.00	09100	EMERGENCY	20,435,809	112,890,958	133,326,767	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	396,024	3,646,474	4,042,498	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	247,319,847	385,230,577	632,550,424	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	247,319,847	385,230,577	632,550,424	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 11:11 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.090798		50.00
51.00	05100 RECOVERY ROOM	0.163605		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.337119		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.088611		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105471		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.045552		59.00
60.00	06000 LABORATORY	0.103014		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.426700		63.00
65.00	06500 RESPIRATORY THERAPY	0.269557		65.00
66.00	06600 PHYSICAL THERAPY	0.250892		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.288199		67.00
68.00	06800 SPEECH PATHOLOGY	0.267809		68.00
69.00	06900 ELECTROCARDIOLOGY	0.052578		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.428502		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.335327		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131373		73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.143929		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.120373		90.02
91.00	09100 EMERGENCY	0.066963		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.503175		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 150158

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

Worksheet C Part II Date/Time Prepared: 5/26/2015 11:11 am

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,545,256	2,498,857	5,046,399	0	0	50.00
51.00	05100 RECOVERY ROOM	2,630,717	219,148	2,411,569	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,779,422	619,901	2,159,521	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,879,075	2,126,603	5,752,472	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,501,615	689,773	1,811,842	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,212,204	322,563	889,641	0	0	59.00
60.00	06000 LABORATORY	6,356,626	313,018	6,043,608	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	805,290	40,637	764,653	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	1,727,815	234,914	1,492,901	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,562,714	100,953	1,461,761	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	557,500	81,564	475,936	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	288,960	76,241	212,719	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	986,729	125,538	861,191	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,394,550	221,757	4,172,793	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	11,697,098	590,255	11,106,843	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,291,074	150,135	5,140,939	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	330,460	43,085	287,375	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	859,331	209,625	649,706	0	0	90.02
91.00	09100 EMERGENCY	8,928,024	1,579,704	7,348,320	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,034,082	482,134	1,551,948	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	70,368,542	10,726,405	59,642,137	0	0	200.00
201.00	Less Observation Beds	2,034,082	482,134	1,551,948	0	0	201.00
202.00	Total (Line 200 minus Line 201)	68,334,460	10,244,271	58,090,189	0	0	202.00

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

Provider CCN: 150158

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

Worksheet C Part II Date/Time Prepared: 5/26/2015 11:11 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,545,256	83,119,673	0.090776		50.00
51.00	05100 RECOVERY ROOM	2,630,717	16,079,726	0.163605		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,779,422	8,244,633	0.337119		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,879,075	88,976,782	0.088552		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,501,615	23,776,416	0.105214		55.00
59.00	05900 CARDIAC CATHETERIZATION	1,212,204	26,611,441	0.045552		59.00
60.00	06000 LABORATORY	6,356,626	61,706,305	0.103014		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	805,290	1,887,252	0.426700		63.00
65.00	06500 RESPIRATORY THERAPY	1,727,815	6,409,837	0.269557		65.00
66.00	06600 PHYSICAL THERAPY	1,562,714	6,228,640	0.250892		66.00
67.00	06700 OCCUPATIONAL THERAPY	557,500	1,934,425	0.288199		67.00
68.00	06800 SPEECH PATHOLOGY	288,960	1,078,979	0.267809		68.00
69.00	06900 ELECTROCARDIOLOGY	986,729	18,766,889	0.052578		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,394,550	10,255,621	0.428502		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	11,697,098	34,882,680	0.335327		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,291,074	40,275,094	0.131373		73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	330,460	2,295,989	0.143929		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.02	09002 SLEEP LAB	859,331	7,138,909	0.120373		90.02
91.00	09100 EMERGENCY	8,928,024	133,326,767	0.066963		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,034,082	4,042,498	0.503175		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	70,368,542	577,038,556			200.00
201.00	Less Observation Beds	2,034,082	0			201.00
202.00	Total (line 200 minus line 201)	68,334,460	577,038,556			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	6,026,773	0	6,026,773	25,188	239.27	30.00
31.00	INTENSIVE CARE UNIT	818,228		818,228	4,191	195.23	31.00
43.00	NURSERY	443,173		443,173	3,680	120.43	43.00
200.00	Total (Lines 30-199)	7,288,174		7,288,174	33,059		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,844	2,355,374				
31.00	INTENSIVE CARE UNIT	1,975	385,579				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	11,819	2,740,953				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. C, 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	2,498,857	83,119,673	0.030063	11,126,705	334,502	50.00
51.00	05100 RECOVERY ROOM	219,148	16,079,726	0.013629	1,237,761	16,869	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	619,901	8,244,633	0.075188	12,857	967	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,126,603	88,976,782	0.023901	7,879,966	188,339	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	689,773	23,776,416	0.029011	229,171	6,648	55.00
59.00	05900 CARDIAC CATHETERIZATION	322,563	26,611,441	0.012121	3,762,226	45,602	59.00
60.00	06000 LABORATORY	313,018	61,706,305	0.005073	12,061,578	61,188	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	40,637	1,887,252	0.021532	611,297	13,162	63.00
65.00	06500 RESPIRATORY THERAPY	234,914	6,409,837	0.036649	1,985,538	72,768	65.00
66.00	06600 PHYSICAL THERAPY	100,953	6,228,640	0.016208	1,602,617	25,975	66.00
67.00	06700 OCCUPATIONAL THERAPY	81,564	1,934,425	0.042164	801,070	33,776	67.00
68.00	06800 SPEECH PATHOLOGY	76,241	1,078,979	0.070660	369,731	26,125	68.00
69.00	06900 ELECTROCARDIOLOGY	125,538	18,766,889	0.006689	4,047,111	27,071	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	221,757	10,255,621	0.021623	1,581,081	34,188	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	590,255	34,882,680	0.016921	9,338,480	158,016	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	150,135	40,275,094	0.003728	11,039,195	41,154	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	43,085	2,295,989	0.018765	3,855	72	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	209,625	7,138,909	0.029364	4,927	145	90.02
91.00	09100 EMERGENCY	1,579,704	133,326,767	0.011848	9,090,200	107,701	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	482,134	4,042,498	0.119266	144,996	17,293	92.00
200.00	Total (lines 50-199)	10,726,405	577,038,556		76,930,362	1,211,561	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,188	0.00	9,844	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,191	0.00	1,975	0		31.00
43.00	04300	NURSERY	3,680	0.00	0	0		43.00
200.00		Total (lines 30-199)	33,059		11,819	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description			Title XVIII				Hospital	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	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
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:11 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	83,119,673	0.000000	0.000000	11,126,705	50.00
51.00	05100 RECOVERY ROOM	0	16,079,726	0.000000	0.000000	1,237,761	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,244,633	0.000000	0.000000	12,857	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	88,976,782	0.000000	0.000000	7,879,966	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	23,776,416	0.000000	0.000000	229,171	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	26,611,441	0.000000	0.000000	3,762,226	59.00
60.00	06000 LABORATORY	0	61,706,305	0.000000	0.000000	12,061,578	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,887,252	0.000000	0.000000	611,297	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,409,837	0.000000	0.000000	1,985,538	65.00
66.00	06600 PHYSICAL THERAPY	0	6,228,640	0.000000	0.000000	1,602,617	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,934,425	0.000000	0.000000	801,070	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,078,979	0.000000	0.000000	369,731	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,766,889	0.000000	0.000000	4,047,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,255,621	0.000000	0.000000	1,581,081	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	34,882,680	0.000000	0.000000	9,338,480	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	40,275,094	0.000000	0.000000	11,039,195	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,295,989	0.000000	0.000000	3,855	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 SLEEP LAB	0	7,138,909	0.000000	0.000000	4,927	90.02
91.00	09100 EMERGENCY	0	133,326,767	0.000000	0.000000	9,090,200	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,042,498	0.000000	0.000000	144,996	92.00
200.00	Total (lines 50-199)	0	577,038,556			76,930,362	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:11 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS	11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	9,042,997	0	50.00
51.00	05100 RECOVERY ROOM	0	2,670,254	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,982,109	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,392,883	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,054,473	0	59.00
60.00	06000 LABORATORY	0	3,713,884	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	336,929	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	819,666	0	65.00
66.00	06600 PHYSICAL THERAPY	0	45,661	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,293,406	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,196,533	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,140,313	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,614,128	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	826,029	0	76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 SLEEP LAB	0	1,414,850	0	90.02
91.00	09100 EMERGENCY	0	16,705,392	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,012,940	0	92.00
200.00	Total (lines 50-199)	0	76,262,447	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.090776	9,042,997	0	0	820,887 50.00
51.00	05100 RECOVERY ROOM	0.163605	2,670,254	0	0	436,867 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.337119	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.088552	14,982,109	0	0	1,326,696 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105214	8,392,883	0	0	883,049 55.00
59.00	05900 CARDIAC CATHETERIZATION	0.045552	3,054,473	0	0	139,137 59.00
60.00	06000 LABORATORY	0.103014	3,713,884	23,367	0	382,582 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.426700	336,929	0	0	143,768 63.00
65.00	06500 RESPIRATORY THERAPY	0.269557	819,666	0	0	220,947 65.00
66.00	06600 PHYSICAL THERAPY	0.250892	45,661	0	0	11,456 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.288199	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.267809	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.052578	5,293,406	0	0	278,317 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.428502	1,196,533	0	0	512,717 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.335327	4,140,313	0	0	1,388,359 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131373	2,614,128	58	68,404	343,426 73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.143929	826,029	0	0	118,890 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.02	09002 SLEEP LAB	0.120373	1,414,850	0	0	170,310 90.02
91.00	09100 EMERGENCY	0.066963	16,705,392	0	0	1,118,643 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.503175	1,012,940	0	0	509,686 92.00
200.00	Subtotal (see instructions)		76,262,447	23,425	68,404	8,805,737 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		76,262,447	23,425	68,404	8,805,737 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	2,407	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8	8,986	73.00
76.00	03950 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
90.02	09002 SLEEP LAB	0	0	90.02
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)	2,415	8,986	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,415	8,986	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,026,773	0	6,026,773	25,188	239.27	30.00
31.00	INTENSIVE CARE UNIT	818,228		818,228	4,191	195.23	31.00
43.00	NURSERY	443,173		443,173	3,680	120.43	43.00
200.00	Total (Lines 30-199)	7,288,174		7,288,174	33,059		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,297	310,333				
31.00	INTENSIVE CARE UNIT	15	2,928				
43.00	NURSERY	177	21,316				
200.00	Total (Lines 30-199)	1,489	334,577				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 11:11 am
		Title XIX		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. C, 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	2,498,857	83,119,673	0.030063	1,170,698	35,195	50.00
51.00	05100 RECOVERY ROOM	219,148	16,079,726	0.013629	124,855	1,702	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	619,901	8,244,633	0.075188	192,609	14,482	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,126,603	88,976,782	0.023901	1,067,193	25,507	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	689,773	23,776,416	0.029011	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	322,563	26,611,441	0.012121	406,799	4,931	59.00
60.00	06000 LABORATORY	313,018	61,706,305	0.005073	1,676,720	8,506	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	40,637	1,887,252	0.021532	81,406	1,753	63.00
65.00	06500 RESPIRATORY THERAPY	234,914	6,409,837	0.036649	281,147	10,304	65.00
66.00	06600 PHYSICAL THERAPY	100,953	6,228,640	0.016208	88,816	1,440	66.00
67.00	06700 OCCUPATIONAL THERAPY	81,564	1,934,425	0.042164	46,656	1,967	67.00
68.00	06800 SPEECH PATHOLOGY	76,241	1,078,979	0.070660	33,898	2,395	68.00
69.00	06900 ELECTROCARDIOLOGY	125,538	18,766,889	0.006689	406,805	2,721	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	221,757	10,255,621	0.021623	228,470	4,940	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	590,255	34,882,680	0.016921	659,077	11,152	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	150,135	40,275,094	0.003728	1,912,063	7,128	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	43,085	2,295,989	0.018765	485	9	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	209,625	7,138,909	0.029364	0	0	90.02
91.00	09100 EMERGENCY	1,579,704	133,326,767	0.011848	1,145,406	13,571	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	482,134	4,042,498	0.119266	13,640	1,627	92.00
200.00	Total (lines 50-199)	10,726,405	577,038,556		9,536,743	149,330	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,188	0.00	1,297	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,191	0.00	15	0		31.00
43.00	04300	NURSERY	3,680	0.00	177	0		43.00
200.00		Total (lines 30-199)	33,059		1,489	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description			Title XIX				Hospital	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	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
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:11 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	83,119,673	0.000000	0.000000	1,170,698	50.00
51.00	05100 RECOVERY ROOM	0	16,079,726	0.000000	0.000000	124,855	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,244,633	0.000000	0.000000	192,609	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	88,976,782	0.000000	0.000000	1,067,193	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	23,776,416	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	26,611,441	0.000000	0.000000	406,799	59.00
60.00	06000 LABORATORY	0	61,706,305	0.000000	0.000000	1,676,720	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,887,252	0.000000	0.000000	81,406	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,409,837	0.000000	0.000000	281,147	65.00
66.00	06600 PHYSICAL THERAPY	0	6,228,640	0.000000	0.000000	88,816	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,934,425	0.000000	0.000000	46,656	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,078,979	0.000000	0.000000	33,898	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,766,889	0.000000	0.000000	406,805	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,255,621	0.000000	0.000000	228,470	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	34,882,680	0.000000	0.000000	659,077	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	40,275,094	0.000000	0.000000	1,912,063	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,295,989	0.000000	0.000000	485	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 SLEEP LAB	0	7,138,909	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	133,326,767	0.000000	0.000000	1,145,406	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,042,498	0.000000	0.000000	13,640	92.00
200.00	Total (lines 50-199)	0	577,038,556			9,536,743	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 11:11 am
Title XIX		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03950 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
90.02 09002 SLEEP LAB	0	0	0	90.02
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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 11:11 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.090776	0	1,860,184	0	0	50.00
51.00	05100 RECOVERY ROOM	0.163605	0	522,462	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.337119	0	71,856	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.088552	0	2,890,332	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.105214	0	1,496,197	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.045552	0	851,406	0	0	59.00
60.00	06000 LABORATORY	0.103014	0	1,790,443	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.426700	0	19,959	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.269557	0	78,914	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.250892	0	142,201	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.288199	0	14,782	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.267809	0	22,578	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.052578	0	368,887	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.428502	0	205,236	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.335327	0	965,338	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131373	0	707,153	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.143929	0	67,144	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0.120373	0	245,619	0	0	90.02
91.00	09100 EMERGENCY	0.066963	0	8,740,930	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.503175	0	117,962	0	0	92.00
200.00	Subtotal (see instructions)		0	21,179,583	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	21,179,583	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 11:11 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	168,860	0	50.00
51.00	05100 RECOVERY ROOM	85,477	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,224	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	255,945	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	157,421	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	38,783	0	59.00
60.00	06000 LABORATORY	184,441	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	8,517	0	63.00
65.00	06500 RESPIRATORY THERAPY	21,272	0	65.00
66.00	06600 PHYSICAL THERAPY	35,677	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,260	0	67.00
68.00	06800 SPEECH PATHOLOGY	6,047	0	68.00
69.00	06900 ELECTROCARDIOLOGY	19,395	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	87,944	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	323,704	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,901	0	73.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,664	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	29,566	0	90.02
91.00	09100 EMERGENCY	585,319	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	59,356	0	92.00
200.00	Subtotal (see instructions)	2,198,773	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,198,773	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 11:11 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,188	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,188	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)		23,173	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,844	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		25,426,464	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)		25,426,464	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)		25,426,464	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)		1,009.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,937,223	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)		9,937,223	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 11:11 am		
Cost Center Description			Title XVIII	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,053,830	4,191	1,205.88	1,975	2,381,613	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)				11,036,251		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				23,355,087		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)				2,740,953		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,211,561		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,952,514		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				19,402,573		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				2,015		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,009.47		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,034,082		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,026,773	25,426,464	0.237028	2,034,082	482,134	90.00
91.00	Nursing School cost	0	25,426,464	0.000000	2,034,082	0	91.00
92.00	Allied health cost	0	25,426,464	0.000000	2,034,082	0	92.00
93.00	All other Medical Education	0	25,426,464	0.000000	2,034,082	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2015 11:11 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,188	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,188	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)		23,173	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)		1,297	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,680	15.00
16.00	Nursery days (title V or XIX only)		177	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)		25,426,464	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)		25,426,464	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)		25,426,464	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)		1,009.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,309,283	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)		1,309,283	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1			
		Title XIX		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)	2,809,555	3,680	763.47	177	135,134	42.00		
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	5,053,830	4,191	1,205.88	15	18,088	43.00		
44.00	CORONARY CARE UNIT						44.00		
45.00	BURN INTENSIVE CARE UNIT						45.00		
46.00	SURGICAL INTENSIVE CARE UNIT						46.00		
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00		
Cost Center Description									
		1.00							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							1,307,927	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							2,770,432	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)							334,577	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							149,330	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							483,907	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							2,286,525	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							2,015	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							1,009.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							2,034,082	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,026,773	25,426,464	0.237028	2,034,082	482,134	90.00
91.00	Nursing School cost	0	25,426,464	0.000000	2,034,082	0	91.00
92.00	Allied health cost	0	25,426,464	0.000000	2,034,082	0	92.00
93.00	All other Medical Education	0	25,426,464	0.000000	2,034,082	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,618,419	30.00
31.00	03100	INTENSIVE CARE UNIT		5,626,349	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090798	11,126,705	50.00
51.00	05100	RECOVERY ROOM	0.163605	1,237,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337119	12,857	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088611	7,879,966	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105471	229,171	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.045552	3,762,226	59.00
60.00	06000	LABORATORY	0.103014	12,061,578	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.426700	611,297	63.00
65.00	06500	RESPIRATORY THERAPY	0.269557	1,985,538	65.00
66.00	06600	PHYSICAL THERAPY	0.250892	1,602,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288199	801,070	67.00
68.00	06800	SPEECH PATHOLOGY	0.267809	369,731	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052578	4,047,111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.428502	1,581,081	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.335327	9,338,480	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131373	11,039,195	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.143929	3,855	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.120373	4,927	90.02
91.00	09100	EMERGENCY	0.066963	9,090,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.503175	144,996	92.00
200.00		Total (sum of lines 50-94 and 96-98)		76,930,362	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)		76,930,362	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 11:11 am	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,875,838	30.00
31.00	03100	INTENSIVE CARE UNIT		848,821	31.00
43.00	04300	NURSERY		270,683	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090798	1,170,698	106,297 50.00
51.00	05100	RECOVERY ROOM	0.163605	124,855	20,427 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.337119	192,609	64,932 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088611	1,067,193	94,565 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105471	0	0 55.00
59.00	05900	CARDIAC CATHETERIZATION	0.045552	406,799	18,531 59.00
60.00	06000	LABORATORY	0.103014	1,676,720	172,726 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.426700	81,406	34,736 63.00
65.00	06500	RESPIRATORY THERAPY	0.269557	281,147	75,785 65.00
66.00	06600	PHYSICAL THERAPY	0.250892	88,816	22,283 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.288199	46,656	13,446 67.00
68.00	06800	SPEECH PATHOLOGY	0.267809	33,898	9,078 68.00
69.00	06900	ELECTROCARDIOLOGY	0.052578	406,805	21,389 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.428502	228,470	97,900 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.335327	659,077	221,006 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131373	1,912,063	251,193 73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.143929	485	70 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.02	09002	SLEEP LAB	0.120373	0	0 90.02
91.00	09100	EMERGENCY	0.066963	1,145,406	76,700 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.503175	13,640	6,863 92.00
200.00		Total (sum of lines 50-94 and 96-98)		9,536,743	1,307,927 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		9,536,743	1,307,927 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 11:11 am
		Title XVII	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)		13,112,342	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,857,851	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)		669,388	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)		121.30	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)		1.79	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.53	31.00
32.00	Sum of lines 30 and 31		18.32	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.66	33.00
34.00	Disproportionate share adjustment (see instructions)		209,353	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 11:11 am	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
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)		0.000137772	0.000139346	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,246,338	1,065,669	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		932,192	268,607	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,200,799		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)		20,049,733		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)		20,049,733		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,685,186		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		2,194		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)		21,737,113		59.00
60.00	Primary payer payments		1,510		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,735,603		61.00
62.00	Deductibles billed to program beneficiaries		2,103,044		62.00
63.00	Coinurance billed to program beneficiaries		54,416		63.00
64.00	Allowable bad debts (see instructions)		-12,653		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		-8,224		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-67,936		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,569,919		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)		11,417		70.93
70.94	HRR adjustment amount (see instructions)		-41,048		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 11:11 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,540,288		71.00
71.01	Sequestration adjustment (see instructions)		390,806		71.01
72.00	Interim payments		19,284,818		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)		-135,336		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		994,503		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1 1.00	On/After 10/1 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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150158		Period: From 01/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 11:11 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,112,342	13,112,342		13,112,342	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,857,851		4,857,851	4,857,851	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	669,388	612,343	57,045	669,388	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0466	0.0466	0.0466		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	209,353	152,759	56,594	209,353	11.00
11.01	Uncompensated care payments	36.00	1,200,799	932,192	268,607	1,200,799	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,049,733	14,809,636	5,240,097	20,049,733	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,049,733	14,809,636	5,240,097	20,049,733	15.00
16.00	Payment for inpatient program capital	50.00	1,685,186	1,268,209	416,977	1,685,186	16.00
17.00	Special add-on payments for new technologies	54.00	2,194	2,194	0	2,194	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			16,080,039	5,657,074	21,737,113	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 11:11 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,436,657	1,048,092	388,565	1,436,657	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	194,223	180,499	13,724	194,223	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0378	0.0378	0.0378		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	54,306	39,618	14,688	54,306	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,685,186	1,268,209	416,977	1,685,186	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	11,417	12,466	-1,049	11,417	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-41,048	-6,557	-34,491	-41,048	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 11:11 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,401	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		8,805,737	2.00
3.00	PPS payments		11,163,890	3.00
4.00	Outlier payment (see instructions)		177,375	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)		11,401	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		91,829	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)		91,829	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)		91,829	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		80,428	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)		11,401	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,341,265	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		29	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,459,238	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)		8,893,399	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)		8,893,399	30.00
31.00	Primary payer payments		6,643	31.00
32.00	Subtotal (line 30 minus line 31)		8,886,756	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)		130,364	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		84,737	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		86,781	36.00
37.00	Subtotal (see instructions)		8,971,493	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-260	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)		8,971,753	40.00
40.01	Sequestration adjustment (see instructions)		179,435	40.01
41.00	Interim payments		8,932,508	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-140,190	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: 150158

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 11:11 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		19,179,018		8,808,108	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	08/07/2014	105,800	08/07/2014	124,400	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)		105,800		124,400	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)		19,284,818		8,932,508	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		135,336		140,190	6.02
7.00	Total Medicare program liability (see instructions)		19,149,482		8,792,318	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: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/26/2015 11:11 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		7,855	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		11,819	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		5,168	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		27,364	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		632,550,424	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		66,626,212	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,159,230	8.00
9.00	Sequestration adjustment amount (see instructions)		23,185	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,136,045	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,306,521	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)		-170,476	32.00

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

Provider CCN: 150158

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

Worksheet G
Date/Time Prepared:
5/26/2015 11:11 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	168,633,845	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	1,796,668	0	0	0	3.00
4.00	Accounts receivable	22,100,537	0	0	0	4.00
5.00	Other receivable	-1,399,265	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,283,261	0	0	0	7.00
8.00	Prepaid expenses	749,122	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)	193,164,168	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-3,602,814	0	0	0	14.00
15.00	Buildings	100,943,595	0	0	0	15.00
16.00	Accumulated depreciation	-24,872,003	0	0	0	16.00
17.00	Leasehold improvements	768,402	0	0	0	17.00
18.00	Accumulated depreciation	-439,910	0	0	0	18.00
19.00	Fixed equipment	14,712,223	0	0	0	19.00
20.00	Accumulated depreciation	-10,426,419	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	52,878,899	0	0	0	23.00
24.00	Accumulated depreciation	-41,590,029	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)	95,172,647	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	22,797	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,797	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	288,359,612	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,730,093	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,049,822	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	104,091,794	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,132,497	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	121,004,206	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,860,931	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,860,931	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	124,865,137	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	163,494,475				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)	163,494,475	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	288,359,612	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150158

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

Worksheet G-1

Date/Time Prepared:
5/26/2015 11:11 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		102,697,000		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		60,797,408		0		2.00
3.00	Total (sum of line 1 and line 2)		163,494,408		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ROUNDING	67		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		67		0		10.00
11.00	Subtotal (line 3 plus line 10)		163,494,475		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		163,494,475		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	ROUNDING		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150158

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 11:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,565,945		49,565,945	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	49,565,945		49,565,945	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,995,087		11,995,087	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)	11,995,087		11,995,087	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	61,561,032		61,561,032	17.00
18.00	Ancillary services	186,922,781	384,066,611	570,989,392	18.00
19.00	Outpatient services	0	0	0	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	PHYSICIAN REVENUE	0	2,989,176	2,989,176	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	248,483,813	387,055,787	635,539,600	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		136,340,947		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)		136,340,947		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150158

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

Worksheet G-3

Date/Time Prepared:
5/26/2015 11:11 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	635,539,600	1.00
2.00	Less contractual allowances and discounts on patients' accounts	443,653,563	2.00
3.00	Net patient revenues (line 1 minus line 2)	191,886,037	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	136,340,947	4.00
5.00	Net income from service to patients (line 3 minus line 4)	55,545,090	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	5,252,318	24.00
25.00	Total other income (sum of lines 6-24)	5,252,318	25.00
26.00	Total (line 5 plus line 25)	60,797,408	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)	60,797,408	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150158	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 11:11 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,436,657	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		194,223	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)		76.32	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)		1.79	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.53	8.00
9.00	Sum of lines 7 and 8		18.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.78	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		54,306	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,685,186	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