

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 12/1/2014 1:18 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: 12/1/2014	Time: 1:18 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 LUTHERAN HOSPITAL OF INDIANA (150017) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title 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	630,339	-150,640	77,759	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	630,339	-150,640	77,759	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 12/1/2014 9:55 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 7950 WEST JEFFERSON BLVD	PO Box:						1.00		
2.00	City: FT WAYNE	State: IN	Zip Code: 46804	County: ALLEN				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	LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N	P	O	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 - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2013	06/30/2014		20.00	
21.00	Type of Control (see instructions)					4			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,455	2,066	216	63	8,064	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	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
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00		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		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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.				109.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	617,374	189,118	0		
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02	
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.		Y		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.		11/05/2008		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.		02/16/1990		127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	449008	140.00	

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1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301		141.00		
142.00	Street: 4000 MERIDIAN BLVD	PO Box:				142.00		
143.00	City: FRANKLIN	State: TN		Zip Code: 37067		143.00		
1.00								
144.00	Are provider based physicians' costs included in Worksheet A?						Y 144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y 145.00	
1.00 2.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N 146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N 147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N 148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N 149.00	
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
1.00								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N 165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00 166.00	
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y 167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0 168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.50 169.00	
		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)						10/01/2012 09/30/2013 170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 12/1/2014 9:55 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.	N		06/30/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/04/2014	Y	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)	N		N	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: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part II Date/Time Prepared: 12/1/2014 9:55 am	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?			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.			Y	12/31/2013		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.	LISA		PARRISH			41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-7554		LISA_PARRISH@CHS.NET			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)	11/04/2014	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)		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	234	85,410	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		234	85,410	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	20	7,300	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,760	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	84	30,660	0.00	0	8.03
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		386	140,890	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						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)		386				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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,460	3,758	51,738			1.00
2.00 HMO and other (see instructions)	18,262	10,186				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,460	3,758	51,738			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	88	906			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	674	4,545			8.02
8.03 CARDIO INTENSIVE CARE UNIT	7,379	1,590	28,006			8.03
9.00 CORONARY CARE UNIT	2,442	425	7,206			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		143	1,969			13.00
14.00 Total (see instructions)	30,281	6,678	94,370	8.14	2,031.33	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				8.14	2,031.33	27.00
28.00 Observation Bed Days		0	752			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 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	5,667	1,028	18,500	1.00
2.00 HMO and other (see instructions)				3,098	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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
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		5,667	1,028	18,500	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
12/1/2014 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	104,079,412	0	104,079,412	4,188,065.00	24.85
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)		2,481,758	475,001	2,956,759	115,517.72	25.60
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		13,595	0	13,595	519.75	26.16
12.00	Contract labor: Top level management and other management and administrative services		95,689	0	95,689	429.82	222.63
13.00	Contract labor: Physician-Part A - Administrative		539,437	0	539,437	3,601.00	149.80
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		7,895,360	0	7,895,360	110,010.00	71.77
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)		21,545,122	0	21,545,122		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		672,743	0	672,743		
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	720,074	0	720,074	25,196.00	28.58
27.00	Administrative & General	5.00	10,280,456	-764,208	9,516,248	434,703.00	21.89
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,697,225	0	1,697,225	72,469.00	23.42
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,748,247	0	1,748,247	144,010.00	12.14
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,737,970	-1,507,680	1,230,290	90,971.59	13.52
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,544,259	1,544,259	114,187.41	13.52
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,442,002	-2,916,030	1,525,972	39,563.00	38.57
39.00	Central Services and Supply	14.00	1,359,737	400,334	1,760,071	105,846.00	16.63
40.00	Pharmacy	15.00	5,636,234	0	5,636,234	152,836.00	36.88

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
12/1/2014 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,895,941	812,151	2,708,092	135,125.00	20.04	41.00
42.00	Social Service	17.00 0	1,956,174	1,956,174	62,764.00	31.17	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
12/1/2014 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	104,079,412	0	104,079,412	4,188,065.00	24.85	1.00
2.00	Excluded area salaries (see instructions)	2,481,758	475,001	2,956,759	115,517.72	25.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	101,597,654	-475,001	101,122,653	4,072,547.28	24.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,544,081	0	8,544,081	114,560.57	74.58	4.00
5.00	Subtotal wage-related costs (see inst.)	21,545,122	0	21,545,122	0.00	21.31	5.00
6.00	Total (sum of lines 3 thru 5)	131,686,857	-475,001	131,211,856	4,187,107.85	31.34	6.00
7.00	Total overhead cost (see instructions)	30,517,886	-475,000	30,042,886	1,377,671.00	21.81	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 12/1/2014 9:55 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,258,144 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)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			10,711,851 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			203,327 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			89,033 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			-1,231 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			33,639 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			913,039 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			6,026,920 17.00
18.00	Medicare Taxes - Employers Portion Only			1,409,522 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			1,003,776 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)			22,648,020 24.00
Part B - Other than Core Related Cost				
25.00	OTHER EMPLOYEE BENEFITS			-430,153 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part V
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 12/1/2014 9:55 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.161561	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		47,171,837	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		213,808,716	6.00
7.00	Medicaid cost (line 1 times line 6)		34,543,150	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		1,996,099	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		16,913,445	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		2,732,553	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)		736,454	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)		736,454	19.00
			1.00	
			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	Uninsured patients	Insured patients	Total (col. 1 + col. 2)
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,839,529	1,223,476	8,063,005
22.00	Partial payment by patients approved for charity care	1,105,001	197,666	1,302,667
23.00	Cost of charity care (line 21 minus line 22)	19,154	18,263	37,417
		1,085,847	179,403	1,265,250
			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)		29,475,391	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		121,754	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		29,353,637	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,742,403	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,007,653	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,744,107	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		6,356,295	6,356,295	4,021,156	10,377,451	1.00
2.00	00200		15,103,594	15,103,594	5,494,266	20,597,860	2.00
4.00	00400						
		720,074	1,138,217	1,858,291	13,768,330	15,626,621	4.00
5.01	00540						
		10,280,456	100,302,876	110,583,332	-70,509,933	40,073,399	5.01
5.02	00560						
		0	0	0	48,494,448	48,494,448	5.02
7.00	00700						
		1,697,225	9,501,671	11,198,896	-7,083	11,191,813	7.00
8.00	00800						
		0	1,319,950	1,319,950	-74	1,319,876	8.00
9.00	00900						
		1,748,247	1,234,312	2,982,559	0	2,982,559	9.00
10.00	01000						
		2,737,970	3,442,272	6,180,242	-3,324,161	2,856,081	10.00
11.00	01100						
		0	0	0	3,584,948	3,584,948	11.00
13.00	01300						
		4,442,002	1,017,420	5,459,422	-3,740,459	1,718,963	13.00
14.00	01400						
		1,359,737	40,772,131	42,131,868	-36,035,731	6,096,137	14.00
15.00	01500						
		5,636,234	26,184,685	31,820,919	-24,606,368	7,214,551	15.00
16.00	01600						
		1,895,941	1,084,027	2,979,968	1,396,511	4,376,479	16.00
17.00	01700						
		0	0	0	2,125,305	2,125,305	17.00
21.00	02100						
		0	2,785,941	2,785,941	-2,785,941	0	21.00
22.00	02200						
		0	0	0	2,785,941	2,785,941	22.00
23.00	02300						
		178,102	110,358	288,460	-76	288,384	23.00
23.01	02301						
		156,737	25,063	181,800	0	181,800	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						
		17,620,303	6,626,782	24,247,085	-1,704,265	22,542,820	30.00
31.00	03100						
		14,350,394	3,333,330	17,683,724	-17,683,724	0	31.00
31.01	02080						
		2,141,036	620,542	2,761,578	-1,866,582	894,996	31.01
31.02	02060						
		0	0	0	2,752,477	2,752,477	31.02
31.03	03101						
		0	0	0	12,296,057	12,296,057	31.03
32.00	03200						
		0	0	0	4,486,796	4,486,796	32.00
40.00	04000						
		0	0	0	0	0	40.00
43.00	04300						
		0	61,477	61,477	272,240	333,717	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						
		8,451,902	12,865,631	21,317,533	-3,963,051	17,354,482	50.00
51.00	05100						
		2,799,775	730,080	3,529,855	-3,529,855	0	51.00
52.00	05200						
		0	0	0	1,384,727	1,384,727	52.00
53.00	05300						
		120,836	3,990,324	4,111,160	-154,580	3,956,580	53.00
54.00	05400						
		3,613,216	2,136,340	5,749,556	-187,600	5,561,956	54.00
54.01	05401						
		550,213	63,166	613,379	-416,492	196,887	54.01
56.00	05600						
		353,944	1,780,768	2,134,712	-570,582	1,564,130	56.00
57.00	05700						
		642,653	201,899	844,552	-7,100	837,452	57.00
58.00	05800						
		374,374	35,865	410,239	-410,239	0	58.00
60.00	06000						
		4,470,469	10,221,652	14,692,121	-226,450	14,465,671	60.00
65.00	06500						
		3,709,962	1,327,512	5,037,474	-629,287	4,408,187	65.00
66.00	06600						
		2,183,248	616,864	2,800,112	521,123	3,321,235	66.00
67.00	06700						
		515,108	46,461	561,569	-561,569	0	67.00
68.00	06800						
		228,996	25,789	254,785	-254,785	0	68.00
69.00	06900						
		3,132,380	1,751,483	4,883,863	-3,804,510	1,079,353	69.00
70.00	07000						
		0	0	0	1,393,284	1,393,284	70.00
71.00	07100						
		0	0	0	17,574,253	17,574,253	71.00
72.00	07200						
		0	0	0	18,785,922	18,785,922	72.00
73.00	07300						
		0	0	0	24,190,648	24,190,648	73.00
74.00	07400						
		0	1,981,576	1,981,576	0	1,981,576	74.00
76.00	03140						
		0	0	0	2,131,659	2,131,659	76.00
76.01	03050						
		434,420	82,931	517,351	3,965,342	4,482,693	76.01
76.02	03051						
		0	0	0	470,210	470,210	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						
		2,039,151	857,964	2,897,115	709,476	3,606,591	90.00
91.00	09100						
		3,347,388	1,890,072	5,237,460	-225	5,237,235	91.00
92.00	09200						
		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						
		2,114,068	4,445,631	6,559,699	-267,163	6,292,536	95.00
96.00	09600						
		0	1,815,524	1,815,524	0	1,815,524	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500						
		0	0	0	1,646,511	1,646,511	105.00
106.00	10600						
		0	0	0	757,277	757,277	106.00
118.00							
		104,046,561	267,888,475	371,935,036	-2,238,978	369,696,058	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						
		0	313	313	0	313	190.00
192.00	19200						
		0	456,341	456,341	0	456,341	192.00
194.00	07950						
		0	0	0	0	0	194.00
194.01	07951						
		0	0	0	2,055,843	2,055,843	194.01
194.02	07952						
		32,851	41,254	74,105	0	74,105	194.02
194.03	07953						
		0	0	0	183,135	183,135	194.03
200.00							
		104,079,412	268,386,383	372,465,795	0	372,465,795	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,725,632	17,103,083	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	690,762	21,288,622	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,868	15,618,753	4.00
5.01	00540	ADMINISTRATIVE	-32,983,137	7,090,262	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,935,557	45,558,891	5.02
7.00	00700	OPERATION OF PLANT	-70,120	11,121,693	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,501	1,410,377	8.00
9.00	00900	HOUSEKEEPING	0	2,982,559	9.00
10.00	01000	DIETARY	0	2,856,081	10.00
11.00	01100	CAFETERIA	-2,134,940	1,450,008	11.00
13.00	01300	NURSING ADMINISTRATION	-15,700	1,703,263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,096,137	14.00
15.00	01500	PHARMACY	0	7,214,551	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,136	4,356,343	16.00
17.00	01700	SOCIAL SERVICE	0	2,125,305	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,785,941	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	288,384	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	181,800	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,805,240	19,737,580	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	894,996	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-90,080	2,662,397	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	12,296,057	31.03
32.00	03200	CORONARY CARE UNIT	0	4,486,796	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	-3,680	330,037	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-450,006	16,904,476	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,384,727	52.00
53.00	05300	ANESTHESIOLOGY	-3,822,768	133,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,016	5,554,940	54.00
54.01	05401	PET SCAN	0	196,887	54.01
56.00	05600	RADIOISOTOPE	0	1,564,130	56.00
57.00	05700	CT SCAN	0	837,452	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-202,500	14,263,171	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,408,187	65.00
66.00	06600	PHYSICAL THERAPY	0	3,321,235	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	1,079,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,393,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,574,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,785,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,190,648	73.00
74.00	07400	RENAL DIALYSIS	0	1,981,576	74.00
76.00	03140	CARDIO CATH LAB	0	2,131,659	76.00
76.01	03050	ENDOSCOPY	0	4,482,693	76.01
76.02	03051	CARDIAC REHAB	0	470,210	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-203,136	3,403,455	90.00
91.00	09100	EMERGENCY	-174,600	5,062,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-3,059,970	3,232,566	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-1,815,524	0	96.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,646,511	105.00
106.00	10600	HEART ACQUISITION	0	757,277	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-43,295,083	326,400,975	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	313	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	456,341	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	2,055,843	194.01
194.02	07952	SENIOR CIRCLE	0	74,105	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	183,135	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-43,295,083	329,170,712	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,773,222	1.00
	TOTALS		0	13,773,222	
B - OXYGEN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	877,894	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	877,894	
C - RENTAL AND LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,409,093	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	5,409,093	
D - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	314,624	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,757,152	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	85,173	3.00
	TOTALS		0	4,156,949	
E - MARKETING DEPARTMENT					
1.00	MARKETING	194.01	307,237	1,746,856	1.00
	TOTALS		307,237	1,746,856	
F - CNO RECLASS					
1.00	NURSING ADMINISTRATION	13.00	274,624	0	1.00
	TOTALS		274,624	0	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,696,359	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,785,922	2.00
3.00	OPERATING ROOM	50.00	0	777,569	3.00
	TOTALS		0	36,259,850	
H - DRUGS / IVS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,190,648	1.00
	TOTALS		0	24,190,648	
I - A&G COSTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	5,332,548	61,025,108	1.00
2.00	DIETARY	10.00	36,579	259,413	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	400,334	1,204,654	3.00
4.00	MARKETING	194.01	1,249	501	4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	166,515	16,620	5.00
	TOTALS		5,937,225	62,506,296	
J - RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	924,587	99,031	1.00
2.00	PET SCAN	54.01	35,040	161,847	2.00
3.00		0.00	0	0	3.00
	TOTALS		959,627	260,878	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
K - DIETARY						
1.00	CAFETERIA	11.00	1,544,259	2,040,689	1.00	
	TOTALS		1,544,259	2,040,689		
L - MISC DEPARTMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	422,330	35,961	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	812,151	615,647	2.00	
3.00	SOCIAL SERVICE	17.00	1,956,174	169,131	3.00	
4.00	OPERATING ROOM	50.00	2,799,774	730,080	4.00	
5.00	CARDIAC REHAB	76.02	407,559	62,651	5.00	
6.00	PHYSICAL THERAPY	66.00	744,104	72,250	6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	939,717	453,567	7.00	
8.00	CARDIO CATH LAB	76.00	1,188,201	943,458	8.00	
9.00	ENDOSCOPY	76.01	2,890,456	1,592,237	9.00	
	TOTALS		12,160,466	4,674,982		
M - ORGAN ACQUISITION						
1.00	KIDNEY ACQUISITION	105.00	0	1,646,511	1.00	
2.00	HEART ACQUISITION	106.00	0	757,277	2.00	
3.00	CLINIC	90.00	463,342	269,100	3.00	
	TOTALS		463,342	2,672,888		
N - ICU COSTS						
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	761,018	133,978	1.00	
2.00	NEONATAL INTENSIVE CARE UNIT	31.02	2,141,036	611,441	2.00	
3.00	CARDIO INTENSIVE CARE UNIT	31.03	9,915,162	2,380,895	3.00	
4.00	CORONARY CARE UNIT	32.00	3,674,214	812,582	4.00	
	TOTALS		16,491,430	3,938,896		
O - LABOR AND DELIVERY						
1.00	NURSERY	43.00	267,764	4,476	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,111,063	273,664	2.00	
	TOTALS		1,378,827	278,140		
P - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,785,941	1.00	
	TOTALS		0	2,785,941		
500.00	Grand Total: Increases		39,517,037	165,573,222	500.00	

RECLASSIFICATIONS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
12/1/2014 9:55 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	13,773,222	0	1.00	
	TOTALS		0	13,773,222			
B - OXYGEN							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	94,027	0	1.00	
2.00	ANESTHESIOLOGY	53.00	0	154,580	0	2.00	
3.00	RESPIRATORY THERAPY	65.00	0	629,287	0	3.00	
	TOTALS		0	877,894			
C - RENTAL AND LEASE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	50,620	10	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,892	0	2.00	
3.00	ADMINISTRATIVE	5.01	0	12,319	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	116,704	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	7,083	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	74	0	6.00	
7.00	DIETARY	10.00	0	35,205	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	3,690	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,361,387	0	9.00	
10.00	PHARMACY	15.00	0	415,720	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	31,287	0	11.00	
12.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	76	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	47,298	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	5,875	0	14.00	
15.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	9,101	0	15.00	
16.00	OPERATING ROOM	50.00	0	651,551	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	989,534	0	17.00	
18.00	RADIOISOTOPE	56.00	0	570,582	0	18.00	
19.00	CT SCAN	57.00	0	7,100	0	19.00	
20.00	LABORATORY	60.00	0	226,450	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	295,231	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	273,386	0	22.00	
23.00	ENDOSCOPY	76.01	0	3,574	0	23.00	
24.00	CLINICAL	90.00	0	22,966	0	24.00	
25.00	EMERGENCY	91.00	0	225	0	25.00	
26.00	AMBULANCE SERVICES	95.00	0	267,163	0	26.00	
	TOTALS		0	5,409,093			
D - OTHER CAPITAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	4,156,949	12	1.00	
2.00		0.00	0	0	13	2.00	
3.00		0.00	0	0	12	3.00	
	TOTALS		0	4,156,949			
E - MARKETING DEPARTMENT							
1.00	ADMINISTRATIVE	5.01	307,237	1,746,856	0	1.00	
	TOTALS		307,237	1,746,856			
F - CNO RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	274,624	0	0	1.00	
	TOTALS		274,624	0			
G - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,185,305	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,797	0	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	49,748	0	3.00	
	TOTALS		0	36,259,850			
H - DRUGS / IVS							
1.00	PHARMACY	15.00	0	24,190,648	0	1.00	
	TOTALS		0	24,190,648			
I - A&G COSTS							
1.00	ADMINISTRATIVE	5.01	5,937,225	62,506,296	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
	TOTALS		5,937,225	62,506,296			
J - RADIOLOGY COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	35,040	161,847	0	1.00	
2.00	PET SCAN	54.01	550,213	63,166	0	2.00	
3.00	MRI	58.00	374,374	35,865	0	3.00	
	TOTALS		959,627	260,878			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - DIETARY							
1.00	DIETARY	10.00	1,544,259	2,040,689	0		1.00
	TOTALS		1,544,259	2,040,689			
L - MISC DEPARTMENT							
1.00	RECOVERY ROOM	51.00	2,799,775	730,080	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	2,101,057	1,380,319	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	515,108	46,461	0		3.00
4.00	SPEECH PATHOLOGY	68.00	228,996	25,789	0		4.00
5.00	NURSING ADMINISTRATION	13.00	3,190,654	820,739	0		5.00
6.00	OPERATING ROOM	50.00	2,890,456	1,592,237	0		6.00
7.00	ENDOSCOPY	76.01	434,420	79,357	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		12,160,466	4,674,982			
M - ORGAN ACQUISITION							
1.00	OPERATING ROOM	50.00	463,342	2,672,888	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		463,342	2,672,888			
N - ICU COSTS							
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	2,141,036	611,441	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	14,350,394	3,327,455	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		16,491,430	3,938,896			
O - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,378,827	278,140	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,378,827	278,140			
P - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,785,941	0		1.00
	TOTALS		0	2,785,941			
500.00	Grand Total: Decreases		39,517,037	165,573,222			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
12/1/2014 9:55 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,573,476	0	0	0	1.00
2.00	Land Improvements	10,539,929	541,192	0	541,192	2.00
3.00	Buildings and Fixtures	152,714,654	28,724	0	28,724	3.00
4.00	Building Improvements	17,075,613	2,794,210	0	2,794,210	4.00
5.00	Fixed Equipment	45,986,381	110,697	0	110,697	5.00
6.00	Movable Equipment	124,459,167	9,530,358	0	9,530,358	6.00
7.00	HIT designated Assets	1,482,299	21,351	0	21,351	7.00
8.00	Subtotal (sum of lines 1-7)	361,831,519	13,026,532	0	13,026,532	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	361,831,519	13,026,532	0	13,026,532	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,573,476	0			1.00
2.00	Land Improvements	11,081,121	0			2.00
3.00	Buildings and Fixtures	152,743,378	0			3.00
4.00	Building Improvements	19,869,823	0			4.00
5.00	Fixed Equipment	46,097,078	0			5.00
6.00	Movable Equipment	133,989,525	0			6.00
7.00	HIT designated Assets	1,503,650	0			7.00
8.00	Subtotal (sum of lines 1-7)	374,858,051	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	374,858,051	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,356,295	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,103,594	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,459,889	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	6,356,295				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,103,594				2.00
3.00	Total (sum of lines 1-2)	0	21,459,889				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	193,267,797	0	193,267,797	0.515576	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	181,590,253	0	181,590,253	0.484424	0	2.00
3.00	Total (sum of lines 1-2)	374,858,050	0	374,858,050	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,315,973	-50,620	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,707,198	5,409,093	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,023,171	5,358,473	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,765,954	314,624	3,757,152	0	17,103,083	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,087,158	85,173	0	0	21,288,622	2.00
3.00	Total (sum of lines 1-2)	9,853,112	399,797	3,757,152	0	38,391,705	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,204,307		CAP REL COSTS-BLDG & FIXT	1.00		9	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	-13,575,430					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-7,016		RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	7,783,577					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-2,134,940		CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-31,850		OTHER ADMINISTRATIVE AND GENERAL	5.02		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-878,287		CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	243,605		CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 NON ALLOWABLE BAD DEBTS	A	-31,502,516		ADMINITTING	5.01		0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 TRAINING REVENUES	B	-15,700	NURSING ADMINISTRATION	13.00	0	33.01
33.02 OTHER MISC REVENUES	B	-2,913,597	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.02
33.03 PATIENT PHONES WAGE COST	A	-36,858	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.03
33.04 PATIENT PHONES BENEFITS COST	A	-7,868	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 PATIENT PHONES EXPENSE	A	-10,918	ADMINISTRATION	5.01	0	33.05
33.06 PATIENT PHONES DEPRECIATION COST	A	-3,031	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.06
33.07 PATIENT TV - CABLE EXPENSE	A	-70,120	OPERATION OF PLANT	7.00	0	33.07
33.08 PATIENT TV DEPRECIATION	A	-10,736	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.08
33.09 MARKETING	A	-73,979	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.09
33.10 LEGAL FEES	A	-68,198	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.10
33.11 PHYSICIAN RECRUITING	A	-227,271	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.11
33.12 LOBBYING IN ASSOCIATION DUES	A	-22,491	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.12
33.13 CHARITABLE CONTRIBUTIONS	A	-297,505	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.13
33.14 PENALTIES	A	-901	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.14
33.15 EQUITY IN AFFILIATES	A	110,131	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.15
33.16 NON-COMPETE AGREEMENT EXPENSES	A	-679,467	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.16
33.17 VALET SERVICE	A	-29,251	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.17
33.18 INTERCOMPANY LEASE RECEIPTS	A	2,369,841	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,295,083				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: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet A-8-1

Date/Time Prepared: 12/1/2014 9:55 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL INTEREST	8,630,242	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL - BLDG	42,272	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL - EQUIP	21,147	0
4.00	5.01	ADMITTING	PASI OPERATING	763,134	0
4.01	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL - BLDG	135,712	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL - EQUIP	1,087,158	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	POOLED HOME OFFICE COSTS	8,262,148	0
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE	1,047,460	2,418,223
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	CIG ASSETS	737,600	1,384,981
4.06	8.00	LAUNDRY & LINEN SERVICE	HLS - CAPITAL	149,474	0
4.07	8.00	LAUNDRY & LINEN SERVICE	HLS - OPERATING	1,257,941	1,316,914
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	3,257,739
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	5,432
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	105,644
4.11	5.02	OTHER ADMINISTRATIVE AND GEN	MIS FEES	0	1,199,847
4.12	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGED CARE	0	251,942
4.13	5.02	OTHER ADMINISTRATIVE AND GEN	CASE MANAGEMENT	0	313,108
4.14	5.02	OTHER ADMINISTRATIVE AND GEN	PURCHASE & ANCILLARY	0	20,202
4.15	5.02	OTHER ADMINISTRATIVE AND GEN	EMERGENCY ROOM	0	180,064
4.16	5.02	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	37,867
4.17	5.02	OTHER ADMINISTRATIVE AND GEN	COMPLIANCE/HIM/CCA FEES	0	88,620
4.18	5.02	OTHER ADMINISTRATIVE AND GEN	SENIOR CIRCLE	0	49,791
4.19	5.01	ADMITTING	PASI COLLECTION FEES	0	1,949,012
4.21	5.01	ADMITTING	EBOS FEES	0	10,670
4.22	5.01	ADMITTING	PASI LIEN UNIT COLLECTION FE	0	273,155
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	1,487,500
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,134,288	14,350,711

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

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

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

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

6.00	B		0.00	COMMUNITY HEALT	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00	E		0.00	HOSPITAL LAUNDR	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
12/1/2014 9:55 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	8,630,242	11		1.00
2.00	42,272	9		2.00
3.00	21,147	9		3.00
4.00	763,134	0		4.00
4.01	135,712	11		4.01
4.02	1,087,158	11		4.02
4.03	8,262,148	0		4.03
4.04	-1,370,763	0		4.04
4.05	-647,381	9		4.05
4.06	149,474	9		4.06
4.07	-58,973	0		4.07
4.08	-3,257,739	0		4.08
4.09	-5,432	0		4.09
4.10	-105,644	0		4.10
4.11	-1,199,847	0		4.11
4.12	-251,942	0		4.12
4.13	-313,108	0		4.13
4.14	-20,202	0		4.14
4.15	-180,064	0		4.15
4.16	-37,867	0		4.16
4.17	-88,620	0		4.17
4.18	-49,791	0		4.18
4.19	-1,949,012	0		4.19
4.21	-10,670	0		4.21
4.22	-273,155	0		4.22
4.23	-1,487,500	0		4.23
5.00	7,783,577			5.00

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

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

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

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

6.00	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
12/1/2014 9:55 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	5.02 OTHER ADMINISTRATIVE AND GENERAL	934,300	922,503	11,797	171,400	79	1.00
2.00	16.00 MEDICAL RECORDS & LIBRARY	44,692	0	44,692	171,400	298	2.00
3.00	30.00 ADULTS & PEDIATRICS	2,805,240	2,805,240	0	0	0	3.00
4.00	31.02 NEONATAL INTENSIVE CARE UNIT	90,080	90,080	0	0	0	4.00
5.00	43.00 NURSERY	3,680	3,680	0	0	0	5.00
6.00	50.00 OPERATING ROOM	450,006	450,006	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	3,822,768	3,822,768	0	0	0	7.00
8.00	60.00 LABORATORY	202,500	202,500	0	0	0	8.00
9.00	90.00 CLINIC	203,136	203,136	0	0	0	9.00
10.00	91.00 EMERGENCY	174,600	174,600	0	0	0	10.00
11.00	95.00 AMBULANCE SERVICES	3,059,970	3,059,970	0	0	0	11.00
12.00	96.00 DURABLE MEDICAL EQUIP-RENTED	1,815,524	1,815,524	0	0	0	12.00
200.00		13,606,496	13,550,007	56,489		377	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	5.02 OTHER ADMINISTRATIVE AND GENERAL	6,510	326	0	0	0	1.00
2.00	16.00 MEDICAL RECORDS & LIBRARY	24,556	1,228	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.02 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00 NURSERY	0	0	0	0	0	5.00
6.00	50.00 OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	60.00 LABORATORY	0	0	0	0	0	8.00
9.00	90.00 CLINIC	0	0	0	0	0	9.00
10.00	91.00 EMERGENCY	0	0	0	0	0	10.00
11.00	95.00 AMBULANCE SERVICES	0	0	0	0	0	11.00
12.00	96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	12.00
200.00		31,066	1,554	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	5.02 OTHER ADMINISTRATIVE AND GENERAL	0	6,510	5,287	927,790	1.00
2.00	16.00 MEDICAL RECORDS & LIBRARY	0	24,556	20,136	20,136	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	2,805,240	3.00
4.00	31.02 NEONATAL INTENSIVE CARE UNIT	0	0	0	90,080	4.00
5.00	43.00 NURSERY	0	0	0	3,680	5.00
6.00	50.00 OPERATING ROOM	0	0	0	450,006	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	3,822,768	7.00
8.00	60.00 LABORATORY	0	0	0	202,500	8.00
9.00	90.00 CLINIC	0	0	0	203,136	9.00
10.00	91.00 EMERGENCY	0	0	0	174,600	10.00
11.00	95.00 AMBULANCE SERVICES	0	0	0	3,059,970	11.00
12.00	96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	1,815,524	12.00
200.00		0	31,066	25,423	13,575,430	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,103,083	17,103,083			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	21,288,622		21,288,622		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,618,753	447,218	21,872	16,087,843	4.00
5.01 00540	ADMITTING	7,090,262	368,630	25,261	628,202	8,112,355
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	45,558,891	741,439	5,339,654	853,002	0
7.00 00700	OPERATION OF PLANT	11,121,693	3,697,478	358,750	264,173	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,410,377	21,444	0	0	0
9.00 00900	HOUSEKEEPING	2,982,559	71,997	26,521	272,115	0
10.00 01000	DIETARY	2,856,081	692,892	66,191	191,495	0
11.00 01100	CAFETERIA	1,450,008	0	0	240,364	0
13.00 01300	NURSING ADMINISTRATION	1,703,263	163,838	7,138	237,518	0
14.00 01400	CENTRAL SERVICES & SUPPLY	6,096,137	299,212	369,539	273,955	0
15.00 01500	PHARMACY	7,214,551	171,289	106,992	877,280	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,356,343	182,942	47,259	421,515	0
17.00 01700	SOCIAL SERVICE	2,125,305	123,243	0	304,478	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	288,384	69,060	403	27,722	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	181,800	0	0	24,396	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,737,580	2,532,461	3,005,085	2,527,949	399,833
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	894,996	104,617	23,504	118,452	9,790
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,662,397	264,300	121,104	333,252	57,912
31.03 03101	CARDIO INTENSIVE CARE UNIT	12,296,057	944,392	221,223	1,543,295	263,438
32.00 03200	CORONARY CARE UNIT	4,486,796	367,747	83,510	571,891	102,095
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	330,037	13,038	1,521	41,677	6,891
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,904,476	2,468,392	4,512,882	1,229,305	1,475,377
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,384,727	0	0	172,937	28,595
53.00 05300	ANESTHESIOLOGY	133,812	1,910	0	18,808	172,273
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,554,940	378,421	1,548,725	700,855	370,372
54.01 05401	PET SCAN	196,887	41,192	557,571	5,454	23,447
56.00 05600	RADIOISOTOPE	1,564,130	95,948	10,286	55,091	118,229
57.00 05700	CT SCAN	837,452	47,449	49,366	100,029	301,516
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	14,263,171	406,933	731,447	695,828	669,659
65.00 06500	RESPIRATORY THERAPY	4,408,187	137,189	236,823	577,456	216,945
66.00 06600	PHYSICAL THERAPY	3,321,235	290,377	220,749	455,642	72,472
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,079,353	323,521	326,061	160,525	249,224
70.00 07000	ELECTROENCEPHALOGRAPHY	1,393,284	35,915	501,459	146,267	35,393
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,574,253	0	0	0	400,802
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	18,785,922	0	0	0	828,977
73.00 07300	DRUGS CHARGED TO PATIENTS	24,190,648	0	0	0	1,323,555
74.00 07400	RENAL DIALYSIS	1,981,576	189,604	3,954	0	37,193
76.00 03140	CARDIO CATH LAB	2,131,659	154,549	1,424,053	184,943	315,032
76.01 03050	ENDOSCOPY	4,482,693	166,107	518,751	449,899	200,363
76.02 03051	CARDIAC REHAB	470,210	0	32,762	63,437	14,082
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,403,455	487,909	12,668	389,513	12,975
91.00 09100	EMERGENCY	5,062,635	481,724	356,459	521,021	359,133
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,232,566	11,032	293,088	329,055	27,933
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,646,511	50,267	11,004	0	6,132
106.00 10600	HEART ACQUISITION	757,277	0	16,157	0	12,717
118.00	SUBTOTALS (SUM OF LINES 1-117)	326,400,975	17,045,676	21,189,792	16,008,796	8,112,355
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	313	57,407	4,604	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	456,341	0	3,024	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	2,055,843	0	3,120	48,016	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	74,105	0	0	5,113	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	183,135	0	88,082	25,918	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	329,170,712	17,103,083	21,288,622	16,087,843	8,112,355	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5A.01	5.02	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	ADMITTING				5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	52,492,986	52,492,986		5.02
7.00 00700	OPERATION OF PLANT	15,442,094	2,929,767	18,371,861	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,431,821	271,654	33,251	1,736,726
9.00 00900	HOUSEKEEPING	3,353,192	636,188	111,638	0
10.00 01000	DIETARY	3,806,659	722,222	1,074,390	0
11.00 01100	CAFETERIA	1,690,372	320,708	0	0
13.00 01300	NURSING ADMINISTRATION	2,111,757	400,655	254,046	0
14.00 01400	CENTRAL SERVICES & SUPPLY	7,038,843	1,335,452	463,955	0
15.00 01500	PHARMACY	8,370,112	1,588,028	265,598	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,008,059	950,159	283,668	0
17.00 01700	SOCIAL SERVICE	2,553,026	484,375	191,099	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	528,565	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	385,569	73,152	107,084	4,594
23.01 02301	PHARMACY RESIDENCY PROGRAM	206,196	39,121	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	28,202,908	5,350,854	3,926,802	623,113
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,151,359	218,443	162,217	11,816
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,438,965	652,461	409,820	13,525
31.03 03101	CARDIO INTENSIVE CARE UNIT	15,268,405	2,896,813	1,464,364	213,665
32.00 03200	CORONARY CARE UNIT	5,612,039	1,064,750	570,224	71,259
40.00 04000	SUBPROVIDER - IPF	0	0	0	0
43.00 04300	NURSERY	393,164	74,593	20,217	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	26,590,432	5,044,896	3,827,459	342,278
51.00 05100	RECOVERY ROOM	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,586,259	300,955	0	0
53.00 05300	ANESTHESIOLOGY	326,803	62,003	2,962	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,553,313	1,622,786	586,775	87,274
54.01 05401	PET SCAN	824,551	156,439	63,872	0
56.00 05600	RADIO SOTOPE	1,843,684	349,795	148,776	0
57.00 05700	CT SCAN	1,335,812	253,438	73,574	26,550
58.00 05800	MRI	0	0	0	0
60.00 06000	LABORATORY	16,767,038	3,181,143	630,986	2,326
65.00 06500	RESPIRATORY THERAPY	5,576,600	1,058,026	212,723	6,645
66.00 06600	PHYSICAL THERAPY	4,360,475	827,295	450,254	11
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	2,138,684	405,764	501,649	6,556
70.00 07000	ELECTROENCEPHALOGRAPHY	2,112,318	400,762	55,689	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,975,055	3,410,335	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,614,899	3,721,456	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	25,514,203	4,840,708	0	0
74.00 07400	RENAL DIALYSIS	2,212,327	419,736	293,998	0
76.00 03140	CARDIO CATH LAB	4,210,236	798,791	239,642	36,662
76.01 03050	ENDOSCOPY	5,817,813	1,103,790	257,563	60,974
76.02 03051	CARDIAC REHAB	580,491	110,134	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	4,306,520	817,059	756,546	26,643
91.00 09100	EMERGENCY	6,780,972	1,286,527	746,956	202,835
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	3,893,674	738,731	17,107	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	1,713,914	325,174	77,943	0
106.00 10600	HEART ACQUISITION	786,151	149,153	0	0
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	326,165,691	51,922,856	18,282,847	1,736,726
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,324	11,824	89,014	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	459,365	87,153	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0
194.01 07951	MARKETING	2,106,979	399,749	0	0
194.02 07952	SENIOR CIRCLE	79,218	15,030	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	297,135	56,374	0	0
200.00 20000	Cross Foot Adjustments	0	0	0	0
201.00 20100	Negative Cost Centers	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.02	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118-201)	329,170,712	52,492,986	18,371,861	1,736,726	4,101,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,845,006					10.00
11.00	01100	0	2,011,080				11.00
13.00	01300	0	23,795	2,847,413			13.00
14.00	01400	0	63,666	0	9,006,304		14.00
15.00	01500	0	91,927	0	220,601	10,596,025	15.00
16.00	01600	0	81,268	0	7,509	0	16.00
17.00	01700	0	37,757	0	1,315	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	5	0	22.00
23.00	02300	0	3,428	0	342	0	23.00
23.01	02301	0	3,453	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,431,753	408,188	804,659	335,523	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	52,129	14,349	37,704	11,773	0	31.01
31.02	02060	335,831	43,073	106,075	54,636	0	31.02
31.03	03101	1,155,855	217,507	491,237	204,425	0	31.03
32.00	03200	227,484	74,375	182,035	81,599	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	114,670	5,417	13,266	9,018	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	186,406	391,293	1,064,934	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	22,506	55,047	0	0	52.00
53.00	05300	0	5,780	0	337	0	53.00
54.00	05400	0	104,049	223,085	73,732	0	54.00
54.01	05401	0	863	1,736	0	0	54.01
56.00	05600	0	7,056	17,536	4,835	0	56.00
57.00	05700	0	16,101	31,840	11,790	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	114,008	0	607,235	0	60.00
65.00	06500	0	87,523	0	64,638	0	65.00
66.00	06600	0	54,058	0	18,230	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	26,835	0	4,573	0	69.00
70.00	07000	0	21,643	0	63,490	0	70.00
71.00	07100	0	0	0	2,638,225	0	71.00
72.00	07200	0	0	0	2,968,405	0	72.00
73.00	07300	0	0	0	0	10,596,025	73.00
74.00	07400	0	0	0	7,486	0	74.00
76.00	03140	0	23,620	58,868	118,645	0	76.00
76.01	03050	0	71,547	143,205	175,159	0	76.01
76.02	03051	0	11,973	0	2,511	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	45,113	123,984	70,921	0	90.00
91.00	09100	0	81,193	165,843	166,695	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	44,375	0	16,815	0	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	5,279	0	0	0	105.00
106.00	10600	0	3,015	0	0	0	106.00
118.00		4,317,722	2,001,146	2,847,413	9,005,402	10,596,025	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	46	0	190.00
192.00	19200	1,312,585	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	6,618	0	768	0	194.01
194.02	07952	0	726	0	88	0	194.02
194.03	07953	214,699	2,590	0	0	0	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
202.00 TOTAL (sum lines 118-201)	5,845,006	2,011,080	2,847,413	9,006,304	10,596,025	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	6,394,487				16.00
17.00 01700	SOCIAL SERVICE	0	3,310,569			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,314,511	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	598,262
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	315,133	163,141	0	380,104	435,119
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	7,716	3,995	0	15,204	2,250
31.02 02060	NEONATAL INTENSIVE CARE UNIT	45,644	23,630	0	288,879	10,126
31.03 03101	CARDIO INTENSIVE CARE UNIT	207,631	107,489	0	0	42,530
32.00 03200	CORONARY CARE UNIT	80,467	41,657	0	0	21,377
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
43.00 04300	NURSERY	5,432	2,812	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,163,481	602,525	0	897,047	15,977
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,538	11,668	0	0	0
53.00 05300	ANESTHESIOLOGY	135,779	70,291	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	291,913	151,121	0	0	0
54.01 05401	PET SCAN	18,480	9,567	0	0	0
56.00 05600	RADIOISOTOPE	93,183	48,240	0	0	0
57.00 05700	CT SCAN	237,643	123,026	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	527,799	273,237	0	0	0
65.00 06500	RESPIRATORY THERAPY	170,987	88,518	0	30,408	0
66.00 06600	PHYSICAL THERAPY	57,120	29,570	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	196,428	101,689	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	27,895	14,441	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,897	163,537	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	653,367	338,242	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,043,174	540,041	0	0	0
74.00 07400	RENAL DIALYSIS	29,314	15,176	0	0	0
76.00 03140	CARDIO CATH LAB	248,296	128,540	0	121,633	4,501
76.01 03050	ENDOSCOPY	157,918	81,753	0	0	0
76.02 03051	CARDIAC REHAB	11,099	5,746	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	10,226	5,294	0	1,429,194	29,253
91.00 09100	EMERGENCY	283,055	146,535	0	0	26,328
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	22,016	11,397	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	4,833	2,502	0	0	0
106.00 10600	HEART ACQUISITION	10,023	5,189	0	0	10,801
118.00 00000	SUBTOTALS (SUM OF LINES 1-117)	6,394,487	3,310,569	0	3,162,469	598,262
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	152,042	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0
194.02 07952	SENIOR CIRCLE	0	0	0	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,394,487	3,310,569	0	3,314,511	598,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	248,770				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	44,260,817	-380,104	43,880,713	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,725,453	-15,204	1,710,249	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	5,514,873	-288,879	5,225,994	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	22,599,399	0	22,599,399	31.03
32.00	03200	CORONARY CARE UNIT	0	8,155,565	0	8,155,565	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
43.00	04300	NURSERY	0	643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	40,987,895	-897,047	40,090,848	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,998,973	0	1,998,973	52.00
53.00	05300	ANESTHESIOLOGY	0	604,621	0	604,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,826,071	0	11,826,071	54.00
54.01	05401	PET SCAN	0	1,089,879	0	1,089,879	54.01
56.00	05600	RADIOISOTOPE	0	2,546,579	0	2,546,579	56.00
57.00	05700	CT SCAN	0	2,126,328	0	2,126,328	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	22,245,742	0	22,245,742	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,343,930	-30,408	7,313,522	65.00
66.00	06600	PHYSICAL THERAPY	0	5,898,319	0	5,898,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,495,048	0	3,495,048	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,708,768	0	2,708,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,503,049	0	24,503,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,296,369	0	27,296,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248,770	42,782,921	0	42,782,921	73.00
74.00	07400	RENAL DIALYSIS	0	3,044,186	0	3,044,186	74.00
76.00	03140	CARDIO CATH LAB	0	6,043,353	-121,633	5,921,720	76.00
76.01	03050	ENDOSCOPY	0	7,927,673	0	7,927,673	76.01
76.02	03051	CARDIAC REHAB	0	721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	7,790,974	-1,429,194	6,361,780	90.00
91.00	09100	EMERGENCY	0	10,055,002	0	10,055,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,747,964	0	4,747,964	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	2,147,182	0	2,147,182	105.00
106.00	10600	HEART ACQUISITION	0	964,332	0	964,332	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	248,770	323,796,357	-3,162,469	320,633,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	183,236	0	183,236	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,011,145	-152,042	1,859,103	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01	07951	MARKETING	0	2,514,114	0	2,514,114	194.01
194.02	07952	SENIOR CIRCLE	0	95,062	0	95,062	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	570,798	0	570,798	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	248,770	329,170,712	-3,314,511	325,856,201		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	447,218	21,872	469,090	469,090 4.00
5.01 00540	ADMITTING	0	368,630	25,261	393,891	18,315 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	741,439	5,339,654	6,081,093	24,869 5.02
7.00 00700	OPERATION OF PLANT	0	3,697,478	358,750	4,056,228	7,702 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,444	0	21,444	0 8.00
9.00 00900	HOUSEKEEPING	0	71,997	26,521	98,518	7,934 9.00
10.00 01000	DIETARY	0	692,892	66,191	759,083	5,583 10.00
11.00 01100	CAFETERIA	0	0	0	0	7,008 11.00
13.00 01300	NURSING ADMINISTRATION	0	163,838	7,138	170,976	6,925 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	299,212	369,539	668,751	7,987 14.00
15.00 01500	PHARMACY	0	171,289	106,992	278,281	25,577 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	182,942	47,259	230,201	12,289 16.00
17.00 01700	SOCIAL SERVICE	0	123,243	0	123,243	8,877 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	69,060	403	69,463	808 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	711 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,532,461	3,005,085	5,537,546	73,751 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	104,617	23,504	128,121	3,453 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	264,300	121,104	385,404	9,716 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	944,392	221,223	1,165,615	44,995 31.03
32.00 03200	CORONARY CARE UNIT	0	367,747	83,510	451,257	16,674 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	13,038	1,521	14,559	1,215 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,468,392	4,512,882	6,981,274	35,841 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	5,042 52.00
53.00 05300	ANESTHESIOLOGY	0	1,910	0	1,910	548 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	378,421	1,548,725	1,927,146	20,434 54.00
54.01 05401	PET SCAN	0	41,192	557,571	598,763	159 54.01
56.00 05600	RADIO SOTOPE	0	95,948	10,286	106,234	1,606 56.00
57.00 05700	CT SCAN	0	47,449	49,366	96,815	2,916 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	406,933	731,447	1,138,380	20,287 60.00
65.00 06500	RESPIRATORY THERAPY	0	137,189	236,823	374,012	16,836 65.00
66.00 06600	PHYSICAL THERAPY	0	290,377	220,749	511,126	13,284 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	323,521	326,061	649,582	4,680 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	35,915	501,459	537,374	4,264 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	189,604	3,954	193,558	0 74.00
76.00 03140	CARDIO CATH LAB	0	154,549	1,424,053	1,578,602	5,392 76.00
76.01 03050	ENDOSCOPY	0	166,107	518,751	684,858	13,117 76.01
76.02 03051	CARDIAC REHAB	0	0	32,762	32,762	1,850 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	487,909	12,668	500,577	11,356 90.00
91.00 09100	EMERGENCY	0	481,724	356,459	838,183	15,190 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	11,032	293,088	304,120	9,594 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	50,267	11,004	61,271	0 105.00
106.00 10600	HEART ACQUISITION	0	0	16,157	16,157	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	17,045,676	21,189,792	38,235,468	466,785 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,407	4,604	62,011	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,024	3,024	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	3,120	3,120	1,400 194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	149 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	88,082	88,082	756	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	17,103,083	21,288,622	38,391,705	469,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00540	412,206					5.01
5.02 00560	0	6,105,962				5.02
7.00 00700	0	340,792	4,404,722			7.00
8.00 00800	0	31,599	7,972	61,015		8.00
9.00 00900	0	74,002	26,766	0	207,220	9.00
10.00 01000	0	84,009	257,589	0	12,215	10.00
11.00 01100	0	37,305	0	0	0	11.00
13.00 01300	0	46,604	60,908	0	2,888	13.00
14.00 01400	0	155,340	111,235	0	5,275	14.00
15.00 01500	0	184,720	63,678	0	3,020	15.00
16.00 01600	0	110,523	68,010	0	3,225	16.00
17.00 01700	0	56,343	45,817	0	2,173	17.00
21.00 02100	0	0	0	0	0	21.00
22.00 02200	0	61,483	0	0	0	22.00
23.00 02300	0	8,509	25,674	161	1,217	23.00
23.01 02301	0	4,551	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	20,344	622,372	941,467	21,893	44,645	30.00
31.00 03100	0	0	0	0	0	31.00
31.01 02080	498	25,409	38,892	415	1,844	31.01
31.02 02060	2,947	75,895	98,256	475	4,659	31.02
31.03 03101	13,404	336,958	351,087	7,507	16,648	31.03
32.00 03200	5,195	123,852	136,713	2,503	6,483	32.00
40.00 04000	0	0	0	0	0	40.00
43.00 04300	351	8,677	4,847	0	230	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	74,511	586,824	917,647	12,025	43,514	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	1,455	35,007	0	0	0	52.00
53.00 05300	8,765	7,212	710	0	34	53.00
54.00 05400	18,845	188,763	140,681	3,066	6,671	54.00
54.01 05401	1,193	18,197	15,314	0	726	54.01
56.00 05600	6,016	40,688	35,670	0	1,691	56.00
57.00 05700	15,341	29,480	17,640	933	836	57.00
58.00 05800	0	0	0	0	0	58.00
60.00 06000	34,073	370,032	151,281	82	7,174	60.00
65.00 06500	11,038	123,070	51,001	233	2,418	65.00
66.00 06600	3,687	96,231	107,950	0	5,119	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	12,681	47,199	120,272	230	5,703	69.00
70.00 07000	1,801	46,617	13,352	0	633	70.00
71.00 07100	20,393	396,691	0	0	0	71.00
72.00 07200	42,179	432,881	0	0	0	72.00
73.00 07300	67,343	563,073	0	0	0	73.00
74.00 07400	1,892	48,824	70,487	0	3,342	74.00
76.00 03140	16,029	92,916	57,455	1,288	2,724	76.00
76.01 03050	10,195	128,393	61,752	2,142	2,928	76.01
76.02 03051	717	12,811	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	660	95,041	181,385	936	8,601	90.00
91.00 09100	18,273	149,649	179,085	7,126	8,492	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	1,421	85,929	4,101	0	194	95.00
96.00 09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	312	37,824	18,687	0	886	105.00
106.00 10600	647	17,350	0	0	0	106.00
118.00	412,206	6,039,645	4,383,381	61,015	206,208	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	1,375	21,341	0	1,012	190.00
192.00 19200	0	10,138	0	0	0	192.00
194.00 07950	0	0	0	0	0	194.00
194.01 07951	0	46,499	0	0	0	194.01
194.02 07952	0	1,748	0	0	0	194.02
194.03 07953	0	6,557	0	0	0	194.03
200.00						200.00
201.00						201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017			Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.01	5.02	7.00	8.00	9.00		
202.00	TOTAL (sum lines 118-201)	412,206	6,105,962	4,404,722	61,015	207,220	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,118,479					10.00
11.00	01100		44,313				11.00
13.00	01300		524	288,825			13.00
14.00	01400		1,403	0	949,991		14.00
15.00	01500		2,026	0	23,269	580,571	15.00
16.00	01600		1,791	0	792	0	16.00
17.00	01700		832	0	139	0	17.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		76	0	36	0	23.00
23.01	02301		76	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	465,333	8,994	81,637	35,391	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	9,975	316	3,824	1,242	0	31.01
31.02	02060	64,263	949	10,759	5,763	0	31.02
31.03	03101	221,180	4,793	49,824	21,563	0	31.03
32.00	03200	43,530	1,639	18,463	8,607	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	21,943	119	1,346	951	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,107	39,687	112,328	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	496	5,583	0	0	52.00
53.00	05300	0	127	0	36	0	53.00
54.00	05400	0	2,293	22,626	7,777	0	54.00
54.01	05401	0	19	176	0	0	54.01
56.00	05600	0	155	1,779	510	0	56.00
57.00	05700	0	355	3,229	1,244	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	2,512	0	64,051	0	60.00
65.00	06500	0	1,929	0	6,818	0	65.00
66.00	06600	0	1,191	0	1,923	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	591	0	482	0	69.00
70.00	07000	0	477	0	6,697	0	70.00
71.00	07100	0	0	0	278,278	0	71.00
72.00	07200	0	0	0	313,115	0	72.00
73.00	07300	0	0	0	0	580,571	73.00
74.00	07400	0	0	0	790	0	74.00
76.00	03140	0	520	5,971	12,515	0	76.00
76.01	03050	0	1,577	14,525	18,476	0	76.01
76.02	03051	0	264	0	265	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	994	12,575	7,481	0	90.00
91.00	09100	0	1,789	16,821	17,583	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	978	0	1,774	0	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	116	0	0	0	105.00
106.00	10600	0	66	0	0	0	106.00
118.00		826,224	44,094	288,825	949,896	580,571	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	5	0	190.00
192.00	19200	251,171	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	146	0	81	0	194.01
194.02	07952	0	16	0	9	0	194.02
194.03	07953	41,084	57	0	0	0	194.03
200.00							200.00
201.00							201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017			Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	1,118,479	44,313	288,825	949,991	580,571	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	426,831				16.00
17.00 01700	SOCIAL SERVICE	0	237,424			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		61,483	22.00
23.00 02300	PARAMED PRGM-(SPECFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,028	11,737			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	515	287			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,046	1,700			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	13,855	7,733			31.03
32.00 03200	CORONARY CARE UNIT	5,369	2,997			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
43.00 04300	NURSERY	362	202			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	77,774	42,601			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,504	839			52.00
53.00 05300	ANESTHESIOLOGY	9,060	5,057			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,479	10,872			54.00
54.01 05401	PET SCAN	1,233	688			54.01
56.00 05600	RADIOISOTOPE	6,218	3,471			56.00
57.00 05700	CT SCAN	15,858	8,851			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	35,219	19,657			60.00
65.00 06500	RESPIRATORY THERAPY	11,410	6,368			65.00
66.00 06600	PHYSICAL THERAPY	3,812	2,127			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	13,107	7,316			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,861	1,039			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,079	11,765			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	43,598	24,334			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	69,610	38,852			73.00
74.00 07400	RENAL DIALYSIS	1,956	1,092			74.00
76.00 03140	CARDIO CATH LAB	16,568	9,248			76.00
76.01 03050	ENDOSCOPY	10,538	5,882			76.01
76.02 03051	CARDIAC REHAB	741	413			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	682	381			90.00
91.00 09100	EMERGENCY	18,888	10,542			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,469	820			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	323	180			105.00
106.00 10600	HEART ACQUISITION	669	373			106.00
118.00 0	SUBTOTALS (SUM OF LINES 1-117)	426,831	237,424	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01
194.02 07952	SENIOR CIRCLE	0	0			194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	61,483	105,944	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	426,831	237,424	0	61,483	105,944	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	ADMITTING				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	5,338			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,886,138	0	7,886,138	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	214,791	0	214,791	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	663,832	0	663,832	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	2,255,162	0	2,255,162	31.03
32.00	03200	CORONARY CARE UNIT	823,282	0	823,282	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	40.00
43.00	04300	NURSERY	54,802	0	54,802	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,928,133	0	8,928,133	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,926	0	49,926	52.00
53.00	05300	ANESTHESIOLOGY	33,459	0	33,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,368,653	0	2,368,653	54.00
54.01	05401	PET SCAN	636,468	0	636,468	54.01
56.00	05600	RADIOISOTOPE	204,038	0	204,038	56.00
57.00	05700	CT SCAN	193,498	0	193,498	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	1,842,748	0	1,842,748	60.00
65.00	06500	RESPIRATORY THERAPY	605,133	0	605,133	65.00
66.00	06600	PHYSICAL THERAPY	746,450	0	746,450	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	861,843	0	861,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	614,115	0	614,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	728,206	0	728,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	856,107	0	856,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,319,449	0	1,319,449	73.00
74.00	07400	RENAL DIALYSIS	321,941	0	321,941	74.00
76.00	03140	CARDIO CATH LAB	1,799,228	0	1,799,228	76.00
76.01	03050	ENDOSCOPY	954,383	0	954,383	76.01
76.02	03051	CARDIAC REHAB	49,823	0	49,823	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	820,669	0	820,669	90.00
91.00	09100	EMERGENCY	1,281,621	0	1,281,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	410,400	0	410,400	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	119,599	0	119,599	105.00
106.00	10600	HEART ACQUISITION	35,262	0	35,262	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,679,159	37,679,159	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,744	0	85,744	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	264,333	0	264,333	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	194.00
194.01	07951	MARKETING	51,246	0	51,246	194.01
194.02	07952	SENIOR CIRCLE	1,922	0	1,922	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	136,536	0	136,536	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	5,338	172,765	0	172,765		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	5,338	38,391,705	0	38,391,705		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	716,220					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		9,982,305				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	18,728	10,256	103,359,338			4.00
5.01 00540 ADMITTING	15,437	11,845	4,035,994	1,984,598,649		5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	31,049	2,503,782	5,480,254	0	-52,492,986	5.02
7.00 00700 OPERATION OF PLANT	154,838	168,219	1,697,225	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	898	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	3,015	12,436	1,748,247	0	0	9.00
10.00 01000 DIETARY	29,016	31,037	1,230,290	0	0	10.00
11.00 01100 CAFETERIA	0	0	1,544,259	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	6,861	3,347	1,525,972	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	12,530	173,278	1,760,071	0	0	14.00
15.00 01500 PHARMACY	7,173	50,169	5,636,234	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,661	22,160	2,708,092	0	0	16.00
17.00 01700 SOCIAL SERVICE	5,161	0	1,956,174	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	2,892	189	178,102	0	0	23.00
23.01 02301 PHARMACY RESIDENCY PROGRAM	0	0	156,737	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	106,051	1,409,094	16,241,476	97,806,578	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	4,381	11,021	761,018	2,394,923	0	31.01
31.02 02060 NEONATAL INTENSIVE CARE UNIT	11,068	56,786	2,141,036	14,166,369	0	31.02
31.03 03101 CARDIO INTENSIVE CARE UNIT	39,548	103,732	9,915,162	64,441,705	0	31.03
32.00 03200 CORONARY CARE UNIT	15,400	39,158	3,674,214	24,974,258	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 04300 NURSERY	546	713	267,764	1,685,765	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	103,368	2,116,105	7,897,878	361,071,239	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,111,063	6,994,934	0	52.00
53.00 05300 ANESTHESIOLOGY	80	0	120,836	42,141,130	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,847	726,202	4,502,763	90,599,823	0	54.00
54.01 05401 PET SCAN	1,725	261,447	35,040	5,735,464	0	54.01
56.00 05600 RADIOISOTOPE	4,018	4,823	353,944	28,920,949	0	56.00
57.00 05700 CT SCAN	1,987	23,148	642,653	73,756,438	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	17,041	342,978	4,470,469	163,810,992	0	60.00
65.00 06500 RESPIRATORY THERAPY	5,745	111,047	3,709,962	53,068,637	0	65.00
66.00 06600 PHYSICAL THERAPY	12,160	103,510	2,927,352	17,728,066	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	13,548	152,891	1,031,323	60,964,769	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,504	235,136	939,717	8,657,668	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	98,043,620	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	202,783,096	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	323,765,854	0	73.00
74.00 07400 RENAL DIALYSIS	7,940	1,854	0	9,098,177	0	74.00
76.00 03140 CARDIO CATH LAB	6,472	667,743	1,188,201	77,062,563	0	76.00
76.01 03050 ENDOSCOPY	6,956	243,244	2,890,456	49,012,568	0	76.01
76.02 03051 CARDIAC REHAB	0	15,362	407,559	3,444,797	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	20,432	5,940	2,502,493	3,173,904	0	90.00
91.00 09100 EMERGENCY	20,173	167,145	3,347,388	87,850,570	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	462	137,430	2,114,068	6,833,008	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	2,105	5,160	0	1,500,085	0	105.00
106.00 10600 HEART ACQUISITION	0	7,576	0	3,110,700	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	713,816	9,935,963	102,851,486	1,984,598,649	-52,492,986	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404	2,159	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,418	0	0	0	192.00
194.00 07950 CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	1,463	308,486	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	32,851	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	41,302	166,515	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	17,103,083	21,288,622	16,087,843	8,112,355		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.879650	2.132636	0.155650	0.004088		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			469,090	412,206		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.004538	0.000208		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	276,677,726				5.02
7.00	00700	OPERATION OF PLANT	15,442,094	496,168			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,431,821	898	2,145,118		8.00
9.00	00900	HOUSEKEEPING	3,353,192	3,015	0	492,255	9.00
10.00	01000	DIETARY	3,806,659	29,016	0	29,016	714,581
11.00	01100	CAFETERIA	1,690,372	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,111,757	6,861	0	6,861	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,038,843	12,530	0	12,530	0
15.00	01500	PHARMACY	8,370,112	7,173	0	7,173	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,008,059	7,661	0	7,661	0
17.00	01700	SOCIAL SERVICE	2,553,026	5,161	0	5,161	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	385,569	2,892	5,674	2,892	0
23.01	02301	PHARMACY RESIDENCY PROGRAM	206,196	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,202,908	106,051	769,639	106,051	297,294
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,151,359	4,381	14,595	4,381	6,373
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,438,965	11,068	16,705	11,068	41,057
31.03	03101	CARDIO INTENSIVE CARE UNIT	15,268,405	39,548	263,909	39,548	141,309
32.00	03200	CORONARY CARE UNIT	5,612,039	15,400	88,015	15,400	27,811
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	393,164	546	0	546	14,019
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,590,432	103,368	422,765	103,368	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,586,259	0	0	0	0
53.00	05300	ANESTHESIOLOGY	326,803	80	0	80	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,553,313	15,847	107,796	15,847	0
54.01	05401	PET SCAN	824,551	1,725	0	1,725	0
56.00	05600	RADIOISOTOPE	1,843,684	4,018	0	4,018	0
57.00	05700	CT SCAN	1,335,812	1,987	32,793	1,987	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	16,767,038	17,041	2,873	17,041	0
65.00	06500	RESPIRATORY THERAPY	5,576,600	5,745	8,207	5,745	0
66.00	06600	PHYSICAL THERAPY	4,360,475	12,160	14	12,160	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,138,684	13,548	8,098	13,548	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112,318	1,504	0	1,504	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,975,055	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,614,899	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	25,514,203	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,212,327	7,940	0	7,940	0
76.00	03140	CARDIO CATH LAB	4,210,236	6,472	45,283	6,472	0
76.01	03050	ENDOSCOPY	5,817,813	6,956	75,312	6,956	0
76.02	03051	CARDIAC REHAB	580,491	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,306,520	20,432	32,908	20,432	0
91.00	09100	EMERGENCY	6,780,972	20,173	250,532	20,173	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,893,674	462	0	462	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,713,914	2,105	0	2,105	0
106.00	10600	HEART ACQUISITION	786,151	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	273,672,705	493,764	2,145,118	489,851	527,863
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,324	2,404	0	2,404	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	459,365	0	0	0	160,470
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	2,106,979	0	0	0	0
194.02	07952	SENIOR CIRCLE	79,218	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	297,135	0	0	0	26,248
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	52,492,986	18,371,861	1,736,726	4,101,018	5,845,006	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.189726	37.027501	0.809618	8.331084	8.179627	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,105,962	4,404,722	61,015	207,220	1,118,479	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.022069	8.877481	0.028444	0.420961	1.565224	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	160,752					11.00
13.00	01300	NURSING ADMINISTRATION	1,902	57,472,552				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,089	0	56,997,555			14.00
15.00	01500	PHARMACY	7,348	0	1,396,104	24,190,648		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,496	0	47,523	0	1,984,598,649	16.00
17.00	01700	SOCIAL SERVICE	3,018	0	8,321	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	29	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	274	0	2,165	0	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	276	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,628	16,241,477	2,123,399	0	97,806,578	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,147	761,018	74,504	0	2,394,923	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,443	2,141,036	345,771	0	14,166,369	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	17,386	9,915,162	1,293,731	0	64,441,705	31.03
32.00	03200	CORONARY CARE UNIT	5,945	3,674,214	516,409	0	24,974,258	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	433	267,764	57,070	0	1,685,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,900	7,897,879	6,739,574	0	361,071,239	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,799	1,111,063	0	0	6,994,934	52.00
53.00	05300	ANESTHESIOLOGY	462	0	2,132	0	42,141,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,317	4,502,763	466,625	0	90,599,823	54.00
54.01	05401	PET SCAN	69	35,040	0	0	5,735,464	54.01
56.00	05600	RADIOISOTOPE	564	353,944	30,597	0	28,920,949	56.00
57.00	05700	CT SCAN	1,287	642,653	74,616	0	73,756,438	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	9,113	0	3,842,969	0	163,810,992	60.00
65.00	06500	RESPIRATORY THERAPY	6,996	0	409,068	0	53,068,637	65.00
66.00	06600	PHYSICAL THERAPY	4,321	0	115,371	0	17,728,066	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	2,145	0	28,942	0	60,964,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,730	0	401,802	1,800	8,657,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,696,359	0	98,043,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,785,922	0	202,783,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,190,648	323,765,854	73.00
74.00	07400	RENAL DIALYSIS	0	0	47,379	0	9,098,177	74.00
76.00	03140	CARDIO CATH LAB	1,888	1,188,201	750,858	0	77,062,563	76.00
76.01	03050	ENDOSCOPY	5,719	2,890,456	1,108,515	0	49,012,568	76.01
76.02	03051	CARDIAC REHAB	957	0	15,894	0	3,444,797	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,606	2,502,494	448,830	0	3,173,904	90.00
91.00	09100	EMERGENCY	6,490	3,347,388	1,054,953	0	87,850,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,547	0	106,413	0	6,833,008	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	422	0	0	0	1,500,085	105.00
106.00	10600	HEART ACQUISITION	241	0	0	0	3,110,700	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	159,958	57,472,552	56,991,845	24,190,648	1,984,598,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	293	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	529	0	4,862	0	0	194.01
194.02	07952	SENIOR CIRCLE	58	0	555	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	207	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,011,080	2,847,413	9,006,304	10,596,025	6,394,487	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.510451	0.049544	0.158012	0.438022	0.003222	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,313	288,825	949,991	580,571	426,831	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.275661	0.005025	0.016667	0.024000	0.000215	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMINISTRATIVE					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	1,984,598,649				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,900			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		10,900		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			66,466	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0			0	10,000
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	97,806,578	1,250	1,250	48,341	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923	50	50	250	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	14,166,369	950	950	1,125	0
31.03 03101	CARDIO INTENSIVE CARE UNIT	64,441,705	0	0	4,725	0
32.00 03200	CORONARY CARE UNIT	24,974,258	0	0	2,375	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	1,685,765	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	361,071,239	2,950	2,950	1,775	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,994,934	0	0	0	0
53.00 05300	ANESTHESIOLOGY	42,141,130	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	90,599,823	0	0	0	0
54.01 05401	PET SCAN	5,735,464	0	0	0	0
56.00 05600	RADIOISOTOPE	28,920,949	0	0	0	0
57.00 05700	CT SCAN	73,756,438	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	163,810,992	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	53,068,637	100	100	0	0
66.00 06600	PHYSICAL THERAPY	17,728,066	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	60,964,769	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	8,657,668	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,043,620	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	202,783,096	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	323,765,854	0	0	0	10,000
74.00 07400	RENAL DIALYSIS	9,098,177	0	0	0	0
76.00 03140	CARDIO CATH LAB	77,062,563	400	400	500	0
76.01 03050	ENDOSCOPY	49,012,568	0	0	0	0
76.02 03051	CARDIAC REHAB	3,444,797	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,173,904	4,700	4,700	3,250	0
91.00 09100	EMERGENCY	87,850,570	0	0	2,925	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	6,833,008	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,500,085	0	0	0	0
106.00 10600	HEART ACQUISITION	3,110,700	0	0	1,200	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,984,598,649	10,400	10,400	66,466	10,000
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	500	500	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,310,569	0	3,314,511	598,262	248,770	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001668	0.000000	304.083578	9.001023	24.877000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	237,424	0	61,483	105,944	5,338	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000120	0.000000	5.640642	1.593958	0.533800	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,880,713	0	43,880,713	30.00
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		1,710,249	0	1,710,249	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		5,225,994	0	5,225,994	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		22,599,399	0	22,599,399	31.03
32.00	03200 CORONARY CARE UNIT		8,155,565	0	8,155,565	32.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300 NURSERY		643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		40,090,848	0	40,090,848	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,998,973	0	1,998,973	52.00
53.00	05300 ANESTHESIOLOGY		604,621	0	604,621	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,826,071	0	11,826,071	54.00
54.01	05401 PET SCAN		1,089,879	0	1,089,879	54.01
56.00	05600 RADIOISOTOPE		2,546,579	0	2,546,579	56.00
57.00	05700 CT SCAN		2,126,328	0	2,126,328	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		22,245,742	0	22,245,742	60.00
65.00	06500 RESPIRATORY THERAPY	0	7,313,522	0	7,313,522	65.00
66.00	06600 PHYSICAL THERAPY	0	5,898,319	0	5,898,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		3,495,048	0	3,495,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,708,768	0	2,708,768	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		24,503,049	0	24,503,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,296,369	0	27,296,369	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		42,782,921	0	42,782,921	73.00
74.00	07400 RENAL DIALYSIS		3,044,186	0	3,044,186	74.00
76.00	03140 CARDIO CATH LAB		5,921,720	0	5,921,720	76.00
76.01	03050 ENDOSCOPY		7,927,673	0	7,927,673	76.01
76.02	03051 CARDIAC REHAB		721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		6,361,780	0	6,361,780	90.00
91.00	09100 EMERGENCY		10,055,002	0	10,055,002	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		628,657	0	628,657	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,747,964	0	4,747,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		2,147,182	0	2,147,182	105.00
106.00	10600 HEART ACQUISITION		964,332	0	964,332	106.00
200.00	Subtotal (see instructions)	0	321,262,545	0	321,262,545	200.00
201.00	Less Observation Beds		628,657	0	628,657	201.00
202.00	Total (see instructions)	0	320,633,888	0	320,633,888	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	84,850,577		84,850,577			30.00		
31.00 03100 INTENSIVE CARE UNIT	0		0			31.00		
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923			31.01		
31.02 02060 NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369			31.02		
31.03 03101 CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705			31.03		
32.00 03200 CORONARY CARE UNIT	24,974,258		24,974,258			32.00		
40.00 04000 SUBPROVIDER - IPF	0		0			40.00		
43.00 04300 NURSERY	1,685,765		1,685,765			43.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	202,290,538	158,780,701	361,071,239	0.111033	0.000000	50.00		
51.00 05100 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,939,038	55,896	6,994,934	0.285774	0.000000	52.00		
53.00 05300 ANESTHESIOLOGY	25,229,613	16,911,517	42,141,130	0.143488	0.000000	53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	35,671,817	54,928,006	90,599,823	0.130531	0.000000	54.00		
54.01 05401 PET SCAN	182,489	5,552,975	5,735,464	0.190025	0.000000	54.01		
56.00 05600 RADIOISOTOPE	5,306,125	23,614,824	28,920,949	0.088053	0.000000	56.00		
57.00 05700 CT SCAN	30,286,909	43,469,529	73,756,438	0.028829	0.000000	57.00		
58.00 05800 MRI	0	0	0	0.000000	0.000000	58.00		
60.00 06000 LABORATORY	96,118,328	67,692,664	163,810,992	0.135801	0.000000	60.00		
65.00 06500 RESPIRATORY THERAPY	50,488,396	2,580,241	53,068,637	0.137813	0.000000	65.00		
66.00 06600 PHYSICAL THERAPY	10,912,535	6,815,531	17,728,066	0.332711	0.000000	66.00		
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00		
68.00 06800 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00		
69.00 06900 ELECTROCARDIOLOGY	26,017,305	34,947,464	60,964,769	0.057329	0.000000	69.00		
70.00 07000 ELECTROENCEPHALOGRAPHY	1,109,368	7,548,300	8,657,668	0.312875	0.000000	70.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	65,412,497	32,631,123	98,043,620	0.249920	0.000000	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	130,175,126	72,607,970	202,783,096	0.134609	0.000000	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	225,667,210	98,098,644	323,765,854	0.132142	0.000000	73.00		
74.00 07400 RENAL DIALYSIS	8,913,747	184,430	9,098,177	0.334593	0.000000	74.00		
76.00 03140 CARDIO CATH LAB	38,408,622	38,653,941	77,062,563	0.076843	0.000000	76.00		
76.01 03050 ENDOSCOPY	8,353,798	40,658,770	49,012,568	0.161748	0.000000	76.01		
76.02 03051 CARDIAC REHAB	2,709,062	735,735	3,444,797	0.209578	0.000000	76.02		
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	343,767	2,830,137	3,173,904	2.004402	0.000000	90.00		
91.00 09100 EMERGENCY	27,583,754	60,266,816	87,850,570	0.114456	0.000000	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	2,421,100	10,534,901	12,956,001	0.048522	0.000000	92.00		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	5,444	6,827,564	6,833,008	0.694857	0.000000	95.00		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00		
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	1,500,085	0	1,500,085			105.00		
106.00 10600 HEART ACQUISITION	3,110,700	0	3,110,700			106.00		
200.00 Subtotal (see instructions)	1,197,670,970	786,927,679	1,984,598,649			200.00		
201.00 Less Observation Beds						201.00		
202.00 Total (see instructions)	1,197,670,970	786,927,679	1,984,598,649			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.111033		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.285774		52.00
53.00	05300 ANESTHESIOLOGY	0.014348		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130531		54.00
54.01	05401 PET SCAN	0.190025		54.01
56.00	05600 RADIOISOTOPE	0.088053		56.00
57.00	05700 CT SCAN	0.028829		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.135801		60.00
65.00	06500 RESPIRATORY THERAPY	0.137813		65.00
66.00	06600 PHYSICAL THERAPY	0.332711		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.057329		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.312875		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134609		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132142		73.00
74.00	07400 RENAL DIALYSIS	0.334593		74.00
76.00	03140 CARDIO CATH LAB	0.076843		76.00
76.01	03050 ENDOSCOPY	0.161748		76.01
76.02	03051 CARDIAC REHAB	0.209578		76.02
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2.004402		90.00
91.00	09100 EMERGENCY	0.114456		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.048522		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.694857		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
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12/1/2014 9:55 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	43,880,713		43,880,713	0	43,880,713	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	1,710,249		1,710,249	0	1,710,249	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	5,225,994		5,225,994	0	5,225,994	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	22,599,399		22,599,399	0	22,599,399	31.03
32.00	03200 CORONARY CARE UNIT	8,155,565		8,155,565	0	8,155,565	32.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	643,138		643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	40,090,848		40,090,848	0	40,090,848	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,998,973		1,998,973	0	1,998,973	52.00
53.00	05300 ANESTHESIOLOGY	604,621		604,621	0	604,621	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,826,071		11,826,071	0	11,826,071	54.00
54.01	05401 PET SCAN	1,089,879		1,089,879	0	1,089,879	54.01
56.00	05600 RADIOISOTOPE	2,546,579		2,546,579	0	2,546,579	56.00
57.00	05700 CT SCAN	2,126,328		2,126,328	0	2,126,328	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	22,245,742		22,245,742	0	22,245,742	60.00
65.00	06500 RESPIRATORY THERAPY	7,313,522	0	7,313,522	0	7,313,522	65.00
66.00	06600 PHYSICAL THERAPY	5,898,319	0	5,898,319	0	5,898,319	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	3,495,048		3,495,048	0	3,495,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,708,768		2,708,768	0	2,708,768	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	24,503,049		24,503,049	0	24,503,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,296,369		27,296,369	0	27,296,369	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,782,921		42,782,921	0	42,782,921	73.00
74.00	07400 RENAL DIALYSIS	3,044,186		3,044,186	0	3,044,186	74.00
76.00	03140 CARDIO CATH LAB	5,921,720		5,921,720	0	5,921,720	76.00
76.01	03050 ENDOSCOPY	7,927,673		7,927,673	0	7,927,673	76.01
76.02	03051 CARDIAC REHAB	721,954		721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,361,780		6,361,780	0	6,361,780	90.00
91.00	09100 EMERGENCY	10,055,002		10,055,002	0	10,055,002	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	628,657		628,657	0	628,657	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,747,964		4,747,964	0	4,747,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,147,182		2,147,182	0	2,147,182	105.00
106.00	10600 HEART ACQUISITION	964,332		964,332	0	964,332	106.00
200.00	Subtotal (see instructions)	321,262,545	0	321,262,545	0	321,262,545	200.00
201.00	Less Observation Beds	628,657		628,657	0	628,657	201.00
202.00	Total (see instructions)	320,633,888	0	320,633,888	0	320,633,888	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,850,577		84,850,577		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705		31.03
32.00	03200	CORONARY CARE UNIT	24,974,258		24,974,258		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,685,765		1,685,765		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	202,290,538	158,780,701	361,071,239	0.111033	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,939,038	55,896	6,994,934	0.285774	52.00
53.00	05300	ANESTHESIOLOGY	25,229,613	16,911,517	42,141,130	0.143488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,671,817	54,928,006	90,599,823	0.130531	54.00
54.01	05401	PET SCAN	182,489	5,552,975	5,735,464	0.190025	54.01
56.00	05600	RADIOISOTOPE	5,306,125	23,614,824	28,920,949	0.088053	56.00
57.00	05700	CT SCAN	30,286,909	43,469,529	73,756,438	0.028829	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	96,118,328	67,692,664	163,810,992	0.135801	60.00
65.00	06500	RESPIRATORY THERAPY	50,488,396	2,580,241	53,068,637	0.137813	65.00
66.00	06600	PHYSICAL THERAPY	10,912,535	6,815,531	17,728,066	0.332711	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	26,017,305	34,947,464	60,964,769	0.057329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,368	7,548,300	8,657,668	0.312875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,412,497	32,631,123	98,043,620	0.249920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	130,175,126	72,607,970	202,783,096	0.134609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,667,210	98,098,644	323,765,854	0.132142	73.00
74.00	07400	RENAL DIALYSIS	8,913,747	184,430	9,098,177	0.334593	74.00
76.00	03140	CARDIO CATH LAB	38,408,622	38,653,941	77,062,563	0.076843	76.00
76.01	03050	ENDOSCOPY	8,353,798	40,658,770	49,012,568	0.161748	76.01
76.02	03051	CARDIAC REHAB	2,709,062	735,735	3,444,797	0.209578	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	343,767	2,830,137	3,173,904	2.004402	90.00
91.00	09100	EMERGENCY	27,583,754	60,266,816	87,850,570	0.114456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,421,100	10,534,901	12,956,001	0.048522	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,444	6,827,564	6,833,008	0.694857	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,500,085	0	1,500,085		105.00
106.00	10600	HEART ACQUISITION	3,110,700	0	3,110,700		106.00
200.00		Subtotal (see instructions)	1,197,670,970	786,927,679	1,984,598,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,197,670,970	786,927,679	1,984,598,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 PET SCAN	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03140 CARDIO CATH LAB	0.000000		76.00
76.01	03050 ENDOSCOPY	0.000000		76.01
76.02	03051 CARDIAC REHAB	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	7,886,138	0	7,886,138	52,490	150.24	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	214,791		214,791	906	237.08	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	663,832		663,832	4,545	146.06	31.02
31.03	CARDIO INTENSIVE CARE UNIT	2,255,162		2,255,162	28,006	80.52	31.03
32.00	CORONARY CARE UNIT	823,282		823,282	7,206	114.25	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	54,802		54,802	1,969	27.83	43.00
200.00	Total (lines 30-199)	11,898,007		11,898,007	95,122		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	20,460	3,073,910				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
31.03	CARDIO INTENSIVE CARE UNIT	7,379	594,157				
32.00	CORONARY CARE UNIT	2,442	278,999				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	30,281	3,947,066				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,928,133	361,071,239	0.024727	64,538,362	1,595,840	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,926	6,994,934	0.007137	29,897	213	52.00
53.00	05300	ANESTHESIOLOGY	33,459	42,141,130	0.000794	7,717,208	6,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,368,653	90,599,823	0.026144	12,580,666	328,909	54.00
54.01	05401	PET SCAN	636,468	5,735,464	0.110971	41,709	4,628	54.01
56.00	05600	RADIOISOTOPE	204,038	28,920,949	0.007055	1,962,080	13,842	56.00
57.00	05700	CT SCAN	193,498	73,756,438	0.002623	10,048,452	26,357	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,842,748	163,810,992	0.011249	33,256,676	374,104	60.00
65.00	06500	RESPIRATORY THERAPY	605,133	53,068,637	0.011403	16,534,340	188,541	65.00
66.00	06600	PHYSICAL THERAPY	746,450	17,728,066	0.042106	4,342,602	182,850	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	861,843	60,964,769	0.014137	9,872,637	139,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	614,115	8,657,668	0.070933	326,151	23,135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	728,206	98,043,620	0.007427	20,560,285	152,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	856,107	202,783,096	0.004222	39,776,376	167,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,319,449	323,765,854	0.004075	69,454,688	283,028	73.00
74.00	07400	RENAL DIALYSIS	321,941	9,098,177	0.035385	4,996,200	176,791	74.00
76.00	03140	CARDIO CATH LAB	1,799,228	77,062,563	0.023348	11,363,079	265,305	76.00
76.01	03050	ENDOSCOPY	954,383	49,012,568	0.019472	3,122,716	60,806	76.01
76.02	03051	CARDIAC REHAB	49,823	3,444,797	0.014463	1,008,723	14,589	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	820,669	3,173,904	0.258568	193,560	50,048	90.00
91.00	09100	EMERGENCY	1,281,621	87,850,570	0.014589	7,585,545	110,666	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	112,981	12,956,001	0.008720	1,434,240	12,507	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50-199)	25,328,872	1,780,641,259		320,746,192	4,178,492	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS

Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	435,119	0	435,119	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,250	0	2,250	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	10,126	0	10,126	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	42,530	0	42,530	31.03
32.00	03200	CORONARY CARE UNIT	0	21,377	0	21,377	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	511,402	0	511,402	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	52,490	8.29	20,460	169,613	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	906	2.48	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,545	2.23	0	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	28,006	1.52	7,379	11,216	31.03
32.00	03200	CORONARY CARE UNIT	7,206	2.97	2,442	7,253	32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
43.00	04300	NURSERY	1,969	0.00	0	0	43.00
200.00		Total (lines 30-199)	95,122		30,281	188,082	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	15,977	0	15,977	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
54.01	05401	PET SCAN	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	248,770	0	248,770	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	4,501	0	4,501	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	76.01
76.02	03051	CARDIAC REHAB	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	29,253	0	29,253	90.00
91.00	09100	EMERGENCY	0	0	26,328	0	26,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	6,234	0	6,234	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	331,063	0	331,063	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,977	361,071,239	0.000044	0.000044	64,538,362	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,994,934	0.000000	0.000000	29,897	52.00
53.00	05300	ANESTHESIOLOGY	0	42,141,130	0.000000	0.000000	7,717,208	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	90,599,823	0.000000	0.000000	12,580,666	54.00
54.01	05401	PET SCAN	0	5,735,464	0.000000	0.000000	41,709	54.01
56.00	05600	RADIOISOTOPE	0	28,920,949	0.000000	0.000000	1,962,080	56.00
57.00	05700	CT SCAN	0	73,756,438	0.000000	0.000000	10,048,452	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	163,810,992	0.000000	0.000000	33,256,676	60.00
65.00	06500	RESPIRATORY THERAPY	0	53,068,637	0.000000	0.000000	16,534,340	65.00
66.00	06600	PHYSICAL THERAPY	0	17,728,066	0.000000	0.000000	4,342,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,964,769	0.000000	0.000000	9,872,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,657,668	0.000000	0.000000	326,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,043,620	0.000000	0.000000	20,560,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	202,783,096	0.000000	0.000000	39,776,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248,770	323,765,854	0.000768	0.000768	69,454,688	73.00
74.00	07400	RENAL DIALYSIS	0	9,098,177	0.000000	0.000000	4,996,200	74.00
76.00	03140	CARDIO CATH LAB	4,501	77,062,563	0.000058	0.000058	11,363,079	76.00
76.01	03050	ENDOSCOPY	0	49,012,568	0.000000	0.000000	3,122,716	76.01
76.02	03051	CARDIAC REHAB	0	3,444,797	0.000000	0.000000	1,008,723	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,253	3,173,904	0.009217	0.009217	193,560	90.00
91.00	09100	EMERGENCY	26,328	87,850,570	0.000300	0.000300	7,585,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,234	12,956,001	0.000481	0.000481	1,434,240	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	331,063	1,780,641,259			320,746,192	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,840	36,725,838	1,616	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	3,257,491	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,160,609	0	54.00
54.01	05401	PET SCAN	0	1,210,328	0	54.01
56.00	05600	RADIOISOTOPE	0	6,432,293	0	56.00
57.00	05700	CT SCAN	0	9,882,044	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	0	5,712,533	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	520,592	0	65.00
66.00	06600	PHYSICAL THERAPY	0	122,264	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	9,232,650	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,369,025	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,328,947	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,780,123	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,341	21,858,100	16,787	73.00
74.00	07400	RENAL DIALYSIS	0	167,526	0	74.00
76.00	03140	CARDIO CATH LAB	659	11,570,738	671	76.00
76.01	03050	ENDOSCOPY	0	9,570,731	0	76.01
76.02	03051	CARDIAC REHAB	0	197,851	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,784	434,544	4,005	90.00
91.00	09100	EMERGENCY	2,276	10,982,563	3,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	690	1,997,510	961	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00		Total (lines 50-199)	61,590	173,514,300	27,335	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 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	0.111033	36,725,838	0	0	4,077,780	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	3,257,491	0	0	46,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	13,160,609	0	0	1,717,867	54.00
54.01	05401	PET SCAN	0.190025	1,210,328	0	0	229,993	54.01
56.00	05600	RADIOISOTOPE	0.088053	6,432,293	0	0	566,383	56.00
57.00	05700	CT SCAN	0.028829	9,882,044	0	0	284,889	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.135801	5,712,533	12,746	0	775,768	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	520,592	0	0	71,744	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	122,264	0	0	40,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	9,232,650	0	0	529,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	1,369,025	0	0	428,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	7,328,947	0	0	1,831,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	21,780,123	0	0	2,931,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	21,858,100	0	137,299	2,888,373	73.00
74.00	07400	RENAL DIALYSIS	0.334593	167,526	0	0	56,053	74.00
76.00	03140	CARDIO CATH LAB	0.076843	11,570,738	0	0	889,130	76.00
76.01	03050	ENDOSCOPY	0.161748	9,570,731	0	0	1,548,047	76.01
76.02	03051	CARDIAC REHAB	0.209578	197,851	0	0	41,465	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2.004402	434,544	0	0	871,001	90.00
91.00	09100	EMERGENCY	0.114456	10,982,563	0	0	1,257,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	1,997,510	0	0	96,923	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.694857	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		173,514,300	12,746	137,299	21,180,937	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		173,514,300	12,746	137,299	21,180,937	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part V
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	PET SCAN	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	1,731	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,143	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	76.01
76.02	03051	CARDIAC REHAB	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	1,731	18,143	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	1,731	18,143	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 am
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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.)
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.111033	0	5,366,800	0	0
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.285774	0	3,387	0	0
53.00 05300 ANESTHESIOLOGY	0.014348	0	599,778	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.130531	0	2,111,953	0	0
54.01 05401 PET SCAN	0.190025	0	472,869	0	0
56.00 05600 RADIOISOTOPE	0.088053	0	473,199	0	0
57.00 05700 CT SCAN	0.028829	0	1,793,997	0	0
58.00 05800 MRI	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.135801	0	3,021,471	0	0
65.00 06500 RESPIRATORY THERAPY	0.137813	0	158,505	0	0
66.00 06600 PHYSICAL THERAPY	0.332711	0	637,962	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.057329	0	808,863	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.312875	0	306,531	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	0	1,108,562	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.134609	0	2,829,860	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.132142	0	7,191,255	0	0
74.00 07400 RENAL DIALYSIS	0.334593	0	9,386	0	0
76.00 03140 CARDIO CATH LAB	0.076843	0	924,252	0	0
76.01 03050 ENDOSCOPY	0.161748	0	1,003,789	0	0
76.02 03051 CARDIAC REHAB	0.209578	0	17,566	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	2.004402	0	148,203	0	0
91.00 09100 EMERGENCY	0.114456	0	3,452,946	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.048522	0	531,816	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.694857	0	514,952	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	33,487,902	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0
202.00	Net Charges (line 200 +/- line 201)	0	33,487,902	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part V
Date/Time Prepared:
12/1/2014 9:55 am

		Title XIX		Hospital	Cost
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	595,892	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	968	0	52.00
53.00	05300	ANESTHESIOLOGY	8,606	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,675	0	54.00
54.01	05401	PET SCAN	89,857	0	54.01
56.00	05600	RADIOISOTOPE	41,667	0	56.00
57.00	05700	CT SCAN	51,719	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	410,319	0	60.00
65.00	06500	RESPIRATORY THERAPY	21,844	0	65.00
66.00	06600	PHYSICAL THERAPY	212,257	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	46,371	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,906	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	277,052	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	380,925	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	950,267	0	73.00
74.00	07400	RENAL DIALYSIS	3,140	0	74.00
76.00	03140	CARDIO CATH LAB	71,022	0	76.00
76.01	03050	ENDOSCOPY	162,361	0	76.01
76.02	03051	CARDIAC REHAB	3,681	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	297,058	0	90.00
91.00	09100	EMERGENCY	395,210	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	25,805	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	357,818		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	4,775,420	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	4,775,420	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		52,490	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,490	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)		51,738	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)		20,460	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)		43,880,713	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)		43,880,713	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)		43,880,713	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)		835.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,104,151	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)		17,104,151	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	1,710,249	906	1,887.69	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	5,225,994	4,545	1,149.83	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	22,599,399	28,006	806.95	7,379	5,954,484	43.03
44.00	CORONARY CARE UNIT	8,155,565	7,206	1,131.77	2,442	2,763,782	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)					42,563,212	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,385,629	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)					4,135,148	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,240,082	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,375,230	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,010,399	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)					752	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					835.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					628,657	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D-1

Date/Time Prepared:
12/1/2014 9:55 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	7,886,138	43,880,713	0.179718	628,657	112,981	90.00
91.00	Nursing School cost	0	43,880,713	0.000000	628,657	0	91.00
92.00	Allied health cost	435,119	43,880,713	0.009916	628,657	6,234	92.00
93.00	All other Medical Education	0	43,880,713	0.000000	628,657	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 12/1/2014 9:55 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		28,759,562	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		23,135,978	31.03
32.00	03200	CORONARY CARE UNIT		8,716,117	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111033	64,538,362	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	29,897	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	7,717,208	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	12,580,666	54.00
54.01	05401	PET SCAN	0.190025	41,709	54.01
56.00	05600	RADIOISOTOPE	0.088053	1,962,080	56.00
57.00	05700	CT SCAN	0.028829	10,048,452	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.135801	33,256,676	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	16,534,340	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	4,342,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	9,872,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	326,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	20,560,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	39,776,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	69,454,688	73.00
74.00	07400	RENAL DIALYSIS	0.334593	4,996,200	74.00
76.00	03140	CARDIO CATH LAB	0.076843	11,363,079	76.00
76.01	03050	ENDOSCOPY	0.161748	3,122,716	76.01
76.02	03051	CARDIAC REHAB	0.209578	1,008,723	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.004402	193,560	90.00
91.00	09100	EMERGENCY	0.114456	7,585,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	1,434,240	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		320,746,192	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)		320,746,192	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Title XIX		Hospital	
		Ratio of Cost To Charges		Inpatient Program Charges	
		1.00		2.00	
				Inpatient Program Costs (col. 1 x col. 2)	
				3.00	
Cost Center Description					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,214,570	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		285,726	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		2,029,172	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		5,140,621	31.03
32.00	03200	CORONARY CARE UNIT		1,522,103	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		119,636	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111033	10,662,009	1,183,835 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	374,685	107,075 52.00
53.00	05300	ANESTHESIOLOGY	0.014348	1,367,808	19,625 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	2,517,994	328,676 54.00
54.01	05401	PET SCAN	0.190025	8,380	1,592 54.01
56.00	05600	RADIOISOTOPE	0.088053	250,239	22,034 56.00
57.00	05700	CT SCAN	0.028829	2,006,989	57,859 57.00
58.00	05800	MRI	0.000000	0	0 58.00
60.00	06000	LABORATORY	0.135801	6,948,981	943,679 60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	4,432,822	610,900 65.00
66.00	06600	PHYSICAL THERAPY	0.332711	561,905	186,952 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	1,433,056	82,156 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	107,069	33,499 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	3,869,727	967,122 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	4,836,909	651,091 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	17,869,208	2,361,273 73.00
74.00	07400	RENAL DIALYSIS	0.334593	453,077	151,596 74.00
76.00	03140	CARDIO CATH LAB	0.076843	1,488,228	114,360 76.00
76.01	03050	ENDOSCOPY	0.161748	502,438	81,268 76.01
76.02	03051	CARDIAC REHAB	0.209578	127,769	26,778 76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.004402	28,493	57,111 90.00
91.00	09100	EMERGENCY	0.114456	1,668,459	190,965 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	85,118	4,130 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
200.00		Total (sum of lines 50-94 and 96-98)		61,601,363	8,183,576 200.00
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)		61,601,363	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	45,172	835.98	25	20,900	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,887.69	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,149.83	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	806.95	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,131.77	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		45,172		25	20,900	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.111033	1,199,092	133,139	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.285774	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.014348	104,025	1,493	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.130531	245,450	32,039	12.00	
12.01	PET SCAN	54.01	0.190025	0	0	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.088053	907,681	79,924	14.00	
15.00	CT SCAN	57.00	0.028829	617,399	17,799	15.00	
16.00	MRI	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.135801	1,334,186	181,184	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.137813	134,290	18,507	23.00	
24.00	PHYSICAL THERAPY	66.00	0.332711	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.057329	292,865	16,790	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.312875	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.249920	295,260	73,791	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.134609	6,257	842	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.132142	369,941	48,885	31.00	
32.00	RENAL DIALYSIS	74.00	0.334593	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	CARDIO CATH LAB	76.00	0.076843	0	0	34.00	
34.01	ENDOSCOPY	76.01	0.161748	34,085	5,513	34.01	
34.02	CARDIAC REHAB	76.02	0.209578	0	0	34.02	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	2.004402	78,091	156,526	37.00	
38.00	EMERGENCY	91.00	0.114456	1,759	201	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.048522	25,555	1,240	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			5,645,936	767,873	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	25	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	43.02	
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			25	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	78,091	0.000000	0	51.00	
52.00	EMERGENCY	24.00	1,759	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	25,555	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		105,405		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	788,773		5,691,108		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,147,182		2,451,721		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	2,935,955		8,142,829		61.00	
62.00	Total Usable Organs (see instructions)		47			62.00	
63.00	Medicare Usable Organs (see instructions)		36			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.765957			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,248,815		6,237,057		65.00	
66.00	Revenue for Organs Sold	100,679		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,148,136		6,237,057		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,148,136	0	6,237,057	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		13	19		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	15		73.00	
74.00	Total (sum of lines 70 thru 73)		13	34		74.00	
75.00	Organs Transplanted		13	15	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	19	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		13	34		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

Cost Center Description		Heart		Hospital	PPS		
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	835.98	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,887.69	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,149.83	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	806.95	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,131.77	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.111033		0	0	8.00
9.00	RECOVERY ROOM	51.00	0.000000		0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.285774		0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.014348		0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.130531		0	0	12.00
12.01	PET SCAN	54.01	0.190025		0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000		0	0	13.00
14.00	RADIOISOTOPE	56.00	0.088053		0	0	14.00
15.00	CT SCAN	57.00	0.028829		0	0	15.00
16.00	MRI	58.00	0.000000		0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000		0	0	17.00
18.00	LABORATORY	60.00	0.135801		0	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000		0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000		0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000		0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000		0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.137813		0	0	23.00
24.00	PHYSICAL THERAPY	66.00	0.332711		0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000		0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000		0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.057329		0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.312875		0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.249920		0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.134609		0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.132142		0	0	31.00
32.00	RENAL DIALYSIS	74.00	0.334593		0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000		0	0	33.00
34.00	CARDIO CATH LAB	76.00	0.076843		0	0	34.00
34.01	ENDOSCOPY	76.01	0.161748		0	0	34.01
34.02	CARDIAC REHAB	76.02	0.209578		0	0	34.02
35.00	RURAL HEALTH CLINIC	88.00	0.000000		0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000		0	0	36.00
37.00	CLINIC	90.00	2.004402		0	0	37.00
38.00	EMERGENCY	91.00	0.114456		0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.048522		0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				0	0	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013

Worksheet D-4

Component CCN:

To 06/30/2014

Date/Time Prepared: 12/1/2014 9:55 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	964,332		1,174,586		0	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	964,332		1,174,586		0	61.00
62.00	Total Usable Organs (see instructions)		12			0	62.00
63.00	Medicare Usable Organs (see instructions)		8			0	63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667			0	64.00
65.00	Medicare Cost/Charges (see instructions)	642,888		783,058		0	65.00
66.00	Revenue for Organs Sold	16,944		0		0	66.00
67.00	Subtotal (line 65 minus line 66)	625,944		783,058		0	67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	625,944	0	783,058	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	6		0	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		0	72.00
73.00	Organs Purchased from OPOs		0	6		0	73.00
74.00	Total (sum of lines 70 thru 73)		0	12		0	74.00
75.00	Organs Transplanted		0	6		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	6		0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	12		0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
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, 2013 (see instructions)		12,653,053		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		39,408,525		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		3,207,048		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		29,440,323		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		383.94		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)		10.13		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		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)		10.13		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		8.14		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)		8.14		12.00
13.00	Total allowable FTE count for the prior year.		9.56		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.		9.35		14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.02		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		9.02		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.023493		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.024530		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.023493		21.00
22.00	IME payment adjustment (see instructions)		1,039,638		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.99		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,039,638		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.74		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.87		31.00
32.00	Sum of lines 30 and 31		21.61		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		7.04	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,584,365		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000507964
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				4,595,235
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				3,436,983
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,436,983		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		61,329,612		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		61,329,612		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,043,649		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		312,146		
53.00	Nursing and Allied Health Managed Care payment		174,341		
54.00	Special add-on payments for new technologies		40,296		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		2,774,080		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		188,082		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		61,590		
59.00	Total (sum of amounts on lines 49 through 58)		69,923,796		
60.00	Primary payer payments		86,077		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,837,719		
62.00	Deductibles billed to program beneficiaries		4,777,664		
63.00	Coinurance billed to program beneficiaries		281,088		
64.00	Allowable bad debts (see instructions)		120,052		
65.00	Adjusted reimbursable bad debts (see instructions)		78,034		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,857,001			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		15,200			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-44,949			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-69,815			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,727,037			71.00
71.01	Sequestration adjustment (see instructions)		1,294,541			71.01
72.00	Interim payments		62,802,157			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		630,339			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,738,092			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 12/1/2014 9:55 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			19,874 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			21,153,602 2.00
3.00	PPS payments			23,579,591 3.00
4.00	Outlier payment (see instructions)			134,994 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			27,335 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			19,874 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			150,045 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			150,045 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)			150,045 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			130,171 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)			19,874 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)			23,741,920 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,605,520 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			19,156,274 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			93,085 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			19,249,359 30.00
31.00	Primary payer payments			5,988 31.00
32.00	Subtotal (line 30 minus line 31)			19,243,371 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			67,261 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			43,720 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			19,287,091 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			19,287,091 40.00
40.01	Sequestration adjustment (see instructions)			385,742 40.01
41.00	Interim payments			19,051,989 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-150,640 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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
12/1/2014 9:55 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		62,464,057		19,051,989	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/01/2013	60,800		0	3.01	
3.02		02/11/2014	704,100		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	06/30/2014	426,800		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)		338,100		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		62,802,157		19,051,989	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		630,339		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		150,640	6.02	
7.00	Total Medicare program liability (see instructions)		63,432,496		18,901,349	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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
12/1/2014 9:55 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			18,500 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			30,281 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			18,262 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			92,401 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,984,598,649 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			8,063,005 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,442,766 8.00
9.00	Sequestration adjustment amount (see instructions)			28,855 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,413,911 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,336,152 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)			77,759 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.14	6.00
7.00	Enter the lesser of line 5 or line 6			8.14	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	8.14	0.00	8.14	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	8.14	0.00	8.14	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	8.14	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.95	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.95	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.68	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	8.68	0.00		17.00
18.00	Per resident amount	93,854.34	90,116.59		18.00
19.00	Approved amount for resident costs	814,656	0	814,656	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			814,656	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	30,281	18,262		26.00
27.00	Total Inpatient Days (see instructions)	92,401	92,401		27.00
28.00	Ratio of inpatient days to total inpatient days	0.327713	0.197639		28.00
29.00	Program direct GME amount	266,973	161,008		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		22,750		30.00
31.00	Net Program direct GME amount			405,231	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,098,177	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		68,385,629	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,774,080	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		86,077	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		71,073,632	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,200,811	42.00
43.00	Primary payer payments (see instructions)		5,988	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,194,823	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		92,268,455	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.770292	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.229708	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		405,231	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		312,146	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		93,085	50.00

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

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G

Date/Time Prepared:
12/1/2014 9:55 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	-10,013,009	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	99,647,317	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-20,492,586	0	0	0	6.00
7.00	Inventory	12,596,484	0	0	0	7.00
8.00	Prepaid expenses	2,756,010	0	0	0	8.00
9.00	Other current assets	2,475,545	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)	86,969,761	0	0	0	11.00
FIXED ASSETS						
12.00	Land	14,006,167	0	0	0	12.00
13.00	Land improvements	3,905,311	0	0	0	13.00
14.00	Accumulated depreciation	-1,052,509	0	0	0	14.00
15.00	Buildings	234,764,800	0	0	0	15.00
16.00	Accumulated depreciation	-31,205,041	0	0	0	16.00
17.00	Leasehold improvements	19,997,319	0	0	0	17.00
18.00	Accumulated depreciation	-4,556,926	0	0	0	18.00
19.00	Fixed equipment	4,036,185	0	0	0	19.00
20.00	Accumulated depreciation	-2,238,849	0	0	0	20.00
21.00	Automobiles and trucks	1,058,149	0	0	0	21.00
22.00	Accumulated depreciation	-816,872	0	0	0	22.00
23.00	Major movable equipment	62,749,391	0	0	0	23.00
24.00	Accumulated depreciation	-40,796,887	0	0	0	24.00
25.00	Minor equipment depreciable	30,903,349	0	0	0	25.00
26.00	Accumulated depreciation	-22,530,173	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)	268,223,414	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	9,879,985	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,879,985	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,073,160	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,002,626	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,165,777	0	0	0	38.00
39.00	Payroll taxes payable	1,204,556	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,668	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	-601,984,426	0	0	0	43.00
44.00	Other current liabilities	6,632,076	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-571,962,723	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	-4	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-4	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-571,962,727	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	937,035,887				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)	937,035,887	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,073,160	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-1

Date/Time Prepared:
12/1/2014 9:55 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		783,211,215		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		153,824,682			2.00
3.00	Total (sum of line 1 and line 2)		937,035,897		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		937,035,897		0	11.00
12.00	ROUNDING	10		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		10		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		937,035,887		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ROUNDING		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	86,536,342		86,536,342	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	86,536,342		86,536,342	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369	11.02
11.03	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705	11.03
12.00	CORONARY CARE UNIT	24,974,258		24,974,258	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)	105,977,255		105,977,255	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	192,513,597		192,513,597	17.00
18.00	Ancillary services	974,703,308	706,468,261	1,681,171,569	18.00
19.00	Outpatient services	30,354,065	80,459,418	110,813,483	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,197,570,970	786,927,679	1,984,498,649	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		372,465,795		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)		372,465,795		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-3

Date/Time Prepared:
12/1/2014 9:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,984,498,649	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,467,008,280	2.00
3.00	Net patient revenues (line 1 minus line 2)	517,490,369	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	372,465,795	4.00
5.00	Net income from service to patients (line 3 minus line 4)	145,024,574	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	8,800,108	24.00
25.00	Total other income (sum of lines 6-24)	8,800,108	25.00
26.00	Total (line 5 plus line 25)	153,824,682	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)	153,824,682	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,126,700	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		690,393	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)		253.15	3.00
4.00	Number of interns & residents (see instructions)		9.02	4.00
5.00	Indirect medical education percentage (see instructions)		1.01	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		41,680	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.74	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.87	8.00
9.00	Sum of lines 7 and 8		21.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.48	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		184,876	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,043,649	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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 12/1/2014 1:21 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: 12/1/2014	Time: 1:21 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 LUTHERAN HOSPITAL OF INDIANA (150017) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title 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	630,339	-150,640	77,759	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	630,339	-150,640	77,759	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 12/1/2014 9:55 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 7950 WEST JEFFERSON BLVD		PO Box:								
2.00	City: FT WAYNE		State: IN		Zip Code: 46804		County: ALLEN				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		LUTHERAN HOSPITAL OF INDIANA		150017	23060	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
								From:	To:		
								1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)							07/01/2013	06/30/2014		
21.00	Type of Control (see instructions)							4			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		
22.01	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)										
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		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			6,455	2,066	216	63	8,064	0		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0		
								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			
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			
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			

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	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
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00		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		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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.				109.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	617,374	189,118	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02	
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.		Y		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.		11/05/2008		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.		02/16/1990		127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	449008	140.00	

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1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301				
142.00	Street: 4000 MERIDIAN BLVD	PO Box:						
143.00	City: FRANKLIN	State: TN	Zip Code: 37067					
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00		
				1.00	2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
				1.00				
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
				1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0		
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		
				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)				10/01/2012	09/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 12/1/2014 9:55 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
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		06/30/2013	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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/04/2014	Y	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)	N		N	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: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 12/1/2014 9:55 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		Y	12/31/2013	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.	LISA		PARRISH	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-7554		LISA_PARRISH@CHS.NET	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)	11/04/2014	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)		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	234	85,410	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		234	85,410	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	20	7,300	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,760	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	84	30,660	0.00	0	8.03
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		386	140,890	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						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)		386				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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,460	3,758	51,738			1.00
2.00 HMO and other (see instructions)	18,262	10,186				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,460	3,758	51,738			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	88	906			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	674	4,545			8.02
8.03 CARDIO INTENSIVE CARE UNIT	7,379	1,590	28,006			8.03
9.00 CORONARY CARE UNIT	2,442	425	7,206			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		143	1,969			13.00
14.00 Total (see instructions)	30,281	6,678	94,370	8.14	2,031.33	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				8.14	2,031.33	27.00
28.00 Observation Bed Days		0	752			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 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	5,667	1,028	18,500	1.00
2.00 HMO and other (see instructions)				3,098	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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
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		5,667	1,028	18,500	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
12/1/2014 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	104,079,412	0	104,079,412	4,188,065.00	24.85
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)		2,481,758	475,001	2,956,759	115,517.72	25.60
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		13,595	0	13,595	519.75	26.16
12.00	Contract labor: Top level management and other management and administrative services		95,689	0	95,689	429.82	222.63
13.00	Contract labor: Physician-Part A - Administrative		539,437	0	539,437	3,601.00	149.80
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		7,895,360	0	7,895,360	110,010.00	71.77
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)		21,545,122	0	21,545,122		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		672,743	0	672,743		
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	720,074	0	720,074	25,196.00	28.58
27.00	Administrative & General	5.00	10,280,456	-764,208	9,516,248	434,703.00	21.89
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,697,225	0	1,697,225	72,469.00	23.42
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,748,247	0	1,748,247	144,010.00	12.14
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,737,970	-1,507,680	1,230,290	90,971.59	13.52
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,544,259	1,544,259	114,187.41	13.52
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,442,002	-2,916,030	1,525,972	39,563.00	38.57
39.00	Central Services and Supply	14.00	1,359,737	400,334	1,760,071	105,846.00	16.63
40.00	Pharmacy	15.00	5,636,234	0	5,636,234	152,836.00	36.88

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
12/1/2014 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,895,941	812,151	2,708,092	135,125.00	20.04	41.00
42.00	Social Service	17.00 0	1,956,174	1,956,174	62,764.00	31.17	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
12/1/2014 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	104,079,412	0	104,079,412	4,188,065.00	24.85	1.00
2.00	Excluded area salaries (see instructions)	2,481,758	475,001	2,956,759	115,517.72	25.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	101,597,654	-475,001	101,122,653	4,072,547.28	24.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,544,081	0	8,544,081	114,560.57	74.58	4.00
5.00	Subtotal wage-related costs (see inst.)	21,545,122	0	21,545,122	0.00	21.31	5.00
6.00	Total (sum of lines 3 thru 5)	131,686,857	-475,001	131,211,856	4,187,107.85	31.34	6.00
7.00	Total overhead cost (see instructions)	30,517,886	-475,000	30,042,886	1,377,671.00	21.81	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 12/1/2014 9:55 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,258,144	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	10,711,851	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	203,327	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	89,033	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	-1,231	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	33,639	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	913,039	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	6,026,920	17.00
18.00	Medicare Taxes - Employers Portion Only	1,409,522	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	1,003,776	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)	22,648,020	24.00
Part B - Other than Core Related Cost			
25.00	OTHER EMPLOYEE BENEFITS	-430,153	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part V
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 12/1/2014 9:55 am
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.161561	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		47,171,837	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		213,808,716	6.00		
7.00	Medicaid cost (line 1 times line 6)		34,543,150	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0	9.00		
10.00	Stand-alone SCHIP charges		0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00		
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		1,996,099	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		16,913,445	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		2,732,553	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)		736,454	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)		736,454	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		6,839,529	1,223,476	8,063,005	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,105,001	197,666	1,302,667	21.00
22.00	Partial payment by patients approved for charity care		19,154	18,263	37,417	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,085,847	179,403	1,265,250	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)				29,475,391	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				121,754	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				29,353,637	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				4,742,403	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				6,007,653	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				6,744,107	31.00

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		6,356,295	6,356,295	4,021,156	10,377,451	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		15,103,594	15,103,594	5,494,266	20,597,860	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	720,074	1,138,217	1,858,291	13,768,330	15,626,621	4.00	
5.01 00540 ADMITTING	10,280,456	100,302,876	110,583,332	-70,509,933	40,073,399	5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	48,494,448	48,494,448	5.02	
7.00 00700 OPERATION OF PLANT	1,697,225	9,501,671	11,198,896	-7,083	11,191,813	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,319,950	1,319,950	-74	1,319,876	8.00	
9.00 00900 HOUSEKEEPING	1,748,247	1,234,312	2,982,559	0	2,982,559	9.00	
10.00 01000 DIETARY	2,737,970	3,442,272	6,180,242	-3,324,161	2,856,081	10.00	
11.00 01100 CAFETERIA	0	0	0	3,584,948	3,584,948	11.00	
13.00 01300 NURSING ADMINISTRATION	4,442,002	1,017,420	5,459,422	-3,740,459	1,718,963	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,359,737	40,772,131	42,131,868	-36,035,731	6,096,137	14.00	
15.00 01500 PHARMACY	5,636,234	26,184,685	31,820,919	-24,606,368	7,214,551	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,895,941	1,084,027	2,979,968	1,396,511	4,376,479	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	2,125,305	2,125,305	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	2,785,941	2,785,941	-2,785,941	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,785,941	2,785,941	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	178,102	110,358	288,460	-76	288,384	23.00	
23.01 02301 PHARMACY RESIDENCY PROGRAM	156,737	25,063	181,800	0	181,800	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	17,620,303	6,626,782	24,247,085	-1,704,265	22,542,820	30.00	
31.00 03100 INTENSIVE CARE UNIT	14,350,394	3,333,330	17,683,724	-17,683,724	0	31.00	
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	2,141,036	620,542	2,761,578	-1,866,582	894,996	31.01	
31.02 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	2,752,477	2,752,477	31.02	
31.03 03101 CARDIO INTENSIVE CARE UNIT	0	0	0	12,296,057	12,296,057	31.03	
32.00 03200 CORONARY CARE UNIT	0	0	0	4,486,796	4,486,796	32.00	
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00 04300 NURSERY	0	61,477	61,477	272,240	333,717	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	8,451,902	12,865,631	21,317,533	-3,963,051	17,354,482	50.00	
51.00 05100 RECOVERY ROOM	2,799,775	730,080	3,529,855	-3,529,855	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,384,727	1,384,727	52.00	
53.00 05300 ANESTHESIOLOGY	120,836	3,990,324	4,111,160	-154,580	3,956,580	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,613,216	2,136,340	5,749,556	-187,600	5,561,956	54.00	
54.01 05401 PET SCAN	550,213	63,166	613,379	-416,492	196,887	54.01	
56.00 05600 RADIOISOTOPE	353,944	1,780,768	2,134,712	-570,582	1,564,130	56.00	
57.00 05700 CT SCAN	642,653	201,899	844,552	-7,100	837,452	57.00	
58.00 05800 MRI	374,374	35,865	410,239	-410,239	0	58.00	
60.00 06000 LABORATORY	4,470,469	10,221,652	14,692,121	-226,450	14,465,671	60.00	
65.00 06500 RESPIRATORY THERAPY	3,709,962	1,327,512	5,037,474	-629,287	4,408,187	65.00	
66.00 06600 PHYSICAL THERAPY	2,183,248	616,864	2,800,112	521,123	3,321,235	66.00	
67.00 06700 OCCUPATIONAL THERAPY	515,108	46,461	561,569	-561,569	0	67.00	
68.00 06800 SPEECH PATHOLOGY	228,996	25,789	254,785	-254,785	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,132,380	1,751,483	4,883,863	-3,804,510	1,079,353	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,393,284	1,393,284	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,574,253	17,574,253	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,785,922	18,785,922	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	24,190,648	24,190,648	73.00	
74.00 07400 RENAL DIALYSIS	0	1,981,576	1,981,576	0	1,981,576	74.00	
76.00 03140 CARDIO CATH LAB	0	0	0	2,131,659	2,131,659	76.00	
76.01 03050 ENDOSCOPY	434,420	82,931	517,351	3,965,342	4,482,693	76.01	
76.02 03051 CARDIAC REHAB	0	0	0	470,210	470,210	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,039,151	857,964	2,897,115	709,476	3,606,591	90.00	
91.00 09100 EMERGENCY	3,347,388	1,890,072	5,237,460	-225	5,237,235	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	2,114,068	4,445,631	6,559,699	-267,163	6,292,536	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	1,815,524	1,815,524	0	1,815,524	96.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	1,646,511	1,646,511	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	757,277	757,277	106.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	104,046,561	267,888,475	371,935,036	-2,238,978	369,696,058	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	313	313	0	313	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	456,341	456,341	0	456,341	192.00	
194.00 07950 CLOSED PSYCH UNIT	0	0	0	0	0	194.00	
194.01 07951 MARKETING	0	0	0	2,055,843	2,055,843	194.01	
194.02 07952 SENIOR CIRCLE	32,851	41,254	74,105	0	74,105	194.02	
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	183,135	183,135	194.03	
200.00	TOTAL (SUM OF LINES 118-199)	104,079,412	268,386,383	372,465,795	0	372,465,795	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,725,632	17,103,083	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	690,762	21,288,622	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,868	15,618,753	4.00
5.01	00540	ADMINISTRATIVE	-32,983,137	7,090,262	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,935,557	45,558,891	5.02
7.00	00700	OPERATION OF PLANT	-70,120	11,121,693	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,501	1,410,377	8.00
9.00	00900	HOUSEKEEPING	0	2,982,559	9.00
10.00	01000	DIETARY	0	2,856,081	10.00
11.00	01100	CAFETERIA	-2,134,940	1,450,008	11.00
13.00	01300	NURSING ADMINISTRATION	-15,700	1,703,263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,096,137	14.00
15.00	01500	PHARMACY	0	7,214,551	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,136	4,356,343	16.00
17.00	01700	SOCIAL SERVICE	0	2,125,305	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,785,941	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	288,384	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	181,800	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,805,240	19,737,580	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	894,996	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-90,080	2,662,397	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	12,296,057	31.03
32.00	03200	CORONARY CARE UNIT	0	4,486,796	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	-3,680	330,037	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-450,006	16,904,476	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,384,727	52.00
53.00	05300	ANESTHESIOLOGY	-3,822,768	133,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,016	5,554,940	54.00
54.01	05401	PET SCAN	0	196,887	54.01
56.00	05600	RADIOISOTOPE	0	1,564,130	56.00
57.00	05700	CT SCAN	0	837,452	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-202,500	14,263,171	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,408,187	65.00
66.00	06600	PHYSICAL THERAPY	0	3,321,235	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	1,079,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,393,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,574,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,785,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,190,648	73.00
74.00	07400	RENAL DIALYSIS	0	1,981,576	74.00
76.00	03140	CARDIO CATH LAB	0	2,131,659	76.00
76.01	03050	ENDOSCOPY	0	4,482,693	76.01
76.02	03051	CARDIAC REHAB	0	470,210	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-203,136	3,403,455	90.00
91.00	09100	EMERGENCY	-174,600	5,062,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-3,059,970	3,232,566	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-1,815,524	0	96.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,646,511	105.00
106.00	10600	HEART ACQUISITION	0	757,277	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-43,295,083	326,400,975	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	313	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	456,341	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	2,055,843	194.01
194.02	07952	SENIOR CIRCLE	0	74,105	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	183,135	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-43,295,083	329,170,712	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,773,222	1.00
	TOTALS		0	13,773,222	
B - OXYGEN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	877,894	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	877,894	
C - RENTAL AND LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,409,093	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	5,409,093	
D - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	314,624	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,757,152	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	85,173	3.00
	TOTALS		0	4,156,949	
E - MARKETING DEPARTMENT					
1.00	MARKETING	194.01	307,237	1,746,856	1.00
	TOTALS		307,237	1,746,856	
F - CNO RECLASS					
1.00	NURSING ADMINISTRATION	13.00	274,624	0	1.00
	TOTALS		274,624	0	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,696,359	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,785,922	2.00
3.00	OPERATING ROOM	50.00	0	777,569	3.00
	TOTALS		0	36,259,850	
H - DRUGS / IVS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,190,648	1.00
	TOTALS		0	24,190,648	
I - A&G COSTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	5,332,548	61,025,108	1.00
2.00	DIETARY	10.00	36,579	259,413	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	400,334	1,204,654	3.00
4.00	MARKETING	194.01	1,249	501	4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	166,515	16,620	5.00
	TOTALS		5,937,225	62,506,296	
J - RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	924,587	99,031	1.00
2.00	PET SCAN	54.01	35,040	161,847	2.00
3.00		0.00	0	0	3.00
	TOTALS		959,627	260,878	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
K - DIETARY						
1.00	CAFETERIA	11.00	1,544,259	2,040,689	1.00	
	TOTALS		1,544,259	2,040,689		
L - MISC DEPARTMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	422,330	35,961	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	812,151	615,647	2.00	
3.00	SOCIAL SERVICE	17.00	1,956,174	169,131	3.00	
4.00	OPERATING ROOM	50.00	2,799,774	730,080	4.00	
5.00	CARDIAC REHAB	76.02	407,559	62,651	5.00	
6.00	PHYSICAL THERAPY	66.00	744,104	72,250	6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	939,717	453,567	7.00	
8.00	CARDIO CATH LAB	76.00	1,188,201	943,458	8.00	
9.00	ENDOSCOPY	76.01	2,890,456	1,592,237	9.00	
	TOTALS		12,160,466	4,674,982		
M - ORGAN ACQUISITION						
1.00	KIDNEY ACQUISITION	105.00	0	1,646,511	1.00	
2.00	HEART ACQUISITION	106.00	0	757,277	2.00	
3.00	CLINIC	90.00	463,342	269,100	3.00	
	TOTALS		463,342	2,672,888		
N - ICU COSTS						
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	761,018	133,978	1.00	
2.00	NEONATAL INTENSIVE CARE UNIT	31.02	2,141,036	611,441	2.00	
3.00	CARDIO INTENSIVE CARE UNIT	31.03	9,915,162	2,380,895	3.00	
4.00	CORONARY CARE UNIT	32.00	3,674,214	812,582	4.00	
	TOTALS		16,491,430	3,938,896		
O - LABOR AND DELIVERY						
1.00	NURSERY	43.00	267,764	4,476	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,111,063	273,664	2.00	
	TOTALS		1,378,827	278,140		
P - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,785,941	1.00	
	TOTALS		0	2,785,941		
500.00	Grand Total: Increases		39,517,037	165,573,222	500.00	

RECLASSIFICATIONS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
12/1/2014 9:55 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	13,773,222	0		1.00
	TOTALS		0	13,773,222			
B - OXYGEN							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	94,027	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	154,580	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	629,287	0		3.00
	TOTALS		0	877,894			
C - RENTAL AND LEASE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	50,620	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,892	0		2.00
3.00	ADMINISTRATIVE	5.01	0	12,319	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	116,704	0		4.00
5.00	OPERATION OF PLANT	7.00	0	7,083	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	74	0		6.00
7.00	DIETARY	10.00	0	35,205	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,690	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,361,387	0		9.00
10.00	PHARMACY	15.00	0	415,720	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	31,287	0		11.00
12.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	76	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	47,298	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	5,875	0		14.00
15.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	9,101	0		15.00
16.00	OPERATING ROOM	50.00	0	651,551	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	989,534	0		17.00
18.00	RADIOISOTOPE	56.00	0	570,582	0		18.00
19.00	CT SCAN	57.00	0	7,100	0		19.00
20.00	LABORATORY	60.00	0	226,450	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	295,231	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	273,386	0		22.00
23.00	ENDOSCOPY	76.01	0	3,574	0		23.00
24.00	CLINICAL	90.00	0	22,966	0		24.00
25.00	EMERGENCY	91.00	0	225	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	267,163	0		26.00
	TOTALS		0	5,409,093			
D - OTHER CAPITAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	4,156,949	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	4,156,949			
E - MARKETING DEPARTMENT							
1.00	ADMINISTRATIVE	5.01	307,237	1,746,856	0		1.00
	TOTALS		307,237	1,746,856			
F - CNO RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	274,624	0	0		1.00
	TOTALS		274,624	0			
G - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,185,305	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,797	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	49,748	0		3.00
	TOTALS		0	36,259,850			
H - DRUGS / IVS							
1.00	PHARMACY	15.00	0	24,190,648	0		1.00
	TOTALS		0	24,190,648			
I - A&G COSTS							
1.00	ADMINISTRATIVE	5.01	5,937,225	62,506,296	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		5,937,225	62,506,296			
J - RADIOLOGY COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	35,040	161,847	0		1.00
2.00	PET SCAN	54.01	550,213	63,166	0		2.00
3.00	MRI	58.00	374,374	35,865	0		3.00
	TOTALS		959,627	260,878			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - DIETARY							
1.00	DIETARY	10.00	1,544,259	2,040,689	0		1.00
	TOTALS		1,544,259	2,040,689			
L - MISC DEPARTMENT							
1.00	RECOVERY ROOM	51.00	2,799,775	730,080	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	2,101,057	1,380,319	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	515,108	46,461	0		3.00
4.00	SPEECH PATHOLOGY	68.00	228,996	25,789	0		4.00
5.00	NURSING ADMINISTRATION	13.00	3,190,654	820,739	0		5.00
6.00	OPERATING ROOM	50.00	2,890,456	1,592,237	0		6.00
7.00	ENDOSCOPY	76.01	434,420	79,357	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		12,160,466	4,674,982			
M - ORGAN ACQUISITION							
1.00	OPERATING ROOM	50.00	463,342	2,672,888	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		463,342	2,672,888			
N - ICU COSTS							
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	2,141,036	611,441	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	14,350,394	3,327,455	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		16,491,430	3,938,896			
O - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,378,827	278,140	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,378,827	278,140			
P - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,785,941	0		1.00
	TOTALS		0	2,785,941			
500.00	Grand Total: Decreases		39,517,037	165,573,222			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
12/1/2014 9:55 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,573,476	0	0	0	1.00
2.00	Land Improvements	10,539,929	541,192	0	541,192	2.00
3.00	Buildings and Fixtures	152,714,654	28,724	0	28,724	3.00
4.00	Building Improvements	17,075,613	2,794,210	0	2,794,210	4.00
5.00	Fixed Equipment	45,986,381	110,697	0	110,697	5.00
6.00	Movable Equipment	124,459,167	9,530,358	0	9,530,358	6.00
7.00	HIT designated Assets	1,482,299	21,351	0	21,351	7.00
8.00	Subtotal (sum of lines 1-7)	361,831,519	13,026,532	0	13,026,532	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	361,831,519	13,026,532	0	13,026,532	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,573,476	0			1.00
2.00	Land Improvements	11,081,121	0			2.00
3.00	Buildings and Fixtures	152,743,378	0			3.00
4.00	Building Improvements	19,869,823	0			4.00
5.00	Fixed Equipment	46,097,078	0			5.00
6.00	Movable Equipment	133,989,525	0			6.00
7.00	HIT designated Assets	1,503,650	0			7.00
8.00	Subtotal (sum of lines 1-7)	374,858,051	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	374,858,051	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,356,295	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,103,594	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,459,889	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	6,356,295				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,103,594				2.00
3.00	Total (sum of lines 1-2)	0	21,459,889				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	193,267,797	0	193,267,797	0.515576	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	181,590,253	0	181,590,253	0.484424	0	2.00
3.00	Total (sum of lines 1-2)	374,858,050	0	374,858,050	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,315,973	-50,620	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,707,198	5,409,093	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,023,171	5,358,473	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,765,954	314,624	3,757,152	0	17,103,083	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,087,158	85,173	0	0	21,288,622	2.00
3.00	Total (sum of lines 1-2)	9,853,112	399,797	3,757,152	0	38,391,705	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,204,307		CAP REL COSTS-BLDG & FIXT	1.00		9	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	-13,575,430					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-7,016		RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	7,783,577					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-2,134,940		CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-31,850		OTHER ADMINISTRATIVE AND GENERAL	5.02		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-878,287		CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	243,605		CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 NON ALLOWABLE BAD DEBTS	A	-31,502,516		ADMINITTING	5.01		0	33.00

Provider CCN: 150017

Period:
 From 07/01/2013
 To 06/30/2014

Worksheet A-8

Date/Time Prepared:
 12/1/2014 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 TRAINING REVENUES	B	-15,700	NURSING ADMINISTRATION		13.00	0 33.01
33.02 OTHER MISC REVENUES	B	-2,913,597	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.02
33.03 PATIENT PHONES WAGE COST	A	-36,858	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.03
33.04 PATIENT PHONES BENEFITS COST	A	-7,868	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.04
33.05 PATIENT PHONES EXPENSE	A	-10,918	ADMINISTRATION		5.01	0 33.05
33.06 PATIENT PHONES DEPRECIATION COST	A	-3,031	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.06
33.07 PATIENT TV - CABLE EXPENSE	A	-70,120	OPERATION OF PLANT		7.00	0 33.07
33.08 PATIENT TV DEPRECIATION	A	-10,736	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.08
33.09 MARKETING	A	-73,979	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.09
33.10 LEGAL FEES	A	-68,198	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.10
33.11 PHYSICIAN RECRUITING	A	-227,271	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.11
33.12 LOBBYING IN ASSOCIATION DUES	A	-22,491	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.12
33.13 CHARITABLE CONTRIBUTIONS	A	-297,505	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.13
33.14 PENALTIES	A	-901	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.14
33.15 EQUITY IN AFFILIATES	A	110,131	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.15
33.16 NON-COMPETE AGREEMENT EXPENSES	A	-679,467	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.16
33.17 VALET SERVICE	A	-29,251	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.17
33.18 INTERCOMPANY LEASE RECEIPTS	A	2,369,841	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 33.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,295,083				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: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet A-8-1

Date/Time Prepared: 12/1/2014 9:55 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL INTEREST	8,630,242	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL - BLDG	42,272	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL - EQUIP	21,147	0
4.00	5.01	ADMITTING	PASI OPERATING	763,134	0
4.01	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL - BLDG	135,712	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL - EQUIP	1,087,158	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	POOLED HOME OFFICE COSTS	8,262,148	0
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE	1,047,460	2,418,223
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	CIG ASSETS	737,600	1,384,981
4.06	8.00	LAUNDRY & LINEN SERVICE	HLS - CAPITAL	149,474	0
4.07	8.00	LAUNDRY & LINEN SERVICE	HLS - OPERATING	1,257,941	1,316,914
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	3,257,739
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	5,432
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	105,644
4.11	5.02	OTHER ADMINISTRATIVE AND GEN	MIS FEES	0	1,199,847
4.12	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGED CARE	0	251,942
4.13	5.02	OTHER ADMINISTRATIVE AND GEN	CASE MANAGEMENT	0	313,108
4.14	5.02	OTHER ADMINISTRATIVE AND GEN	PURCHASE & ANCILLARY	0	20,202
4.15	5.02	OTHER ADMINISTRATIVE AND GEN	EMERGENCY ROOM	0	180,064
4.16	5.02	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	37,867
4.17	5.02	OTHER ADMINISTRATIVE AND GEN	COMPLIANCE/HIM/CCA FEES	0	88,620
4.18	5.02	OTHER ADMINISTRATIVE AND GEN	SENIOR CIRCLE	0	49,791
4.19	5.01	ADMITTING	PASI COLLECTION FEES	0	1,949,012
4.21	5.01	ADMITTING	EBOS FEES	0	10,670
4.22	5.01	ADMITTING	PASI LIEN UNIT COLLECTION FE	0	273,155
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	1,487,500
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,134,288	14,350,711

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

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

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

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

6.00	B		0.00	COMMUNITY HEALT	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00	E		0.00	HOSPITAL LAUNDR	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
12/1/2014 9:55 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	8,630,242	11		1.00
2.00	42,272	9		2.00
3.00	21,147	9		3.00
4.00	763,134	0		4.00
4.01	135,712	11		4.01
4.02	1,087,158	11		4.02
4.03	8,262,148	0		4.03
4.04	-1,370,763	0		4.04
4.05	-647,381	9		4.05
4.06	149,474	9		4.06
4.07	-58,973	0		4.07
4.08	-3,257,739	0		4.08
4.09	-5,432	0		4.09
4.10	-105,644	0		4.10
4.11	-1,199,847	0		4.11
4.12	-251,942	0		4.12
4.13	-313,108	0		4.13
4.14	-20,202	0		4.14
4.15	-180,064	0		4.15
4.16	-37,867	0		4.16
4.17	-88,620	0		4.17
4.18	-49,791	0		4.18
4.19	-1,949,012	0		4.19
4.21	-10,670	0		4.21
4.22	-273,155	0		4.22
4.23	-1,487,500	0		4.23
5.00	7,783,577			5.00

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

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

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

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

6.00	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
12/1/2014 9:55 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	5.02 OTHER ADMINISTRATIVE AND GENERAL	934,300	922,503	11,797	171,400	79	1.00
2.00	16.00 MEDICAL RECORDS & LIBRARY	44,692	0	44,692	171,400	298	2.00
3.00	30.00 ADULTS & PEDIATRICS	2,805,240	2,805,240	0	0	0	3.00
4.00	31.02 NEONATAL INTENSIVE CARE UNIT	90,080	90,080	0	0	0	4.00
5.00	43.00 NURSERY	3,680	3,680	0	0	0	5.00
6.00	50.00 OPERATING ROOM	450,006	450,006	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	3,822,768	3,822,768	0	0	0	7.00
8.00	60.00 LABORATORY	202,500	202,500	0	0	0	8.00
9.00	90.00 CLINIC	203,136	203,136	0	0	0	9.00
10.00	91.00 EMERGENCY	174,600	174,600	0	0	0	10.00
11.00	95.00 AMBULANCE SERVICES	3,059,970	3,059,970	0	0	0	11.00
12.00	96.00 DURABLE MEDICAL EQUIP-RENTED	1,815,524	1,815,524	0	0	0	12.00
200.00		13,606,496	13,550,007	56,489		377	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	5.02 OTHER ADMINISTRATIVE AND GENERAL	6,510	326	0	0	0	1.00
2.00	16.00 MEDICAL RECORDS & LIBRARY	24,556	1,228	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.02 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00 NURSERY	0	0	0	0	0	5.00
6.00	50.00 OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	60.00 LABORATORY	0	0	0	0	0	8.00
9.00	90.00 CLINIC	0	0	0	0	0	9.00
10.00	91.00 EMERGENCY	0	0	0	0	0	10.00
11.00	95.00 AMBULANCE SERVICES	0	0	0	0	0	11.00
12.00	96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	12.00
200.00		31,066	1,554	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	5.02 OTHER ADMINISTRATIVE AND GENERAL	0	6,510	5,287	927,790	1.00
2.00	16.00 MEDICAL RECORDS & LIBRARY	0	24,556	20,136	20,136	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	2,805,240	3.00
4.00	31.02 NEONATAL INTENSIVE CARE UNIT	0	0	0	90,080	4.00
5.00	43.00 NURSERY	0	0	0	3,680	5.00
6.00	50.00 OPERATING ROOM	0	0	0	450,006	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	3,822,768	7.00
8.00	60.00 LABORATORY	0	0	0	202,500	8.00
9.00	90.00 CLINIC	0	0	0	203,136	9.00
10.00	91.00 EMERGENCY	0	0	0	174,600	10.00
11.00	95.00 AMBULANCE SERVICES	0	0	0	3,059,970	11.00
12.00	96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	1,815,524	12.00
200.00		0	31,066	25,423	13,575,430	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,103,083	17,103,083			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	21,288,622		21,288,622		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,618,753	447,218	21,872	16,087,843	4.00
5.01 00540	ADMITTING	7,090,262	368,630	25,261	628,202	8,112,355
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	45,558,891	741,439	5,339,654	853,002	0
7.00 00700	OPERATION OF PLANT	11,121,693	3,697,478	358,750	264,173	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,410,377	21,444	0	0	0
9.00 00900	HOUSEKEEPING	2,982,559	71,997	26,521	272,115	0
10.00 01000	DIETARY	2,856,081	692,892	66,191	191,495	0
11.00 01100	CAFETERIA	1,450,008	0	0	240,364	0
13.00 01300	NURSING ADMINISTRATION	1,703,263	163,838	7,138	237,518	0
14.00 01400	CENTRAL SERVICES & SUPPLY	6,096,137	299,212	369,539	273,955	0
15.00 01500	PHARMACY	7,214,551	171,289	106,992	877,280	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,356,343	182,942	47,259	421,515	0
17.00 01700	SOCIAL SERVICE	2,125,305	123,243	0	304,478	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	288,384	69,060	403	27,722	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	181,800	0	0	24,396	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,737,580	2,532,461	3,005,085	2,527,949	399,833
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	894,996	104,617	23,504	118,452	9,790
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,662,397	264,300	121,104	333,252	57,912
31.03 03101	CARDIO INTENSIVE CARE UNIT	12,296,057	944,392	221,223	1,543,295	263,438
32.00 03200	CORONARY CARE UNIT	4,486,796	367,747	83,510	571,891	102,095
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	330,037	13,038	1,521	41,677	6,891
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,904,476	2,468,392	4,512,882	1,229,305	1,475,377
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,384,727	0	0	172,937	28,595
53.00 05300	ANESTHESIOLOGY	133,812	1,910	0	18,808	172,273
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,554,940	378,421	1,548,725	700,855	370,372
54.01 05401	PET SCAN	196,887	41,192	557,571	5,454	23,447
56.00 05600	RADIOISOTOPE	1,564,130	95,948	10,286	55,091	118,229
57.00 05700	CT SCAN	837,452	47,449	49,366	100,029	301,516
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	14,263,171	406,933	731,447	695,828	669,659
65.00 06500	RESPIRATORY THERAPY	4,408,187	137,189	236,823	577,456	216,945
66.00 06600	PHYSICAL THERAPY	3,321,235	290,377	220,749	455,642	72,472
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,079,353	323,521	326,061	160,525	249,224
70.00 07000	ELECTROENCEPHALOGRAPHY	1,393,284	35,915	501,459	146,267	35,393
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,574,253	0	0	0	400,802
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	18,785,922	0	0	0	828,977
73.00 07300	DRUGS CHARGED TO PATIENTS	24,190,648	0	0	0	1,323,555
74.00 07400	RENAL DIALYSIS	1,981,576	189,604	3,954	0	37,193
76.00 03140	CARDIO CATH LAB	2,131,659	154,549	1,424,053	184,943	315,032
76.01 03050	ENDOSCOPY	4,482,693	166,107	518,751	449,899	200,363
76.02 03051	CARDIAC REHAB	470,210	0	32,762	63,437	14,082
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,403,455	487,909	12,668	389,513	12,975
91.00 09100	EMERGENCY	5,062,635	481,724	356,459	521,021	359,133
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,232,566	11,032	293,088	329,055	27,933
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,646,511	50,267	11,004	0	6,132
106.00 10600	HEART ACQUISITION	757,277	0	16,157	0	12,717
118.00	SUBTOTALS (SUM OF LINES 1-117)	326,400,975	17,045,676	21,189,792	16,008,796	8,112,355
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	313	57,407	4,604	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	456,341	0	3,024	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	2,055,843	0	3,120	48,016	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	74,105	0	0	5,113	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	183,135	0	88,082	25,918	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	329,170,712	17,103,083	21,288,622	16,087,843	8,112,355	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560	52,492,986	52,492,986				5.02
7.00	00700	15,442,094	2,929,767	18,371,861			7.00
8.00	00800	1,431,821	271,654	33,251	1,736,726		8.00
9.00	00900	3,353,192	636,188	111,638	0	4,101,018	9.00
10.00	01000	3,806,659	722,222	1,074,390	0	241,735	10.00
11.00	01100	1,690,372	320,708	0	0	0	11.00
13.00	01300	2,111,757	400,655	254,046	0	57,160	13.00
14.00	01400	7,038,843	1,335,452	463,955	0	104,388	14.00
15.00	01500	8,370,112	1,588,028	265,598	0	59,759	15.00
16.00	01600	5,008,059	950,159	283,668	0	63,824	16.00
17.00	01700	2,553,026	484,375	191,099	0	42,997	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	2,785,941	528,565	0	0	0	22.00
23.00	02300	385,569	73,152	107,084	4,594	24,093	23.00
23.01	02301	206,196	39,121	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	28,202,908	5,350,854	3,926,802	623,113	883,520	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	1,151,359	218,443	162,217	11,816	36,498	31.01
31.02	02060	3,438,965	652,461	409,820	13,525	92,208	31.02
31.03	03101	15,268,405	2,896,813	1,464,364	213,665	329,478	31.03
32.00	03200	5,612,039	1,064,750	570,224	71,259	128,299	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	393,164	74,593	20,217	0	4,549	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	26,590,432	5,044,896	3,827,459	342,278	861,167	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	1,586,259	300,955	0	0	0	52.00
53.00	05300	326,803	62,003	2,962	0	666	53.00
54.00	05400	8,553,313	1,622,786	586,775	87,274	132,023	54.00
54.01	05401	824,551	156,439	63,872	0	14,371	54.01
56.00	05600	1,843,684	349,795	148,776	0	33,474	56.00
57.00	05700	1,335,812	253,438	73,574	26,550	16,554	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	16,767,038	3,181,143	630,986	2,326	141,970	60.00
65.00	06500	5,576,600	1,058,026	212,723	6,645	47,862	65.00
66.00	06600	4,360,475	827,295	450,254	11	101,306	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	2,138,684	405,764	501,649	6,556	112,870	69.00
70.00	07000	2,112,318	400,762	55,689	0	12,530	70.00
71.00	07100	17,975,055	3,410,335	0	0	0	71.00
72.00	07200	19,614,899	3,721,456	0	0	0	72.00
73.00	07300	25,514,203	4,840,708	0	0	0	73.00
74.00	07400	2,212,327	419,736	293,998	0	66,149	74.00
76.00	03140	4,210,236	798,791	239,642	36,662	53,919	76.00
76.01	03050	5,817,813	1,103,790	257,563	60,974	57,951	76.01
76.02	03051	580,491	110,134	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,306,520	817,059	756,546	26,643	170,221	90.00
91.00	09100	6,780,972	1,286,527	746,956	202,835	168,063	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	3,893,674	738,731	17,107	0	3,849	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	1,713,914	325,174	77,943	0	17,537	105.00
106.00	10600	786,151	149,153	0	0	0	106.00
118.00		326,165,691	51,922,856	18,282,847	1,736,726	4,080,990	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	62,324	11,824	89,014	0	20,028	190.00
192.00	19200	459,365	87,153	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	2,106,979	399,749	0	0	0	194.01
194.02	07952	79,218	15,030	0	0	0	194.02
194.03	07953	297,135	56,374	0	0	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.02	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118-201)	329,170,712	52,492,986	18,371,861	1,736,726	4,101,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,845,006					10.00
11.00	01100	0	2,011,080				11.00
13.00	01300	0	23,795	2,847,413			13.00
14.00	01400	0	63,666	0	9,006,304		14.00
15.00	01500	0	91,927	0	220,601	10,596,025	15.00
16.00	01600	0	81,268	0	7,509	0	16.00
17.00	01700	0	37,757	0	1,315	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	5	0	22.00
23.00	02300	0	3,428	0	342	0	23.00
23.01	02301	0	3,453	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,431,753	408,188	804,659	335,523	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	52,129	14,349	37,704	11,773	0	31.01
31.02	02060	335,831	43,073	106,075	54,636	0	31.02
31.03	03101	1,155,855	217,507	491,237	204,425	0	31.03
32.00	03200	227,484	74,375	182,035	81,599	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	114,670	5,417	13,266	9,018	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	186,406	391,293	1,064,934	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	22,506	55,047	0	0	52.00
53.00	05300	0	5,780	0	337	0	53.00
54.00	05400	0	104,049	223,085	73,732	0	54.00
54.01	05401	0	863	1,736	0	0	54.01
56.00	05600	0	7,056	17,536	4,835	0	56.00
57.00	05700	0	16,101	31,840	11,790	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	114,008	0	607,235	0	60.00
65.00	06500	0	87,523	0	64,638	0	65.00
66.00	06600	0	54,058	0	18,230	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	26,835	0	4,573	0	69.00
70.00	07000	0	21,643	0	63,490	0	70.00
71.00	07100	0	0	0	2,638,225	0	71.00
72.00	07200	0	0	0	2,968,405	0	72.00
73.00	07300	0	0	0	0	10,596,025	73.00
74.00	07400	0	0	0	7,486	0	74.00
76.00	03140	0	23,620	58,868	118,645	0	76.00
76.01	03050	0	71,547	143,205	175,159	0	76.01
76.02	03051	0	11,973	0	2,511	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	45,113	123,984	70,921	0	90.00
91.00	09100	0	81,193	165,843	166,695	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	44,375	0	16,815	0	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	5,279	0	0	0	105.00
106.00	10600	0	3,015	0	0	0	106.00
118.00		4,317,722	2,001,146	2,847,413	9,005,402	10,596,025	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	46	0	190.00
192.00	19200	1,312,585	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	6,618	0	768	0	194.01
194.02	07952	0	726	0	88	0	194.02
194.03	07953	214,699	2,590	0	0	0	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

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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	
202.00 TOTAL (sum lines 118-201)	5,845,006	2,011,080	2,847,413	9,006,304	10,596,025	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

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Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	6,394,487				16.00
17.00 01700	SOCIAL SERVICE	0	3,310,569			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,314,511	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	598,262
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	315,133	163,141	0	380,104	435,119
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	7,716	3,995	0	15,204	2,250
31.02 02060	NEONATAL INTENSIVE CARE UNIT	45,644	23,630	0	288,879	10,126
31.03 03101	CARDIO INTENSIVE CARE UNIT	207,631	107,489	0	0	42,530
32.00 03200	CORONARY CARE UNIT	80,467	41,657	0	0	21,377
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
43.00 04300	NURSERY	5,432	2,812	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,163,481	602,525	0	897,047	15,977
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,538	11,668	0	0	0
53.00 05300	ANESTHESIOLOGY	135,779	70,291	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	291,913	151,121	0	0	0
54.01 05401	PET SCAN	18,480	9,567	0	0	0
56.00 05600	RADIOISOTOPE	93,183	48,240	0	0	0
57.00 05700	CT SCAN	237,643	123,026	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	527,799	273,237	0	0	0
65.00 06500	RESPIRATORY THERAPY	170,987	88,518	0	30,408	0
66.00 06600	PHYSICAL THERAPY	57,120	29,570	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	196,428	101,689	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	27,895	14,441	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,897	163,537	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	653,367	338,242	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,043,174	540,041	0	0	0
74.00 07400	RENAL DIALYSIS	29,314	15,176	0	0	0
76.00 03140	CARDIO CATH LAB	248,296	128,540	0	121,633	4,501
76.01 03050	ENDOSCOPY	157,918	81,753	0	0	0
76.02 03051	CARDIAC REHAB	11,099	5,746	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	10,226	5,294	0	1,429,194	29,253
91.00 09100	EMERGENCY	283,055	146,535	0	0	26,328
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	22,016	11,397	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	4,833	2,502	0	0	0
106.00 10600	HEART ACQUISITION	10,023	5,189	0	0	10,801
118.00 00000	SUBTOTALS (SUM OF LINES 1-117)	6,394,487	3,310,569	0	3,162,469	598,262
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	152,042	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0
194.02 07952	SENIOR CIRCLE	0	0	0	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

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Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,394,487	3,310,569	0	3,314,511	598,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
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To 06/30/2014

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Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	248,770				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	44,260,817	-380,104	43,880,713	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,725,453	-15,204	1,710,249	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	5,514,873	-288,879	5,225,994	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	22,599,399	0	22,599,399	31.03
32.00	03200	CORONARY CARE UNIT	0	8,155,565	0	8,155,565	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
43.00	04300	NURSERY	0	643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	40,987,895	-897,047	40,090,848	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,998,973	0	1,998,973	52.00
53.00	05300	ANESTHESIOLOGY	0	604,621	0	604,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,826,071	0	11,826,071	54.00
54.01	05401	PET SCAN	0	1,089,879	0	1,089,879	54.01
56.00	05600	RADIOISOTOPE	0	2,546,579	0	2,546,579	56.00
57.00	05700	CT SCAN	0	2,126,328	0	2,126,328	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	22,245,742	0	22,245,742	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,343,930	-30,408	7,313,522	65.00
66.00	06600	PHYSICAL THERAPY	0	5,898,319	0	5,898,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,495,048	0	3,495,048	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,708,768	0	2,708,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,503,049	0	24,503,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,296,369	0	27,296,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248,770	42,782,921	0	42,782,921	73.00
74.00	07400	RENAL DIALYSIS	0	3,044,186	0	3,044,186	74.00
76.00	03140	CARDIO CATH LAB	0	6,043,353	-121,633	5,921,720	76.00
76.01	03050	ENDOSCOPY	0	7,927,673	0	7,927,673	76.01
76.02	03051	CARDIAC REHAB	0	721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	7,790,974	-1,429,194	6,361,780	90.00
91.00	09100	EMERGENCY	0	10,055,002	0	10,055,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,747,964	0	4,747,964	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	2,147,182	0	2,147,182	105.00
106.00	10600	HEART ACQUISITION	0	964,332	0	964,332	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	248,770	323,796,357	-3,162,469	320,633,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	183,236	0	183,236	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,011,145	-152,042	1,859,103	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01	07951	MARKETING	0	2,514,114	0	2,514,114	194.01
194.02	07952	SENIOR CIRCLE	0	95,062	0	95,062	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	570,798	0	570,798	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	248,770	329,170,712	-3,314,511	325,856,201		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	447,218	21,872	469,090	469,090
5.01 00540	ADMITTING	0	368,630	25,261	393,891	18,315
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	741,439	5,339,654	6,081,093	24,869
7.00 00700	OPERATION OF PLANT	0	3,697,478	358,750	4,056,228	7,702
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,444	0	21,444	0
9.00 00900	HOUSEKEEPING	0	71,997	26,521	98,518	7,934
10.00 01000	DIETARY	0	692,892	66,191	759,083	5,583
11.00 01100	CAFETERIA	0	0	0	0	7,008
13.00 01300	NURSING ADMINISTRATION	0	163,838	7,138	170,976	6,925
14.00 01400	CENTRAL SERVICES & SUPPLY	0	299,212	369,539	668,751	7,987
15.00 01500	PHARMACY	0	171,289	106,992	278,281	25,577
16.00 01600	MEDICAL RECORDS & LIBRARY	0	182,942	47,259	230,201	12,289
17.00 01700	SOCIAL SERVICE	0	123,243	0	123,243	8,877
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	69,060	403	69,463	808
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	711
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,532,461	3,005,085	5,537,546	73,751
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	104,617	23,504	128,121	3,453
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	264,300	121,104	385,404	9,716
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	944,392	221,223	1,165,615	44,995
32.00 03200	CORONARY CARE UNIT	0	367,747	83,510	451,257	16,674
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	0	13,038	1,521	14,559	1,215
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,468,392	4,512,882	6,981,274	35,841
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,042
53.00 05300	ANESTHESIOLOGY	0	1,910	0	1,910	548
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	378,421	1,548,725	1,927,146	20,434
54.01 05401	PET SCAN	0	41,192	557,571	598,763	159
56.00 05600	RADIO SOTOPE	0	95,948	10,286	106,234	1,606
57.00 05700	CT SCAN	0	47,449	49,366	96,815	2,916
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	0	406,933	731,447	1,138,380	20,287
65.00 06500	RESPIRATORY THERAPY	0	137,189	236,823	374,012	16,836
66.00 06600	PHYSICAL THERAPY	0	290,377	220,749	511,126	13,284
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	323,521	326,061	649,582	4,680
70.00 07000	ELECTROENCEPHALOGRAPHY	0	35,915	501,459	537,374	4,264
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	189,604	3,954	193,558	0
76.00 03140	CARDIO CATH LAB	0	154,549	1,424,053	1,578,602	5,392
76.01 03050	ENDOSCOPY	0	166,107	518,751	684,858	13,117
76.02 03051	CARDIAC REHAB	0	0	32,762	32,762	1,850
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	487,909	12,668	500,577	11,356
91.00 09100	EMERGENCY	0	481,724	356,459	838,183	15,190
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	11,032	293,088	304,120	9,594
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	50,267	11,004	61,271	0
106.00 10600	HEART ACQUISITION	0	0	16,157	16,157	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	17,045,676	21,189,792	38,235,468	466,785
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,407	4,604	62,011	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,024	3,024	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	3,120	3,120	1,400
194.02 07952	SENIOR CIRCLE	0	0	0	0	149

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	1.00	2.00	2A	4.00	
200.00 Cross Foot Adjustments	0	0	88,082	88,082	756	194.03
201.00 Negative Cost Centers	0	0	0	0	0	200.00
202.00 TOTAL (sum lines 118-201)	0	17,103,083	21,288,622	38,391,705	469,090	201.00
						202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00540	412,206					5.01
5.02 00560	0	6,105,962				5.02
7.00 00700	0	340,792	4,404,722			7.00
8.00 00800	0	31,599	7,972	61,015		8.00
9.00 00900	0	74,002	26,766	0	207,220	9.00
10.00 01000	0	84,009	257,589	0	12,215	10.00
11.00 01100	0	37,305	0	0	0	11.00
13.00 01300	0	46,604	60,908	0	2,888	13.00
14.00 01400	0	155,340	111,235	0	5,275	14.00
15.00 01500	0	184,720	63,678	0	3,020	15.00
16.00 01600	0	110,523	68,010	0	3,225	16.00
17.00 01700	0	56,343	45,817	0	2,173	17.00
21.00 02100	0	0	0	0	0	21.00
22.00 02200	0	61,483	0	0	0	22.00
23.00 02300	0	8,509	25,674	161	1,217	23.00
23.01 02301	0	4,551	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	20,344	622,372	941,467	21,893	44,645	30.00
31.00 03100	0	0	0	0	0	31.00
31.01 02080	498	25,409	38,892	415	1,844	31.01
31.02 02060	2,947	75,895	98,256	475	4,659	31.02
31.03 03101	13,404	336,958	351,087	7,507	16,648	31.03
32.00 03200	5,195	123,852	136,713	2,503	6,483	32.00
40.00 04000	0	0	0	0	0	40.00
43.00 04300	351	8,677	4,847	0	230	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	74,511	586,824	917,647	12,025	43,514	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	1,455	35,007	0	0	0	52.00
53.00 05300	8,765	7,212	710	0	34	53.00
54.00 05400	18,845	188,763	140,681	3,066	6,671	54.00
54.01 05401	1,193	18,197	15,314	0	726	54.01
56.00 05600	6,016	40,688	35,670	0	1,691	56.00
57.00 05700	15,341	29,480	17,640	933	836	57.00
58.00 05800	0	0	0	0	0	58.00
60.00 06000	34,073	370,032	151,281	82	7,174	60.00
65.00 06500	11,038	123,070	51,001	233	2,418	65.00
66.00 06600	3,687	96,231	107,950	0	5,119	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	12,681	47,199	120,272	230	5,703	69.00
70.00 07000	1,801	46,617	13,352	0	633	70.00
71.00 07100	20,393	396,691	0	0	0	71.00
72.00 07200	42,179	432,881	0	0	0	72.00
73.00 07300	67,343	563,073	0	0	0	73.00
74.00 07400	1,892	48,824	70,487	0	3,342	74.00
76.00 03140	16,029	92,916	57,455	1,288	2,724	76.00
76.01 03050	10,195	128,393	61,752	2,142	2,928	76.01
76.02 03051	717	12,811	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	660	95,041	181,385	936	8,601	90.00
91.00 09100	18,273	149,649	179,085	7,126	8,492	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	1,421	85,929	4,101	0	194	95.00
96.00 09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	312	37,824	18,687	0	886	105.00
106.00 10600	647	17,350	0	0	0	106.00
118.00	412,206	6,039,645	4,383,381	61,015	206,208	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	1,375	21,341	0	1,012	190.00
192.00 19200	0	10,138	0	0	0	192.00
194.00 07950	0	0	0	0	0	194.00
194.01 07951	0	46,499	0	0	0	194.01
194.02 07952	0	1,748	0	0	0	194.02
194.03 07953	0	6,557	0	0	0	194.03
200.00						200.00
201.00						201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	412,206	6,105,962	4,404,722	61,015	207,220	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,118,479					10.00
11.00	01100	0	44,313				11.00
13.00	01300	0	524	288,825			13.00
14.00	01400	0	1,403	0	949,991		14.00
15.00	01500	0	2,026	0	23,269	580,571	15.00
16.00	01600	0	1,791	0	792	0	16.00
17.00	01700	0	832	0	139	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	76	0	36	0	23.00
23.01	02301	0	76	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	465,333	8,994	81,637	35,391	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	9,975	316	3,824	1,242	0	31.01
31.02	02060	64,263	949	10,759	5,763	0	31.02
31.03	03101	221,180	4,793	49,824	21,563	0	31.03
32.00	03200	43,530	1,639	18,463	8,607	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	21,943	119	1,346	951	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,107	39,687	112,328	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	496	5,583	0	0	52.00
53.00	05300	0	127	0	36	0	53.00
54.00	05400	0	2,293	22,626	7,777	0	54.00
54.01	05401	0	19	176	0	0	54.01
56.00	05600	0	155	1,779	510	0	56.00
57.00	05700	0	355	3,229	1,244	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	2,512	0	64,051	0	60.00
65.00	06500	0	1,929	0	6,818	0	65.00
66.00	06600	0	1,191	0	1,923	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	591	0	482	0	69.00
70.00	07000	0	477	0	6,697	0	70.00
71.00	07100	0	0	0	278,278	0	71.00
72.00	07200	0	0	0	313,115	0	72.00
73.00	07300	0	0	0	0	580,571	73.00
74.00	07400	0	0	0	790	0	74.00
76.00	03140	0	520	5,971	12,515	0	76.00
76.01	03050	0	1,577	14,525	18,476	0	76.01
76.02	03051	0	264	0	265	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	994	12,575	7,481	0	90.00
91.00	09100	0	1,789	16,821	17,583	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	978	0	1,774	0	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	116	0	0	0	105.00
106.00	10600	0	66	0	0	0	106.00
118.00		826,224	44,094	288,825	949,896	580,571	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	5	0	190.00
192.00	19200	251,171	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	146	0	81	0	194.01
194.02	07952	0	16	0	9	0	194.02
194.03	07953	41,084	57	0	0	0	194.03
200.00							200.00
201.00							201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017			Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	1,118,479	44,313	288,825	949,991	580,571	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	426,831				16.00
17.00 01700	SOCIAL SERVICE	0	237,424			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		61,483	22.00
23.00 02300	PARAMED PRGM-(SPECFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,028	11,737			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	515	287			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,046	1,700			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	13,855	7,733			31.03
32.00 03200	CORONARY CARE UNIT	5,369	2,997			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
43.00 04300	NURSERY	362	202			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	77,774	42,601			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,504	839			52.00
53.00 05300	ANESTHESIOLOGY	9,060	5,057			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,479	10,872			54.00
54.01 05401	PET SCAN	1,233	688			54.01
56.00 05600	RADIOISOTOPE	6,218	3,471			56.00
57.00 05700	CT SCAN	15,858	8,851			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	35,219	19,657			60.00
65.00 06500	RESPIRATORY THERAPY	11,410	6,368			65.00
66.00 06600	PHYSICAL THERAPY	3,812	2,127			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	13,107	7,316			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,861	1,039			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,079	11,765			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	43,598	24,334			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	69,610	38,852			73.00
74.00 07400	RENAL DIALYSIS	1,956	1,092			74.00
76.00 03140	CARDIO CATH LAB	16,568	9,248			76.00
76.01 03050	ENDOSCOPY	10,538	5,882			76.01
76.02 03051	CARDIAC REHAB	741	413			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	682	381			90.00
91.00 09100	EMERGENCY	18,888	10,542			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,469	820			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	323	180			105.00
106.00 10600	HEART ACQUISITION	669	373			106.00
118.00 0	SUBTOTALS (SUM OF LINES 1-117)	426,831	237,424	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01
194.02 07952	SENIOR CIRCLE	0	0			194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			16.00	17.00			21.00
200.00 Cross Foot Adjustments				0	61,483	105,944	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	426,831	237,424	0	61,483	105,944	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	ADMITTING				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	5,338			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,886,138	0	7,886,138	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	214,791	0	214,791	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	663,832	0	663,832	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	2,255,162	0	2,255,162	31.03
32.00	03200	CORONARY CARE UNIT	823,282	0	823,282	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	40.00
43.00	04300	NURSERY	54,802	0	54,802	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,928,133	0	8,928,133	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,926	0	49,926	52.00
53.00	05300	ANESTHESIOLOGY	33,459	0	33,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,368,653	0	2,368,653	54.00
54.01	05401	PET SCAN	636,468	0	636,468	54.01
56.00	05600	RADIOISOTOPE	204,038	0	204,038	56.00
57.00	05700	CT SCAN	193,498	0	193,498	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	1,842,748	0	1,842,748	60.00
65.00	06500	RESPIRATORY THERAPY	605,133	0	605,133	65.00
66.00	06600	PHYSICAL THERAPY	746,450	0	746,450	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	861,843	0	861,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	614,115	0	614,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	728,206	0	728,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	856,107	0	856,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,319,449	0	1,319,449	73.00
74.00	07400	RENAL DIALYSIS	321,941	0	321,941	74.00
76.00	03140	CARDIO CATH LAB	1,799,228	0	1,799,228	76.00
76.01	03050	ENDOSCOPY	954,383	0	954,383	76.01
76.02	03051	CARDIAC REHAB	49,823	0	49,823	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	820,669	0	820,669	90.00
91.00	09100	EMERGENCY	1,281,621	0	1,281,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	410,400	0	410,400	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	119,599	0	119,599	105.00
106.00	10600	HEART ACQUISITION	35,262	0	35,262	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,679,159	37,679,159	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,744	0	85,744	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	264,333	0	264,333	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	194.00
194.01	07951	MARKETING	51,246	0	51,246	194.01
194.02	07952	SENIOR CIRCLE	1,922	0	1,922	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	136,536	0	136,536	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	5,338	172,765	0	172,765		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	5,338	38,391,705	0	38,391,705		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	716,220				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,982,305			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,728	10,256	103,359,338		4.00
5.01 00540	ADMITTING	15,437	11,845	4,035,994	1,984,598,649	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	31,049	2,503,782	5,480,254	0	-52,492,986
7.00 00700	OPERATION OF PLANT	154,838	168,219	1,697,225	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	898	0	0	0	0
9.00 00900	HOUSEKEEPING	3,015	12,436	1,748,247	0	0
10.00 01000	DIETARY	29,016	31,037	1,230,290	0	0
11.00 01100	CAFETERIA	0	0	1,544,259	0	0
13.00 01300	NURSING ADMINISTRATION	6,861	3,347	1,525,972	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	12,530	173,278	1,760,071	0	0
15.00 01500	PHARMACY	7,173	50,169	5,636,234	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	7,661	22,160	2,708,092	0	0
17.00 01700	SOCIAL SERVICE	5,161	0	1,956,174	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	2,892	189	178,102	0	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	156,737	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	106,051	1,409,094	16,241,476	97,806,578	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	4,381	11,021	761,018	2,394,923	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,068	56,786	2,141,036	14,166,369	0
31.03 03101	CARDIO INTENSIVE CARE UNIT	39,548	103,732	9,915,162	64,441,705	0
32.00 03200	CORONARY CARE UNIT	15,400	39,158	3,674,214	24,974,258	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	546	713	267,764	1,685,765	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	103,368	2,116,105	7,897,878	361,071,239	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,111,063	6,994,934	0
53.00 05300	ANESTHESIOLOGY	80	0	120,836	42,141,130	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,847	726,202	4,502,763	90,599,823	0
54.01 05401	PET SCAN	1,725	261,447	35,040	5,735,464	0
56.00 05600	RADIOISOTOPE	4,018	4,823	353,944	28,920,949	0
57.00 05700	CT SCAN	1,987	23,148	642,653	73,756,438	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	17,041	342,978	4,470,469	163,810,992	0
65.00 06500	RESPIRATORY THERAPY	5,745	111,047	3,709,962	53,068,637	0
66.00 06600	PHYSICAL THERAPY	12,160	103,510	2,927,352	17,728,066	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	13,548	152,891	1,031,323	60,964,769	0
70.00 07000	ELECTROENCEPHALOGRAPHY	1,504	235,136	939,717	8,657,668	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	98,043,620	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	202,783,096	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	323,765,854	0
74.00 07400	RENAL DIALYSIS	7,940	1,854	0	9,098,177	0
76.00 03140	CARDIO CATH LAB	6,472	667,743	1,188,201	77,062,563	0
76.01 03050	ENDOSCOPY	6,956	243,244	2,890,456	49,012,568	0
76.02 03051	CARDIAC REHAB	0	15,362	407,559	3,444,797	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	20,432	5,940	2,502,493	3,173,904	0
91.00 09100	EMERGENCY	20,173	167,145	3,347,388	87,850,570	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	462	137,430	2,114,068	6,833,008	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	2,105	5,160	0	1,500,085	0
106.00 10600	HEART ACQUISITION	0	7,576	0	3,110,700	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	713,816	9,935,963	102,851,486	1,984,598,649	-52,492,986
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404	2,159	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,418	0	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	1,463	308,486	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	32,851	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	41,302	166,515	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	17,103,083	21,288,622	16,087,843	8,112,355		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.879650	2.132636	0.155650	0.004088		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			469,090	412,206		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.004538	0.000208		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	276,677,726				5.02
7.00	00700	OPERATION OF PLANT	15,442,094	496,168			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,431,821	898	2,145,118		8.00
9.00	00900	HOUSEKEEPING	3,353,192	3,015	0	492,255	9.00
10.00	01000	DIETARY	3,806,659	29,016	0	29,016	714,581
11.00	01100	CAFETERIA	1,690,372	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,111,757	6,861	0	6,861	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,038,843	12,530	0	12,530	0
15.00	01500	PHARMACY	8,370,112	7,173	0	7,173	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,008,059	7,661	0	7,661	0
17.00	01700	SOCIAL SERVICE	2,553,026	5,161	0	5,161	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	385,569	2,892	5,674	2,892	0
23.01	02301	PHARMACY RESIDENCY PROGRAM	206,196	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,202,908	106,051	769,639	106,051	297,294
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,151,359	4,381	14,595	4,381	6,373
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,438,965	11,068	16,705	11,068	41,057
31.03	03101	CARDIO INTENSIVE CARE UNIT	15,268,405	39,548	263,909	39,548	141,309
32.00	03200	CORONARY CARE UNIT	5,612,039	15,400	88,015	15,400	27,811
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	393,164	546	0	546	14,019
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,590,432	103,368	422,765	103,368	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,586,259	0	0	0	0
53.00	05300	ANESTHESIOLOGY	326,803	80	0	80	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,553,313	15,847	107,796	15,847	0
54.01	05401	PET SCAN	824,551	1,725	0	1,725	0
56.00	05600	RADIOISOTOPE	1,843,684	4,018	0	4,018	0
57.00	05700	CT SCAN	1,335,812	1,987	32,793	1,987	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	16,767,038	17,041	2,873	17,041	0
65.00	06500	RESPIRATORY THERAPY	5,576,600	5,745	8,207	5,745	0
66.00	06600	PHYSICAL THERAPY	4,360,475	12,160	14	12,160	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,138,684	13,548	8,098	13,548	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112,318	1,504	0	1,504	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,975,055	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,614,899	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	25,514,203	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,212,327	7,940	0	7,940	0
76.00	03140	CARDIO CATH LAB	4,210,236	6,472	45,283	6,472	0
76.01	03050	ENDOSCOPY	5,817,813	6,956	75,312	6,956	0
76.02	03051	CARDIAC REHAB	580,491	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,306,520	20,432	32,908	20,432	0
91.00	09100	EMERGENCY	6,780,972	20,173	250,532	20,173	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,893,674	462	0	462	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,713,914	2,105	0	2,105	0
106.00	10600	HEART ACQUISITION	786,151	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	273,672,705	493,764	2,145,118	489,851	527,863
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,324	2,404	0	2,404	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	459,365	0	0	0	160,470
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	2,106,979	0	0	0	0
194.02	07952	SENIOR CIRCLE	79,218	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	297,135	0	0	0	26,248
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	52,492,986	18,371,861	1,736,726	4,101,018	5,845,006	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.189726	37.027501	0.809618	8.331084	8.179627	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,105,962	4,404,722	61,015	207,220	1,118,479	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.022069	8.877481	0.028444	0.420961	1.565224	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	160,752					11.00
13.00	01300	NURSING ADMINISTRATION	1,902	57,472,552				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,089	0	56,997,555			14.00
15.00	01500	PHARMACY	7,348	0	1,396,104	24,190,648		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,496	0	47,523		1,984,598,649	16.00
17.00	01700	SOCIAL SERVICE	3,018	0	8,321	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	29	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	274	0	2,165	0	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	276	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,628	16,241,477	2,123,399	0	97,806,578	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,147	761,018	74,504	0	2,394,923	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,443	2,141,036	345,771	0	14,166,369	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	17,386	9,915,162	1,293,731	0	64,441,705	31.03
32.00	03200	CORONARY CARE UNIT	5,945	3,674,214	516,409	0	24,974,258	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	433	267,764	57,070	0	1,685,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,900	7,897,879	6,739,574	0	361,071,239	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,799	1,111,063	0	0	6,994,934	52.00
53.00	05300	ANESTHESIOLOGY	462	0	2,132	0	42,141,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,317	4,502,763	466,625	0	90,599,823	54.00
54.01	05401	PET SCAN	69	35,040	0	0	5,735,464	54.01
56.00	05600	RADIOISOTOPE	564	353,944	30,597	0	28,920,949	56.00
57.00	05700	CT SCAN	1,287	642,653	74,616	0	73,756,438	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	9,113	0	3,842,969	0	163,810,992	60.00
65.00	06500	RESPIRATORY THERAPY	6,996	0	409,068	0	53,068,637	65.00
66.00	06600	PHYSICAL THERAPY	4,321	0	115,371	0	17,728,066	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	2,145	0	28,942	0	60,964,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,730	0	401,802	1,800	8,657,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,696,359	0	98,043,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,785,922	0	202,783,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,190,648	323,765,854	73.00
74.00	07400	RENAL DIALYSIS	0	0	47,379	0	9,098,177	74.00
76.00	03140	CARDIO CATH LAB	1,888	1,188,201	750,858	0	77,062,563	76.00
76.01	03050	ENDOSCOPY	5,719	2,890,456	1,108,515	0	49,012,568	76.01
76.02	03051	CARDIAC REHAB	957	0	15,894	0	3,444,797	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,606	2,502,494	448,830	0	3,173,904	90.00
91.00	09100	EMERGENCY	6,490	3,347,388	1,054,953	0	87,850,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,547	0	106,413	0	6,833,008	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	422	0	0	0	1,500,085	105.00
106.00	10600	HEART ACQUISITION	241	0	0	0	3,110,700	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	159,958	57,472,552	56,991,845	24,190,648	1,984,598,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	293	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	529	0	4,862	0	0	194.01
194.02	07952	SENIOR CIRCLE	58	0	555	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	207	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,011,080	2,847,413	9,006,304	10,596,025	6,394,487	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.510451	0.049544	0.158012	0.438022	0.003222	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,313	288,825	949,991	580,571	426,831	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.275661	0.005025	0.016667	0.024000	0.000215	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMINISTRATIVE					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	1,984,598,649				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,900			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		10,900		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			66,466	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0			0	10,000
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	97,806,578	1,250	1,250	48,341	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923	50	50	250	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	14,166,369	950	950	1,125	0
31.03 03101	CARDIO INTENSIVE CARE UNIT	64,441,705	0	0	4,725	0
32.00 03200	CORONARY CARE UNIT	24,974,258	0	0	2,375	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	1,685,765	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	361,071,239	2,950	2,950	1,775	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,994,934	0	0	0	0
53.00 05300	ANESTHESIOLOGY	42,141,130	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	90,599,823	0	0	0	0
54.01 05401	PET SCAN	5,735,464	0	0	0	0
56.00 05600	RADIOISOTOPE	28,920,949	0	0	0	0
57.00 05700	CT SCAN	73,756,438	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	163,810,992	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	53,068,637	100	100	0	0
66.00 06600	PHYSICAL THERAPY	17,728,066	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	60,964,769	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	8,657,668	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,043,620	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	202,783,096	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	323,765,854	0	0	0	10,000
74.00 07400	RENAL DIALYSIS	9,098,177	0	0	0	0
76.00 03140	CARDIO CATH LAB	77,062,563	400	400	500	0
76.01 03050	ENDOSCOPY	49,012,568	0	0	0	0
76.02 03051	CARDIAC REHAB	3,444,797	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,173,904	4,700	4,700	3,250	0
91.00 09100	EMERGENCY	87,850,570	0	0	2,925	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	6,833,008	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,500,085	0	0	0	0
106.00 10600	HEART ACQUISITION	3,110,700	0	0	1,200	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,984,598,649	10,400	10,400	66,466	10,000
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	500	500	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,310,569	0	3,314,511	598,262	248,770	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001668	0.000000	304.083578	9.001023	24.877000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	237,424	0	61,483	105,944	5,338	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000120	0.000000	5.640642	1.593958	0.533800	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,880,713	0	43,880,713	30.00
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		1,710,249	0	1,710,249	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		5,225,994	0	5,225,994	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		22,599,399	0	22,599,399	31.03
32.00	03200 CORONARY CARE UNIT		8,155,565	0	8,155,565	32.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300 NURSERY		643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		40,090,848	0	40,090,848	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,998,973	0	1,998,973	52.00
53.00	05300 ANESTHESIOLOGY		604,621	0	604,621	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,826,071	0	11,826,071	54.00
54.01	05401 PET SCAN		1,089,879	0	1,089,879	54.01
56.00	05600 RADIOISOTOPE		2,546,579	0	2,546,579	56.00
57.00	05700 CT SCAN		2,126,328	0	2,126,328	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		22,245,742	0	22,245,742	60.00
65.00	06500 RESPIRATORY THERAPY	0	7,313,522	0	7,313,522	65.00
66.00	06600 PHYSICAL THERAPY	0	5,898,319	0	5,898,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		3,495,048	0	3,495,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,708,768	0	2,708,768	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		24,503,049	0	24,503,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,296,369	0	27,296,369	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		42,782,921	0	42,782,921	73.00
74.00	07400 RENAL DIALYSIS		3,044,186	0	3,044,186	74.00
76.00	03140 CARDIO CATH LAB		5,921,720	0	5,921,720	76.00
76.01	03050 ENDOSCOPY		7,927,673	0	7,927,673	76.01
76.02	03051 CARDIAC REHAB		721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		6,361,780	0	6,361,780	90.00
91.00	09100 EMERGENCY		10,055,002	0	10,055,002	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		628,657	0	628,657	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,747,964	0	4,747,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		2,147,182	0	2,147,182	105.00
106.00	10600 HEART ACQUISITION		964,332	0	964,332	106.00
200.00	Subtotal (see instructions)	0	321,262,545	0	321,262,545	200.00
201.00	Less Observation Beds		628,657	0	628,657	201.00
202.00	Total (see instructions)	0	320,633,888	0	320,633,888	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,850,577		84,850,577		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705		31.03
32.00	03200	CORONARY CARE UNIT	24,974,258		24,974,258		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,685,765		1,685,765		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	202,290,538	158,780,701	361,071,239	0.111033	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,939,038	55,896	6,994,934	0.285774	52.00
53.00	05300	ANESTHESIOLOGY	25,229,613	16,911,517	42,141,130	0.143488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,671,817	54,928,006	90,599,823	0.130531	54.00
54.01	05401	PET SCAN	182,489	5,552,975	5,735,464	0.190025	54.01
56.00	05600	RADIOISOTOPE	5,306,125	23,614,824	28,920,949	0.088053	56.00
57.00	05700	CT SCAN	30,286,909	43,469,529	73,756,438	0.028829	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	96,118,328	67,692,664	163,810,992	0.135801	60.00
65.00	06500	RESPIRATORY THERAPY	50,488,396	2,580,241	53,068,637	0.137813	65.00
66.00	06600	PHYSICAL THERAPY	10,912,535	6,815,531	17,728,066	0.332711	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	26,017,305	34,947,464	60,964,769	0.057329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,368	7,548,300	8,657,668	0.312875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,412,497	32,631,123	98,043,620	0.249920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	130,175,126	72,607,970	202,783,096	0.134609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,667,210	98,098,644	323,765,854	0.132142	73.00
74.00	07400	RENAL DIALYSIS	8,913,747	184,430	9,098,177	0.334593	74.00
76.00	03140	CARDIO CATH LAB	38,408,622	38,653,941	77,062,563	0.076843	76.00
76.01	03050	ENDOSCOPY	8,353,798	40,658,770	49,012,568	0.161748	76.01
76.02	03051	CARDIAC REHAB	2,709,062	735,735	3,444,797	0.209578	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	343,767	2,830,137	3,173,904	2.004402	90.00
91.00	09100	EMERGENCY	27,583,754	60,266,816	87,850,570	0.114456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,421,100	10,534,901	12,956,001	0.048522	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,444	6,827,564	6,833,008	0.694857	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,500,085	0	1,500,085		105.00
106.00	10600	HEART ACQUISITION	3,110,700	0	3,110,700		106.00
200.00		Subtotal (see instructions)	1,197,670,970	786,927,679	1,984,598,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,197,670,970	786,927,679	1,984,598,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.111033		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.285774		52.00
53.00	05300 ANESTHESIOLOGY	0.014348		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130531		54.00
54.01	05401 PET SCAN	0.190025		54.01
56.00	05600 RADIOISOTOPE	0.088053		56.00
57.00	05700 CT SCAN	0.028829		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.135801		60.00
65.00	06500 RESPIRATORY THERAPY	0.137813		65.00
66.00	06600 PHYSICAL THERAPY	0.332711		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.057329		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.312875		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134609		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132142		73.00
74.00	07400 RENAL DIALYSIS	0.334593		74.00
76.00	03140 CARDIO CATH LAB	0.076843		76.00
76.01	03050 ENDOSCOPY	0.161748		76.01
76.02	03051 CARDIAC REHAB	0.209578		76.02
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2.004402		90.00
91.00	09100 EMERGENCY	0.114456		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.048522		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.694857		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	43,880,713		43,880,713	0	43,880,713	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	1,710,249		1,710,249	0	1,710,249	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	5,225,994		5,225,994	0	5,225,994	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	22,599,399		22,599,399	0	22,599,399	31.03
32.00	03200 CORONARY CARE UNIT	8,155,565		8,155,565	0	8,155,565	32.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	643,138		643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	40,090,848		40,090,848	0	40,090,848	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,998,973		1,998,973	0	1,998,973	52.00
53.00	05300 ANESTHESIOLOGY	604,621		604,621	0	604,621	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,826,071		11,826,071	0	11,826,071	54.00
54.01	05401 PET SCAN	1,089,879		1,089,879	0	1,089,879	54.01
56.00	05600 RADIOISOTOPE	2,546,579		2,546,579	0	2,546,579	56.00
57.00	05700 CT SCAN	2,126,328		2,126,328	0	2,126,328	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	22,245,742		22,245,742	0	22,245,742	60.00
65.00	06500 RESPIRATORY THERAPY	7,313,522	0	7,313,522	0	7,313,522	65.00
66.00	06600 PHYSICAL THERAPY	5,898,319	0	5,898,319	0	5,898,319	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	3,495,048		3,495,048	0	3,495,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,708,768		2,708,768	0	2,708,768	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	24,503,049		24,503,049	0	24,503,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,296,369		27,296,369	0	27,296,369	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,782,921		42,782,921	0	42,782,921	73.00
74.00	07400 RENAL DIALYSIS	3,044,186		3,044,186	0	3,044,186	74.00
76.00	03140 CARDIO CATH LAB	5,921,720		5,921,720	0	5,921,720	76.00
76.01	03050 ENDOSCOPY	7,927,673		7,927,673	0	7,927,673	76.01
76.02	03051 CARDIAC REHAB	721,954		721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,361,780		6,361,780	0	6,361,780	90.00
91.00	09100 EMERGENCY	10,055,002		10,055,002	0	10,055,002	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	628,657		628,657	0	628,657	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,747,964		4,747,964	0	4,747,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,147,182		2,147,182	0	2,147,182	105.00
106.00	10600 HEART ACQUISITION	964,332		964,332	0	964,332	106.00
200.00	Subtotal (see instructions)	321,262,545	0	321,262,545	0	321,262,545	200.00
201.00	Less Observation Beds	628,657		628,657	0	628,657	201.00
202.00	Total (see instructions)	320,633,888	0	320,633,888	0	320,633,888	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,850,577		84,850,577		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705		31.03
32.00	03200	CORONARY CARE UNIT	24,974,258		24,974,258		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,685,765		1,685,765		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	202,290,538	158,780,701	361,071,239	0.111033	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,939,038	55,896	6,994,934	0.285774	52.00
53.00	05300	ANESTHESIOLOGY	25,229,613	16,911,517	42,141,130	0.143448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,671,817	54,928,006	90,599,823	0.130531	54.00
54.01	05401	PET SCAN	182,489	5,552,975	5,735,464	0.190025	54.01
56.00	05600	RADIOISOTOPE	5,306,125	23,614,824	28,920,949	0.088053	56.00
57.00	05700	CT SCAN	30,286,909	43,469,529	73,756,438	0.028829	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	96,118,328	67,692,664	163,810,992	0.135801	60.00
65.00	06500	RESPIRATORY THERAPY	50,488,396	2,580,241	53,068,637	0.137813	65.00
66.00	06600	PHYSICAL THERAPY	10,912,535	6,815,531	17,728,066	0.332711	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	26,017,305	34,947,464	60,964,769	0.057329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,368	7,548,300	8,657,668	0.312875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,412,497	32,631,123	98,043,620	0.249920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	130,175,126	72,607,970	202,783,096	0.134609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,667,210	98,098,644	323,765,854	0.132142	73.00
74.00	07400	RENAL DIALYSIS	8,913,747	184,430	9,098,177	0.334593	74.00
76.00	03140	CARDIO CATH LAB	38,408,622	38,653,941	77,062,563	0.076843	76.00
76.01	03050	ENDOSCOPY	8,353,798	40,658,770	49,012,568	0.161748	76.01
76.02	03051	CARDIAC REHAB	2,709,062	735,735	3,444,797	0.209578	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	343,767	2,830,137	3,173,904	2.004402	90.00
91.00	09100	EMERGENCY	27,583,754	60,266,816	87,850,570	0.114456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,421,100	10,534,901	12,956,001	0.048522	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,444	6,827,564	6,833,008	0.694857	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,500,085	0	1,500,085		105.00
106.00	10600	HEART ACQUISITION	3,110,700	0	3,110,700		106.00
200.00		Subtotal (see instructions)	1,197,670,970	786,927,679	1,984,598,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,197,670,970	786,927,679	1,984,598,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSEY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 PET SCAN	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03140 CARDIO CATH LAB	0.000000		76.00
76.01	03050 ENDOSCOPY	0.000000		76.01
76.02	03051 CARDIAC REHAB	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	7,886,138	0	7,886,138	52,490	150.24	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	214,791		214,791	906	237.08	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	663,832		663,832	4,545	146.06	31.02
31.03	CARDIO INTENSIVE CARE UNIT	2,255,162		2,255,162	28,006	80.52	31.03
32.00	CORONARY CARE UNIT	823,282		823,282	7,206	114.25	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	54,802		54,802	1,969	27.83	43.00
200.00	Total (lines 30-199)	11,898,007		11,898,007	95,122		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	20,460	3,073,910				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
31.03	CARDIO INTENSIVE CARE UNIT	7,379	594,157				
32.00	CORONARY CARE UNIT	2,442	278,999				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	30,281	3,947,066				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,928,133	361,071,239	0.024727	64,538,362	1,595,840	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	49,926	6,994,934	0.007137	29,897	213	52.00
53.00	05300 ANESTHESIOLOGY	33,459	42,141,130	0.000794	7,717,208	6,127	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,368,653	90,599,823	0.026144	12,580,666	328,909	54.00
54.01	05401 PET SCAN	636,468	5,735,464	0.110971	41,709	4,628	54.01
56.00	05600 RADIOISOTOPE	204,038	28,920,949	0.007055	1,962,080	13,842	56.00
57.00	05700 CT SCAN	193,498	73,756,438	0.002623	10,048,452	26,357	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	1,842,748	163,810,992	0.011249	33,256,676	374,104	60.00
65.00	06500 RESPIRATORY THERAPY	605,133	53,068,637	0.011403	16,534,340	188,541	65.00
66.00	06600 PHYSICAL THERAPY	746,450	17,728,066	0.042106	4,342,602	182,850	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	861,843	60,964,769	0.014137	9,872,637	139,569	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	614,115	8,657,668	0.070933	326,151	23,135	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	728,206	98,043,620	0.007427	20,560,285	152,701	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	856,107	202,783,096	0.004222	39,776,376	167,936	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,319,449	323,765,854	0.004075	69,454,688	283,028	73.00
74.00	07400 RENAL DIALYSIS	321,941	9,098,177	0.035385	4,996,200	176,791	74.00
76.00	03140 CARDIO CATH LAB	1,799,228	77,062,563	0.023348	11,363,079	265,305	76.00
76.01	03050 ENDOSCOPY	954,383	49,012,568	0.019472	3,122,716	60,806	76.01
76.02	03051 CARDIAC REHAB	49,823	3,444,797	0.014463	1,008,723	14,589	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	820,669	3,173,904	0.258568	193,560	50,048	90.00
91.00	09100 EMERGENCY	1,281,621	87,850,570	0.014589	7,585,545	110,666	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	112,981	12,956,001	0.008720	1,434,240	12,507	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50-199)	25,328,872	1,780,641,259		320,746,192	4,178,492	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS

Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	435,119	0	435,119	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,250	0	2,250	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	10,126	0	10,126	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	42,530	0	42,530	31.03
32.00	03200	CORONARY CARE UNIT	0	21,377	0	21,377	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	511,402	0	511,402	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	52,490	8.29	20,460	169,613	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	906	2.48	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,545	2.23	0	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	28,006	1.52	7,379	11,216	31.03
32.00	03200	CORONARY CARE UNIT	7,206	2.97	2,442	7,253	32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
43.00	04300	NURSERY	1,969	0.00	0	0	43.00
200.00		Total (lines 30-199)	95,122		30,281	188,082	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	15,977	0	15,977	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
54.01	05401	PET SCAN	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	248,770	0	248,770	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	4,501	0	4,501	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	76.01
76.02	03051	CARDIAC REHAB	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	29,253	0	29,253	90.00
91.00	09100	EMERGENCY	0	0	26,328	0	26,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	6,234	0	6,234	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	331,063	0	331,063	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 9:55 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	15,977	361,071,239	0.000044	0.000044	64,538,362	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,994,934	0.000000	0.000000	29,897	52.00
53.00	05300 ANESTHESIOLOGY	0	42,141,130	0.000000	0.000000	7,717,208	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	90,599,823	0.000000	0.000000	12,580,666	54.00
54.01	05401 PET SCAN	0	5,735,464	0.000000	0.000000	41,709	54.01
56.00	05600 RADIOISOTOPE	0	28,920,949	0.000000	0.000000	1,962,080	56.00
57.00	05700 CT SCAN	0	73,756,438	0.000000	0.000000	10,048,452	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000 LABORATORY	0	163,810,992	0.000000	0.000000	33,256,676	60.00
65.00	06500 RESPIRATORY THERAPY	0	53,068,637	0.000000	0.000000	16,534,340	65.00
66.00	06600 PHYSICAL THERAPY	0	17,728,066	0.000000	0.000000	4,342,602	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	60,964,769	0.000000	0.000000	9,872,637	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	8,657,668	0.000000	0.000000	326,151	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,043,620	0.000000	0.000000	20,560,285	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	202,783,096	0.000000	0.000000	39,776,376	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	248,770	323,765,854	0.000768	0.000768	69,454,688	73.00
74.00	07400 RENAL DIALYSIS	0	9,098,177	0.000000	0.000000	4,996,200	74.00
76.00	03140 CARDIO CATH LAB	4,501	77,062,563	0.000058	0.000058	11,363,079	76.00
76.01	03050 ENDOSCOPY	0	49,012,568	0.000000	0.000000	3,122,716	76.01
76.02	03051 CARDIAC REHAB	0	3,444,797	0.000000	0.000000	1,008,723	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	29,253	3,173,904	0.009217	0.009217	193,560	90.00
91.00	09100 EMERGENCY	26,328	87,850,570	0.000300	0.000300	7,585,545	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6,234	12,956,001	0.000481	0.000481	1,434,240	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	331,063	1,780,641,259			320,746,192	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,840	36,725,838	1,616		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	3,257,491	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,160,609	0		54.00
54.01	05401 PET SCAN	0	1,210,328	0		54.01
56.00	05600 RADIOISOTOPE	0	6,432,293	0		56.00
57.00	05700 CT SCAN	0	9,882,044	0		57.00
58.00	05800 MRI	0	0	0		58.00
60.00	06000 LABORATORY	0	5,712,533	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	520,592	0		65.00
66.00	06600 PHYSICAL THERAPY	0	122,264	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	9,232,650	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,369,025	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,328,947	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,780,123	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,341	21,858,100	16,787		73.00
74.00	07400 RENAL DIALYSIS	0	167,526	0		74.00
76.00	03140 CARDIO CATH LAB	659	11,570,738	671		76.00
76.01	03050 ENDOSCOPY	0	9,570,731	0		76.01
76.02	03051 CARDIAC REHAB	0	197,851	0		76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,784	434,544	4,005		90.00
91.00	09100 EMERGENCY	2,276	10,982,563	3,295		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	690	1,997,510	961		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (Lines 50-199)	61,590	173,514,300	27,335		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 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	0.111033	36,725,838	0	0	4,077,780	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	3,257,491	0	0	46,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	13,160,609	0	0	1,717,867	54.00
54.01	05401	PET SCAN	0.190025	1,210,328	0	0	229,993	54.01
56.00	05600	RADIOISOTOPE	0.088053	6,432,293	0	0	566,383	56.00
57.00	05700	CT SCAN	0.028829	9,882,044	0	0	284,889	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.135801	5,712,533	12,746	0	775,768	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	520,592	0	0	71,744	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	122,264	0	0	40,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	9,232,650	0	0	529,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	1,369,025	0	0	428,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	7,328,947	0	0	1,831,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	21,780,123	0	0	2,931,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	21,858,100	0	137,299	2,888,373	73.00
74.00	07400	RENAL DIALYSIS	0.334593	167,526	0	0	56,053	74.00
76.00	03140	CARDIO CATH LAB	0.076843	11,570,738	0	0	889,130	76.00
76.01	03050	ENDOSCOPY	0.161748	9,570,731	0	0	1,548,047	76.01
76.02	03051	CARDIAC REHAB	0.209578	197,851	0	0	41,465	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2.004402	434,544	0	0	871,001	90.00
91.00	09100	EMERGENCY	0.114456	10,982,563	0	0	1,257,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	1,997,510	0	0	96,923	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.694857	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		173,514,300	12,746	137,299	21,180,937	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		173,514,300	12,746	137,299	21,180,937	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 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
54.01 05401 PET SCAN	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	1,731	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,143		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIO CATH LAB	0	0		76.00
76.01 03050 ENDOSCOPY	0	0		76.01
76.02 03051 RADIO CATH LAB	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	1,731	18,143		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,731	18,143		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 am
		Title XIX	Hospital	Cost

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	0.111033	0	5,366,800	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	0	3,387	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	0	599,778	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	0	2,111,953	0	0	54.00
54.01	05401	PET SCAN	0.190025	0	472,869	0	0	54.01
56.00	05600	RADIOISOTOPE	0.088053	0	473,199	0	0	56.00
57.00	05700	CT SCAN	0.028829	0	1,793,997	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.135801	0	3,021,471	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	0	158,505	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	0	637,962	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	0	808,863	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	0	306,531	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	0	1,108,562	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	0	2,829,860	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	0	7,191,255	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.334593	0	9,386	0	0	74.00
76.00	03140	CARDIO CATH LAB	0.076843	0	924,252	0	0	76.00
76.01	03050	ENDOSCOPY	0.161748	0	1,003,789	0	0	76.01
76.02	03051	CARDIAC REHAB	0.209578	0	17,566	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2.004402	0	148,203	0	0	90.00
91.00	09100	EMERGENCY	0.114456	0	3,452,946	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	0	531,816	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.694857	0	514,952	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	33,487,902	0	0	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)		0	33,487,902	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	595,892	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	968	0	52.00
53.00	05300 ANESTHESIOLOGY	8,606	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	275,675	0	54.00
54.01	05401 PET SCAN	89,857	0	54.01
56.00	05600 RADIOISOTOPE	41,667	0	56.00
57.00	05700 CT SCAN	51,719	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	410,319	0	60.00
65.00	06500 RESPIRATORY THERAPY	21,844	0	65.00
66.00	06600 PHYSICAL THERAPY	212,257	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	46,371	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	95,906	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	277,052	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	380,925	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	950,267	0	73.00
74.00	07400 RENAL DIALYSIS	3,140	0	74.00
76.00	03140 CARDIO CATH LAB	71,022	0	76.00
76.01	03050 ENDOSCOPY	162,361	0	76.01
76.02	03051 CARDIAC REHAB	3,681	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	297,058	0	90.00
91.00	09100 EMERGENCY	395,210	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	25,805	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	357,818		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Subtotal (see instructions)	4,775,420	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,775,420	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 12/1/2014 9:55 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)		52,490	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,490	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)		51,738	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)		20,460	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)		43,880,713	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)		43,880,713	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)		43,880,713	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)		835.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,104,151	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)		17,104,151	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	1,710,249	906	1,887.69	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	5,225,994	4,545	1,149.83	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	22,599,399	28,006	806.95	7,379	5,954,484	43.03
44.00	CORONARY CARE UNIT	8,155,565	7,206	1,131.77	2,442	2,763,782	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)					42,563,212	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,385,629	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)					4,135,148	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,240,082	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,375,230	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,010,399	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)					752	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					835.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					628,657	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,886,138	43,880,713	0.179718	628,657	112,981	90.00
91.00	Nursing School cost	0	43,880,713	0.000000	628,657	0	91.00
92.00	Allied health cost	435,119	43,880,713	0.009916	628,657	6,234	92.00
93.00	All other Medical Education	0	43,880,713	0.000000	628,657	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 12/1/2014 9:55 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		28,759,562	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		23,135,978	31.03
32.00	03200	CORONARY CARE UNIT		8,716,117	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111033	64,538,362	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	29,897	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	7,717,208	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	12,580,666	54.00
54.01	05401	PET SCAN	0.190025	41,709	54.01
56.00	05600	RADIOISOTOPE	0.088053	1,962,080	56.00
57.00	05700	CT SCAN	0.028829	10,048,452	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.135801	33,256,676	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	16,534,340	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	4,342,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	9,872,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	326,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	20,560,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	39,776,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	69,454,688	73.00
74.00	07400	RENAL DIALYSIS	0.334593	4,996,200	74.00
76.00	03140	CARDIO CATH LAB	0.076843	11,363,079	76.00
76.01	03050	ENDOSCOPY	0.161748	3,122,716	76.01
76.02	03051	CARDIAC REHAB	0.209578	1,008,723	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.004402	193,560	90.00
91.00	09100	EMERGENCY	0.114456	7,585,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	1,434,240	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		320,746,192	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)		320,746,192	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Title XIX		Hospital	
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		5,214,570	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		285,726	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		2,029,172	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		5,140,621	31.03
32.00	03200	CORONARY CARE UNIT		1,522,103	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		119,636	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111033	10,662,009	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	374,685	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	1,367,808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	2,517,994	54.00
54.01	05401	PET SCAN	0.190025	8,380	54.01
56.00	05600	RADIOISOTOPE	0.088053	250,239	56.00
57.00	05700	CT SCAN	0.028829	2,006,989	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.135801	6,948,981	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	4,432,822	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	561,905	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	1,433,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	107,069	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	3,869,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	4,836,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	17,869,208	73.00
74.00	07400	RENAL DIALYSIS	0.334593	453,077	74.00
76.00	03140	CARDIO CATH LAB	0.076843	1,488,228	76.00
76.01	03050	ENDOSCOPY	0.161748	502,438	76.01
76.02	03051	CARDIAC REHAB	0.209578	127,769	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.004402	28,493	90.00
91.00	09100	EMERGENCY	0.114456	1,668,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.048522	85,118	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		61,601,363	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)		61,601,363	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	45,172	835.98	25	20,900	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,887.69	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,149.83	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	806.95	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,131.77	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		45,172		25	20,900	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.111033	1,199,092	133,139		8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.285774	0	0		10.00
11.00	ANESTHESIOLOGY	53.00	0.014348	104,025	1,493		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.130531	245,450	32,039		12.00
12.01	PET SCAN	54.01	0.190025	0	0		12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0		13.00
14.00	RADIOISOTOPE	56.00	0.088053	907,681	79,924		14.00
15.00	CT SCAN	57.00	0.028829	617,399	17,799		15.00
16.00	MRI	58.00	0.000000	0	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0		17.00
18.00	LABORATORY	60.00	0.135801	1,334,186	181,184		18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0.137813	134,290	18,507		23.00
24.00	PHYSICAL THERAPY	66.00	0.332711	0	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0.057329	292,865	16,790		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.312875	0	0		28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.249920	295,260	73,791		29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.134609	6,257	842		30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.132142	369,941	48,885		31.00
32.00	RENAL DIALYSIS	74.00	0.334593	0	0		32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0		33.00
34.00	CARDIO CATH LAB	76.00	0.076843	0	0		34.00
34.01	ENDOSCOPY	76.01	0.161748	34,085	5,513		34.01
34.02	CARDIAC REHAB	76.02	0.209578	0	0		34.02
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0		35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0		36.00
37.00	CLINIC	90.00	2.004402	78,091	156,526		37.00
38.00	EMERGENCY	91.00	0.114456	1,759	201		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.048522	25,555	1,240		39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			5,645,936	767,873		41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	25	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			25	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	78,091	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	1,759	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	25,555	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		105,405		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	788,773		5,691,108			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,147,182		2,451,721			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,935,955		8,142,829			61.00
62.00	Total Usable Organs (see instructions)		47				62.00
63.00	Medicare Usable Organs (see instructions)		36				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.765957				64.00
65.00	Medicare Cost/Charges (see instructions)	2,248,815		6,237,057			65.00
66.00	Revenue for Organs Sold	100,679		0			66.00
67.00	Subtotal (line 65 minus line 66)	2,148,136		6,237,057			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,148,136	0	6,237,057	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		13		19		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		15		73.00
74.00	Total (sum of lines 70 thru 73)		13		34		74.00
75.00	Organs Transplanted		13		15	0	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		19	0	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		13		34		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

Cost Center Description		Heart		Hospital	PPS		
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	835.98	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,887.69	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,149.83	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	806.95	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,131.77	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition		Worksheet C Line Numbers		Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0		1.00	2.00	3.00	
8.00	OPERATING ROOM		50.00	0.111033	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.285774	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.014348	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.130531	0	0	12.00
12.01	PET SCAN		54.01	0.190025	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.088053	0	0	14.00
15.00	CT SCAN		57.00	0.028829	0	0	15.00
16.00	MRI		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.135801	0	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.137813	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.332711	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.057329	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.312875	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.249920	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.134609	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.132142	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.334593	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	CARDIO CATH LAB		76.00	0.076843	0	0	34.00
34.01	ENDOSCOPY		76.01	0.161748	0	0	34.01
34.02	CARDIAC REHAB		76.02	0.209578	0	0	34.02
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	2.004402	0	0	37.00
38.00	EMERGENCY		91.00	0.114456	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.048522	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				0	0	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	964,332		1,174,586			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	964,332		1,174,586			61.00
62.00	Total Usable Organs (see instructions)		12				62.00
63.00	Medicare Usable Organs (see instructions)		8				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667				64.00
65.00	Medicare Cost/Charges (see instructions)	642,888		783,058			65.00
66.00	Revenue for Organs Sold	16,944		0			66.00
67.00	Subtotal (line 65 minus line 66)	625,944		783,058			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	625,944	0	783,058	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	6			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	6			73.00
74.00	Total (sum of lines 70 thru 73)		0	12			74.00
75.00	Organs Transplanted		0	6	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	6	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	12			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
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, 2013 (see instructions)		12,653,053		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		39,408,525		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		3,207,048		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		29,440,323		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		383.94		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)		10.13		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		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)		10.13		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		8.14		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)		8.14		12.00
13.00	Total allowable FTE count for the prior year.		9.56		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.		9.35		14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.02		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		9.02		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.023493		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.024530		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.023493		21.00
22.00	IME payment adjustment (see instructions)		1,039,638		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.99		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,039,638		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.74		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.87		31.00
32.00	Sum of lines 30 and 31		21.61		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		7.04	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,584,365		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000507964
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				4,595,235
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				3,436,983
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,436,983		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		61,329,612		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		61,329,612		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,043,649		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		312,146		
53.00	Nursing and Allied Health Managed Care payment		174,341		
54.00	Special add-on payments for new technologies		40,296		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		2,774,080		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		188,082		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		61,590		
59.00	Total (sum of amounts on lines 49 through 58)		69,923,796		
60.00	Primary payer payments		86,077		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,837,719		
62.00	Deductibles billed to program beneficiaries		4,777,664		
63.00	Coinurance billed to program beneficiaries		281,088		
64.00	Allowable bad debts (see instructions)		120,052		
65.00	Adjusted reimbursable bad debts (see instructions)		78,034		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,857,001			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		15,200			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-44,949			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-69,815			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,727,037			71.00
71.01	Sequestration adjustment (see instructions)		1,294,541			71.01
72.00	Interim payments		62,802,157			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		630,339			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,738,092			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 12/1/2014 9:55 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,874	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,153,602	2.00
3.00	PPS payments		23,579,591	3.00
4.00	Outlier payment (see instructions)		134,994	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		27,335	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,874	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		150,045	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		150,045	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)		150,045	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		130,171	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)		19,874	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)		23,741,920	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,605,520	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		19,156,274	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		93,085	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		19,249,359	30.00
31.00	Primary payer payments		5,988	31.00
32.00	Subtotal (line 30 minus line 31)		19,243,371	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		67,261	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		43,720	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		19,287,091	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,287,091	40.00
40.01	Sequestration adjustment (see instructions)		385,742	40.01
41.00	Interim payments		19,051,989	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-150,640	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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
12/1/2014 9:55 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		62,464,057		19,051,989	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/01/2013	60,800		0	3.01
3.02		02/11/2014	704,100		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	06/30/2014	426,800		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)		338,100		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		62,802,157		19,051,989	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		630,339		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		150,640	6.02
7.00	Total Medicare program liability (see instructions)		63,432,496		18,901,349	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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
12/1/2014 9:55 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			18,500 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			30,281 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			18,262 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			92,401 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,984,598,649 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			8,063,005 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,442,766 8.00
9.00	Sequestration adjustment amount (see instructions)			28,855 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,413,911 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,336,152 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)			77,759 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.14	6.00
7.00	Enter the lesser of line 5 or line 6			8.14	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	8.14	0.00	8.14	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	8.14	0.00	8.14	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	8.14	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.95	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.95	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.68	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	8.68	0.00		17.00
18.00	Per resident amount	93,854.34	90,116.59		18.00
19.00	Approved amount for resident costs	814,656	0	814,656	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			814,656	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	30,281	18,262		26.00
27.00	Total Inpatient Days (see instructions)	92,401	92,401		27.00
28.00	Ratio of inpatient days to total inpatient days	0.327713	0.197639		28.00
29.00	Program direct GME amount	266,973	161,008		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		22,750		30.00
31.00	Net Program direct GME amount			405,231	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,098,177	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		68,385,629	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,774,080	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		86,077	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		71,073,632	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,200,811	42.00
43.00	Primary payer payments (see instructions)		5,988	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,194,823	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		92,268,455	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.770292	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.229708	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		405,231	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		312,146	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		93,085	50.00

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

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G

Date/Time Prepared:
12/1/2014 9:55 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	-10,013,009	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	99,647,317	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-20,492,586	0	0	0	6.00
7.00	Inventory	12,596,484	0	0	0	7.00
8.00	Prepaid expenses	2,756,010	0	0	0	8.00
9.00	Other current assets	2,475,545	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)	86,969,761	0	0	0	11.00
FIXED ASSETS						
12.00	Land	14,006,167	0	0	0	12.00
13.00	Land improvements	3,905,311	0	0	0	13.00
14.00	Accumulated depreciation	-1,052,509	0	0	0	14.00
15.00	Buildings	234,764,800	0	0	0	15.00
16.00	Accumulated depreciation	-31,205,041	0	0	0	16.00
17.00	Leasehold improvements	19,997,319	0	0	0	17.00
18.00	Accumulated depreciation	-4,556,926	0	0	0	18.00
19.00	Fixed equipment	4,036,185	0	0	0	19.00
20.00	Accumulated depreciation	-2,238,849	0	0	0	20.00
21.00	Automobiles and trucks	1,058,149	0	0	0	21.00
22.00	Accumulated depreciation	-816,872	0	0	0	22.00
23.00	Major movable equipment	62,749,391	0	0	0	23.00
24.00	Accumulated depreciation	-40,796,887	0	0	0	24.00
25.00	Minor equipment depreciable	30,903,349	0	0	0	25.00
26.00	Accumulated depreciation	-22,530,173	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)	268,223,414	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	9,879,985	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,879,985	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,073,160	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,002,626	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,165,777	0	0	0	38.00
39.00	Payroll taxes payable	1,204,556	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,668	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	-601,984,426	0	0	0	43.00
44.00	Other current liabilities	6,632,076	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-571,962,723	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	-4	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-4	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-571,962,727	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	937,035,887				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)	937,035,887	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,073,160	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-1

Date/Time Prepared:
12/1/2014 9:55 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		783,211,215		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		153,824,682			2.00
3.00	Total (sum of line 1 and line 2)		937,035,897		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		937,035,897		0	11.00
12.00	ROUNDING	10		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		10		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		937,035,887		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ROUNDING		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	86,536,342		86,536,342	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	86,536,342		86,536,342	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369	11.02
11.03	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705	11.03
12.00	CORONARY CARE UNIT	24,974,258		24,974,258	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)	105,977,255		105,977,255	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	192,513,597		192,513,597	17.00
18.00	Ancillary services	974,703,308	706,468,261	1,681,171,569	18.00
19.00	Outpatient services	30,354,065	80,459,418	110,813,483	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,197,570,970	786,927,679	1,984,498,649	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		372,465,795		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)		372,465,795		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-3

Date/Time Prepared:
12/1/2014 9:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,984,498,649	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,467,008,280	2.00
3.00	Net patient revenues (line 1 minus line 2)	517,490,369	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	372,465,795	4.00
5.00	Net income from service to patients (line 3 minus line 4)	145,024,574	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	8,800,108	24.00
25.00	Total other income (sum of lines 6-24)	8,800,108	25.00
26.00	Total (line 5 plus line 25)	153,824,682	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)	153,824,682	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,126,700	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		690,393	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)		253.15	3.00
4.00	Number of interns & residents (see instructions)		9.02	4.00
5.00	Indirect medical education percentage (see instructions)		1.01	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		41,680	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.74	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.87	8.00
9.00	Sum of lines 7 and 8		21.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.48	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		184,876	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,043,649	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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 12/1/2014 1:22 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 12/1/2014 Time: 1:22 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LUTHERAN HOSPITAL OF INDIANA (150017) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title 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	630,339	-150,640	77,759	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	630,339	-150,640	77,759	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 12/1/2014 9:55 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 7950 WEST JEFFERSON BLVD			PO Box:						
2.00	City: FT WAYNE			State: IN		Zip Code: 46804		County: ALLEN		
				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			LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N P O	
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
								From:	To:	
								1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)							07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)							4		21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			6,455	2,066	216	63	8,064	0	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	
								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

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	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
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00		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		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V 1.00	XIX 2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
				1.00	2.00	
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	617,374	189,118		0	
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02	
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.		Y		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.		11/05/2008		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.		02/16/1990		127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	449008	140.00	

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1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301		141.00		
142.00	Street: 4000 MERIDIAN BLVD	PO Box:				142.00		
143.00	City: FRANKLIN	State: TN		Zip Code: 37067		143.00		
1.00								
144.00	Are provider based physicians' costs included in Worksheet A?						Y 144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y 145.00	
1.00 2.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N 146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N 147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N 148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N 149.00	
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
1.00								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N 165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00 166.00	
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y 167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0 168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.50 169.00	
		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)						10/01/2012 09/30/2013 170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 12/1/2014 9:55 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.	N		06/30/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/04/2014	Y	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)	N		N	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: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 12/1/2014 9:55 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	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.	Y	12/31/2013		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.	LISA		PARRISH	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-7554		LISA_PARRISH@CHS.NET	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)	11/04/2014	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)		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	234	85,410	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		234	85,410	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	20	7,300	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,760	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	84	30,660	0.00	0	8.03
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		386	140,890	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						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)		386				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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,460	3,758	51,738			1.00
2.00 HMO and other (see instructions)	18,262	10,186				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,460	3,758	51,738			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	88	906			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	674	4,545			8.02
8.03 CARDIO INTENSIVE CARE UNIT	7,379	1,590	28,006			8.03
9.00 CORONARY CARE UNIT	2,442	425	7,206			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		143	1,969			13.00
14.00 Total (see instructions)	30,281	6,678	94,370	8.14	2,031.33	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				8.14	2,031.33	27.00
28.00 Observation Bed Days		0	752			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
12/1/2014 9:55 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	5,667	1,028	18,500	1.00
2.00 HMO and other (see instructions)				3,098	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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
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		5,667	1,028	18,500	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	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: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 12/1/2014 9:55 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	104,079,412	0	104,079,412	4,188,065.00	24.85	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,481,758	475,001	2,956,759	115,517.72	25.60	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		13,595	0	13,595	519.75	26.16	11.00
12.00	Contract labor: Top level management and other management and administrative services		95,689	0	95,689	429.82	222.63	12.00
13.00	Contract labor: Physician-Part A - Administrative		539,437	0	539,437	3,601.00	149.80	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		7,895,360	0	7,895,360	110,010.00	71.77	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		21,545,122	0	21,545,122			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		672,743	0	672,743			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	720,074	0	720,074	25,196.00	28.58	26.00
27.00	Administrative & General	5.00	10,280,456	-764,208	9,516,248	434,703.00	21.89	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,697,225	0	1,697,225	72,469.00	23.42	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,748,247	0	1,748,247	144,010.00	12.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,737,970	-1,507,680	1,230,290	90,971.59	13.52	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,544,259	1,544,259	114,187.41	13.52	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,442,002	-2,916,030	1,525,972	39,563.00	38.57	38.00
39.00	Central Services and Supply	14.00	1,359,737	400,334	1,760,071	105,846.00	16.63	39.00
40.00	Pharmacy	15.00	5,636,234	0	5,636,234	152,836.00	36.88	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
12/1/2014 9:55 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00	1,895,941	812,151	2,708,092	135,125.00	20.04	41.00
42.00	Soci al Servi ce	17.00	0	1,956,174	1,956,174	62,764.00	31.17	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
12/1/2014 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	104,079,412	0	104,079,412	4,188,065.00	24.85	1.00
2.00	Excluded area salaries (see instructions)	2,481,758	475,001	2,956,759	115,517.72	25.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	101,597,654	-475,001	101,122,653	4,072,547.28	24.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,544,081	0	8,544,081	114,560.57	74.58	4.00
5.00	Subtotal wage-related costs (see inst.)	21,545,122	0	21,545,122	0.00	21.31	5.00
6.00	Total (sum of lines 3 thru 5)	131,686,857	-475,001	131,211,856	4,187,107.85	31.34	6.00
7.00	Total overhead cost (see instructions)	30,517,886	-475,000	30,042,886	1,377,671.00	21.81	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 12/1/2014 9:55 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,258,144	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)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		10,711,851	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		203,327	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		89,033	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		-1,231	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		33,639	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		913,039	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		6,026,920	17.00
18.00	Medicare Taxes - Employers Portion Only		1,409,522	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		1,003,776	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)		22,648,020	24.00
Part B - Other than Core Related Cost				
25.00	OTHER EMPLOYEE BENEFITS		-430,153	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part V
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 12/1/2014 9:55 am
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.161561	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		47,171,837	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		213,808,716	6.00		
7.00	Medicaid cost (line 1 times line 6)		34,543,150	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0	9.00		
10.00	Stand-alone SCHIP charges		0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00		
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		1,996,099	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		16,913,445	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		2,732,553	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)		736,454	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)		736,454	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		6,839,529	1,223,476	8,063,005	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,105,001	197,666	1,302,667	21.00
22.00	Partial payment by patients approved for charity care		19,154	18,263	37,417	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,085,847	179,403	1,265,250	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)				29,475,391	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				121,754	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				29,353,637	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				4,742,403	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				6,007,653	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				6,744,107	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		6,356,295	6,356,295	4,021,156	10,377,451	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		15,103,594	15,103,594	5,494,266	20,597,860	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	720,074	1,138,217	1,858,291	13,768,330	15,626,621	4.00	
5.01 00540 ADMITTING	10,280,456	100,302,876	110,583,332	-70,509,933	40,073,399	5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	48,494,448	48,494,448	5.02	
7.00 00700 OPERATION OF PLANT	1,697,225	9,501,671	11,198,896	-7,083	11,191,813	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,319,950	1,319,950	-74	1,319,876	8.00	
9.00 00900 HOUSEKEEPING	1,748,247	1,234,312	2,982,559	0	2,982,559	9.00	
10.00 01000 DIETARY	2,737,970	3,442,272	6,180,242	-3,324,161	2,856,081	10.00	
11.00 01100 CAFETERIA	0	0	0	3,584,948	3,584,948	11.00	
13.00 01300 NURSING ADMINISTRATION	4,442,002	1,017,420	5,459,422	-3,740,459	1,718,963	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,359,737	40,772,131	42,131,868	-36,035,731	6,096,137	14.00	
15.00 01500 PHARMACY	5,636,234	26,184,685	31,820,919	-24,606,368	7,214,551	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,895,941	1,084,027	2,979,968	1,396,511	4,376,479	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	2,125,305	2,125,305	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	2,785,941	2,785,941	-2,785,941	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,785,941	2,785,941	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	178,102	110,358	288,460	-76	288,384	23.00	
23.01 02301 PHARMACY RESIDENCY PROGRAM	156,737	25,063	181,800	0	181,800	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	17,620,303	6,626,782	24,247,085	-1,704,265	22,542,820	30.00	
31.00 03100 INTENSIVE CARE UNIT	14,350,394	3,333,330	17,683,724	-17,683,724	0	31.00	
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	2,141,036	620,542	2,761,578	-1,866,582	894,996	31.01	
31.02 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	2,752,477	2,752,477	31.02	
31.03 03101 CARDIO INTENSIVE CARE UNIT	0	0	0	12,296,057	12,296,057	31.03	
32.00 03200 CORONARY CARE UNIT	0	0	0	4,486,796	4,486,796	32.00	
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00 04300 NURSERY	0	61,477	61,477	272,240	333,717	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	8,451,902	12,865,631	21,317,533	-3,963,051	17,354,482	50.00	
51.00 05100 RECOVERY ROOM	2,799,775	730,080	3,529,855	-3,529,855	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,384,727	1,384,727	52.00	
53.00 05300 ANESTHESIOLOGY	120,836	3,990,324	4,111,160	-154,580	3,956,580	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,613,216	2,136,340	5,749,556	-187,600	5,561,956	54.00	
54.01 05401 PET SCAN	550,213	63,166	613,379	-416,492	196,887	54.01	
56.00 05600 RADIOISOTOPE	353,944	1,780,768	2,134,712	-570,582	1,564,130	56.00	
57.00 05700 CT SCAN	642,653	201,899	844,552	-7,100	837,452	57.00	
58.00 05800 MRI	374,374	35,865	410,239	-410,239	0	58.00	
60.00 06000 LABORATORY	4,470,469	10,221,652	14,692,121	-226,450	14,465,671	60.00	
65.00 06500 RESPIRATORY THERAPY	3,709,962	1,327,512	5,037,474	-629,287	4,408,187	65.00	
66.00 06600 PHYSICAL THERAPY	2,183,248	616,864	2,800,112	521,123	3,321,235	66.00	
67.00 06700 OCCUPATIONAL THERAPY	515,108	46,461	561,569	-561,569	0	67.00	
68.00 06800 SPEECH PATHOLOGY	228,996	25,789	254,785	-254,785	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,132,380	1,751,483	4,883,863	-3,804,510	1,079,353	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,393,284	1,393,284	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,574,253	17,574,253	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,785,922	18,785,922	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	24,190,648	24,190,648	73.00	
74.00 07400 RENAL DIALYSIS	0	1,981,576	1,981,576	0	1,981,576	74.00	
76.00 03140 CARDIO CATH LAB	0	0	0	2,131,659	2,131,659	76.00	
76.01 03050 ENDOSCOPY	434,420	82,931	517,351	3,965,342	4,482,693	76.01	
76.02 03051 CARDIAC REHAB	0	0	0	470,210	470,210	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,039,151	857,964	2,897,115	709,476	3,606,591	90.00	
91.00 09100 EMERGENCY	3,347,388	1,890,072	5,237,460	-225	5,237,235	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	2,114,068	4,445,631	6,559,699	-267,163	6,292,536	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	1,815,524	1,815,524	0	1,815,524	96.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	1,646,511	1,646,511	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	757,277	757,277	106.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	104,046,561	267,888,475	371,935,036	-2,238,978	369,696,058	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	313	313	0	313	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	456,341	456,341	0	456,341	192.00	
194.00 07950 CLOSED PSYCH UNIT	0	0	0	0	0	194.00	
194.01 07951 MARKETING	0	0	0	2,055,843	2,055,843	194.01	
194.02 07952 SENIOR CIRCLE	32,851	41,254	74,105	0	74,105	194.02	
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	183,135	183,135	194.03	
200.00	TOTAL (SUM OF LINES 118-199)	104,079,412	268,386,383	372,465,795	0	372,465,795	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,725,632	17,103,083	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	690,762	21,288,622	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,868	15,618,753	4.00
5.01	00540	ADMINISTRATIVE	-32,983,137	7,090,262	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,935,557	45,558,891	5.02
7.00	00700	OPERATION OF PLANT	-70,120	11,121,693	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,501	1,410,377	8.00
9.00	00900	HOUSEKEEPING	0	2,982,559	9.00
10.00	01000	DIETARY	0	2,856,081	10.00
11.00	01100	CAFETERIA	-2,134,940	1,450,008	11.00
13.00	01300	NURSING ADMINISTRATION	-15,700	1,703,263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,096,137	14.00
15.00	01500	PHARMACY	0	7,214,551	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,136	4,356,343	16.00
17.00	01700	SOCIAL SERVICE	0	2,125,305	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,785,941	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	288,384	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	181,800	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,805,240	19,737,580	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	894,996	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	-90,080	2,662,397	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	12,296,057	31.03
32.00	03200	CORONARY CARE UNIT	0	4,486,796	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	-3,680	330,037	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-450,006	16,904,476	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,384,727	52.00
53.00	05300	ANESTHESIOLOGY	-3,822,768	133,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,016	5,554,940	54.00
54.01	05401	PET SCAN	0	196,887	54.01
56.00	05600	RADIOISOTOPE	0	1,564,130	56.00
57.00	05700	CT SCAN	0	837,452	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	-202,500	14,263,171	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,408,187	65.00
66.00	06600	PHYSICAL THERAPY	0	3,321,235	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	1,079,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,393,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,574,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,785,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,190,648	73.00
74.00	07400	RENAL DIALYSIS	0	1,981,576	74.00
76.00	03140	CARDIO CATH LAB	0	2,131,659	76.00
76.01	03050	ENDOSCOPY	0	4,482,693	76.01
76.02	03051	CARDIAC REHAB	0	470,210	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-203,136	3,403,455	90.00
91.00	09100	EMERGENCY	-174,600	5,062,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-3,059,970	3,232,566	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-1,815,524	0	96.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,646,511	105.00
106.00	10600	HEART ACQUISITION	0	757,277	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-43,295,083	326,400,975	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	313	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	456,341	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	2,055,843	194.01
194.02	07952	SENIOR CIRCLE	0	74,105	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	183,135	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-43,295,083	329,170,712	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,773,222	1.00
	TOTALS		0	13,773,222	
B - OXYGEN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	877,894	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	877,894	
C - RENTAL AND LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,409,093	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	5,409,093	
D - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	314,624	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,757,152	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	85,173	3.00
	TOTALS		0	4,156,949	
E - MARKETING DEPARTMENT					
1.00	MARKETING	194.01	307,237	1,746,856	1.00
	TOTALS		307,237	1,746,856	
F - CNO RECLASS					
1.00	NURSING ADMINISTRATION	13.00	274,624	0	1.00
	TOTALS		274,624	0	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,696,359	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,785,922	2.00
3.00	OPERATING ROOM	50.00	0	777,569	3.00
	TOTALS		0	36,259,850	
H - DRUGS / IVS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,190,648	1.00
	TOTALS		0	24,190,648	
I - A&G COSTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	5,332,548	61,025,108	1.00
2.00	DIETARY	10.00	36,579	259,413	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	400,334	1,204,654	3.00
4.00	MARKETING	194.01	1,249	501	4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	166,515	16,620	5.00
	TOTALS		5,937,225	62,506,296	
J - RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	924,587	99,031	1.00
2.00	PET SCAN	54.01	35,040	161,847	2.00
3.00		0.00	0	0	3.00
	TOTALS		959,627	260,878	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
K - DIETARY						
1.00	CAFETERIA	11.00	1,544,259	2,040,689	1.00	
	TOTALS		1,544,259	2,040,689		
L - MISC DEPARTMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	422,330	35,961	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	812,151	615,647	2.00	
3.00	SOCIAL SERVICE	17.00	1,956,174	169,131	3.00	
4.00	OPERATING ROOM	50.00	2,799,774	730,080	4.00	
5.00	CARDIAC REHAB	76.02	407,559	62,651	5.00	
6.00	PHYSICAL THERAPY	66.00	744,104	72,250	6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	939,717	453,567	7.00	
8.00	CARDIO CATH LAB	76.00	1,188,201	943,458	8.00	
9.00	ENDOSCOPY	76.01	2,890,456	1,592,237	9.00	
	TOTALS		12,160,466	4,674,982		
M - ORGAN ACQUISITION						
1.00	KIDNEY ACQUISITION	105.00	0	1,646,511	1.00	
2.00	HEART ACQUISITION	106.00	0	757,277	2.00	
3.00	CLINIC	90.00	463,342	269,100	3.00	
	TOTALS		463,342	2,672,888		
N - ICU COSTS						
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	761,018	133,978	1.00	
2.00	NEONATAL INTENSIVE CARE UNIT	31.02	2,141,036	611,441	2.00	
3.00	CARDIO INTENSIVE CARE UNIT	31.03	9,915,162	2,380,895	3.00	
4.00	CORONARY CARE UNIT	32.00	3,674,214	812,582	4.00	
	TOTALS		16,491,430	3,938,896		
O - LABOR AND DELIVERY						
1.00	NURSERY	43.00	267,764	4,476	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,111,063	273,664	2.00	
	TOTALS		1,378,827	278,140		
P - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,785,941	1.00	
	TOTALS		0	2,785,941		
500.00	Grand Total: Increases		39,517,037	165,573,222	500.00	

RECLASSIFICATIONS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-6
Date/Time Prepared:
12/1/2014 9:55 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	13,773,222	0		1.00
	TOTALS		0	13,773,222			
B - OXYGEN							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	94,027	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	154,580	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	629,287	0		3.00
	TOTALS		0	877,894			
C - RENTAL AND LEASE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	50,620	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,892	0		2.00
3.00	ADMINISTRATIVE	5.01	0	12,319	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	116,704	0		4.00
5.00	OPERATION OF PLANT	7.00	0	7,083	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	74	0		6.00
7.00	DIETARY	10.00	0	35,205	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,690	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,361,387	0		9.00
10.00	PHARMACY	15.00	0	415,720	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	31,287	0		11.00
12.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	76	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	47,298	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	5,875	0		14.00
15.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	9,101	0		15.00
16.00	OPERATING ROOM	50.00	0	651,551	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	989,534	0		17.00
18.00	RADIOISOTOPE	56.00	0	570,582	0		18.00
19.00	CT SCAN	57.00	0	7,100	0		19.00
20.00	LABORATORY	60.00	0	226,450	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	295,231	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	273,386	0		22.00
23.00	ENDOSCOPY	76.01	0	3,574	0		23.00
24.00	CLINICAL	90.00	0	22,966	0		24.00
25.00	EMERGENCY	91.00	0	225	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	267,163	0		26.00
	TOTALS		0	5,409,093			
D - OTHER CAPITAL COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	4,156,949	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	4,156,949			
E - MARKETING DEPARTMENT							
1.00	ADMINISTRATIVE	5.01	307,237	1,746,856	0		1.00
	TOTALS		307,237	1,746,856			
F - CNO RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	274,624	0	0		1.00
	TOTALS		274,624	0			
G - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,185,305	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,797	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	49,748	0		3.00
	TOTALS		0	36,259,850			
H - DRUGS / IVS							
1.00	PHARMACY	15.00	0	24,190,648	0		1.00
	TOTALS		0	24,190,648			
I - A&G COSTS							
1.00	ADMINISTRATIVE	5.01	5,937,225	62,506,296	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		5,937,225	62,506,296			
J - RADIOLOGY COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	35,040	161,847	0		1.00
2.00	PET SCAN	54.01	550,213	63,166	0		2.00
3.00	MRI	58.00	374,374	35,865	0		3.00
	TOTALS		959,627	260,878			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - DIETARY							
1.00	DIETARY	10.00	1,544,259	2,040,689	0		1.00
	TOTALS		1,544,259	2,040,689			
L - MISC DEPARTMENT							
1.00	RECOVERY ROOM	51.00	2,799,775	730,080	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	2,101,057	1,380,319	0		2.00
3.00	OCCUPATIONAL THERAPY	67.00	515,108	46,461	0		3.00
4.00	SPEECH PATHOLOGY	68.00	228,996	25,789	0		4.00
5.00	NURSING ADMINISTRATION	13.00	3,190,654	820,739	0		5.00
6.00	OPERATING ROOM	50.00	2,890,456	1,592,237	0		6.00
7.00	ENDOSCOPY	76.01	434,420	79,357	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		12,160,466	4,674,982			
M - ORGAN ACQUISITION							
1.00	OPERATING ROOM	50.00	463,342	2,672,888	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		463,342	2,672,888			
N - ICU COSTS							
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	2,141,036	611,441	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	14,350,394	3,327,455	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		16,491,430	3,938,896			
O - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,378,827	278,140	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,378,827	278,140			
P - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,785,941	0		1.00
	TOTALS		0	2,785,941			
500.00	Grand Total: Decreases		39,517,037	165,573,222			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
12/1/2014 9:55 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,573,476	0	0	0	1.00
2.00	Land Improvements	10,539,929	541,192	0	541,192	2.00
3.00	Buildings and Fixtures	152,714,654	28,724	0	28,724	3.00
4.00	Building Improvements	17,075,613	2,794,210	0	2,794,210	4.00
5.00	Fixed Equipment	45,986,381	110,697	0	110,697	5.00
6.00	Movable Equipment	124,459,167	9,530,358	0	9,530,358	6.00
7.00	HIT designated Assets	1,482,299	21,351	0	21,351	7.00
8.00	Subtotal (sum of lines 1-7)	361,831,519	13,026,532	0	13,026,532	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	361,831,519	13,026,532	0	13,026,532	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,573,476	0			1.00
2.00	Land Improvements	11,081,121	0			2.00
3.00	Buildings and Fixtures	152,743,378	0			3.00
4.00	Building Improvements	19,869,823	0			4.00
5.00	Fixed Equipment	46,097,078	0			5.00
6.00	Movable Equipment	133,989,525	0			6.00
7.00	HIT designated Assets	1,503,650	0			7.00
8.00	Subtotal (sum of lines 1-7)	374,858,051	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	374,858,051	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,356,295	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,103,594	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,459,889	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	6,356,295				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,103,594				2.00
3.00	Total (sum of lines 1-2)	0	21,459,889				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	193,267,797	0	193,267,797	0.515576	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	181,590,253	0	181,590,253	0.484424	0	2.00
3.00	Total (sum of lines 1-2)	374,858,050	0	374,858,050	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,315,973	-50,620	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,707,198	5,409,093	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,023,171	5,358,473	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,765,954	314,624	3,757,152	0	17,103,083	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,087,158	85,173	0	0	21,288,622	2.00
3.00	Total (sum of lines 1-2)	9,853,112	399,797	3,757,152	0	38,391,705	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,204,307	0	CAP REL COSTS-BLDG & FIXT	1.00	9	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	-13,575,430				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-7,016		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	7,783,577				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,134,940		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-31,850		OTHER ADMINISTRATIVE AND GENERAL	5.02	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-878,287		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	243,605		CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 NON ALLOWABLE BAD DEBTS	A	-31,502,516		ADMINITTING	5.01	0	33.00

Provider CCN: 150017 Period: From 07/01/2013 To 06/30/2014 Worksheet A-8
 Date/Time Prepared: 12/1/2014 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 TRAINING REVENUES	B	-15,700	NURSING ADMINISTRATION	13.00	0	33.01
33.02 OTHER MISC REVENUES	B	-2,913,597	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.02
33.03 PATIENT PHONES WAGE COST	A	-36,858	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.03
33.04 PATIENT PHONES BENEFITS COST	A	-7,868	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05 PATIENT PHONES EXPENSE	A	-10,918	ADMINISTRATION	5.01	0	33.05
33.06 PATIENT PHONES DEPRECIATION COST	A	-3,031	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.06
33.07 PATIENT TV - CABLE EXPENSE	A	-70,120	OPERATION OF PLANT	7.00	0	33.07
33.08 PATIENT TV DEPRECIATION	A	-10,736	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.08
33.09 MARKETING	A	-73,979	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.09
33.10 LEGAL FEES	A	-68,198	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.10
33.11 PHYSICIAN RECRUITING	A	-227,271	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.11
33.12 LOBBYING IN ASSOCIATION DUES	A	-22,491	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.12
33.13 CHARITABLE CONTRIBUTIONS	A	-297,505	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.13
33.14 PENALTIES	A	-901	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.14
33.15 EQUITY IN AFFILIATES	A	110,131	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.15
33.16 NON-COMPETE AGREEMENT EXPENSES	A	-679,467	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.16
33.17 VALET SERVICE	A	-29,251	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.17
33.18 INTERCOMPANY LEASE RECEIPTS	A	2,369,841	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	33.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,295,083				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: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet A-8-1

Date/Time Prepared: 12/1/2014 9:55 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL INTEREST	8,630,242	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL - BLDG	42,272	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL - EQUIP	21,147	0
4.00	5.01	ADMITTING	PASI OPERATING	763,134	0
4.01	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL - BLDG	135,712	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL - EQUIP	1,087,158	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	POOLED HOME OFFICE COSTS	8,262,148	0
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE	1,047,460	2,418,223
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	CIG ASSETS	737,600	1,384,981
4.06	8.00	LAUNDRY & LINEN SERVICE	HLS - CAPITAL	149,474	0
4.07	8.00	LAUNDRY & LINEN SERVICE	HLS - OPERATING	1,257,941	1,316,914
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	3,257,739
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	5,432
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	105,644
4.11	5.02	OTHER ADMINISTRATIVE AND GEN	MIS FEES	0	1,199,847
4.12	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGED CARE	0	251,942
4.13	5.02	OTHER ADMINISTRATIVE AND GEN	CASE MANAGEMENT	0	313,108
4.14	5.02	OTHER ADMINISTRATIVE AND GEN	PURCHASE & ANCILLARY	0	20,202
4.15	5.02	OTHER ADMINISTRATIVE AND GEN	EMERGENCY ROOM	0	180,064
4.16	5.02	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	37,867
4.17	5.02	OTHER ADMINISTRATIVE AND GEN	COMPLIANCE/HIM/CCA FEES	0	88,620
4.18	5.02	OTHER ADMINISTRATIVE AND GEN	SENIOR CIRCLE	0	49,791
4.19	5.01	ADMITTING	PASI COLLECTION FEES	0	1,949,012
4.21	5.01	ADMITTING	EBOS FEES	0	10,670
4.22	5.01	ADMITTING	PASI LIEN UNIT COLLECTION FE	0	273,155
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	1,487,500
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,134,288	14,350,711

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

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

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

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

6.00	B		0.00	COMMUNITY HEALT	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00	E		0.00	HOSPITAL LAUNDR	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:
12/1/2014 9:55 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	8,630,242	11		1.00
2.00	42,272	9		2.00
3.00	21,147	9		3.00
4.00	763,134	0		4.00
4.01	135,712	11		4.01
4.02	1,087,158	11		4.02
4.03	8,262,148	0		4.03
4.04	-1,370,763	0		4.04
4.05	-647,381	9		4.05
4.06	149,474	9		4.06
4.07	-58,973	0		4.07
4.08	-3,257,739	0		4.08
4.09	-5,432	0		4.09
4.10	-105,644	0		4.10
4.11	-1,199,847	0		4.11
4.12	-251,942	0		4.12
4.13	-313,108	0		4.13
4.14	-20,202	0		4.14
4.15	-180,064	0		4.15
4.16	-37,867	0		4.16
4.17	-88,620	0		4.17
4.18	-49,791	0		4.18
4.19	-1,949,012	0		4.19
4.21	-10,670	0		4.21
4.22	-273,155	0		4.22
4.23	-1,487,500	0		4.23
5.00	7,783,577			5.00

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

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

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

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

6.00	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:
12/1/2014 9:55 am

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	934,300	922,503	11,797	171,400	79	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	44,692	0	44,692	171,400	298	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,805,240	2,805,240	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	90,080	90,080	0	0	0	4.00
5.00	43.00	NURSERY	3,680	3,680	0	0	0	5.00
6.00	50.00	OPERATING ROOM	450,006	450,006	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,822,768	3,822,768	0	0	0	7.00
8.00	60.00	LABORATORY	202,500	202,500	0	0	0	8.00
9.00	90.00	CLINIC	203,136	203,136	0	0	0	9.00
10.00	91.00	EMERGENCY	174,600	174,600	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	3,059,970	3,059,970	0	0	0	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	1,815,524	1,815,524	0	0	0	12.00
200.00			13,606,496	13,550,007	56,489		377	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	6,510	326	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	24,556	1,228	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	12.00
200.00			31,066	1,554	0	0	0	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	6,510	5,287	927,790	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	24,556	20,136	20,136	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,805,240	3.00
4.00	31.02	NEONATAL INTENSIVE CARE UNIT	0	0	0	90,080	4.00
5.00	43.00	NURSERY	0	0	0	3,680	5.00
6.00	50.00	OPERATING ROOM	0	0	0	450,006	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,822,768	7.00
8.00	60.00	LABORATORY	0	0	0	202,500	8.00
9.00	90.00	CLINIC	0	0	0	203,136	9.00
10.00	91.00	EMERGENCY	0	0	0	174,600	10.00
11.00	95.00	AMBULANCE SERVICES	0	0	0	3,059,970	11.00
12.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	1,815,524	12.00
200.00			0	31,066	25,423	13,575,430	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,103,083	17,103,083			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	21,288,622		21,288,622		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,618,753	447,218	21,872	16,087,843	4.00
5.01 00540	ADMITTING	7,090,262	368,630	25,261	628,202	8,112,355
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	45,558,891	741,439	5,339,654	853,002	0
7.00 00700	OPERATION OF PLANT	11,121,693	3,697,478	358,750	264,173	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,410,377	21,444	0	0	0
9.00 00900	HOUSEKEEPING	2,982,559	71,997	26,521	272,115	0
10.00 01000	DIETARY	2,856,081	692,892	66,191	191,495	0
11.00 01100	CAFETERIA	1,450,008	0	0	240,364	0
13.00 01300	NURSING ADMINISTRATION	1,703,263	163,838	7,138	237,518	0
14.00 01400	CENTRAL SERVICES & SUPPLY	6,096,137	299,212	369,539	273,955	0
15.00 01500	PHARMACY	7,214,551	171,289	106,992	877,280	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,356,343	182,942	47,259	421,515	0
17.00 01700	SOCIAL SERVICE	2,125,305	123,243	0	304,478	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	288,384	69,060	403	27,722	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	181,800	0	0	24,396	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,737,580	2,532,461	3,005,085	2,527,949	399,833
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	894,996	104,617	23,504	118,452	9,790
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,662,397	264,300	121,104	333,252	57,912
31.03 03101	CARDIO INTENSIVE CARE UNIT	12,296,057	944,392	221,223	1,543,295	263,438
32.00 03200	CORONARY CARE UNIT	4,486,796	367,747	83,510	571,891	102,095
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	330,037	13,038	1,521	41,677	6,891
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,904,476	2,468,392	4,512,882	1,229,305	1,475,377
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,384,727	0	0	172,937	28,595
53.00 05300	ANESTHESIOLOGY	133,812	1,910	0	18,808	172,273
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,554,940	378,421	1,548,725	700,855	370,372
54.01 05401	PET SCAN	196,887	41,192	557,571	5,454	23,447
56.00 05600	RADIOISOTOPE	1,564,130	95,948	10,286	55,091	118,229
57.00 05700	CT SCAN	837,452	47,449	49,366	100,029	301,516
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	14,263,171	406,933	731,447	695,828	669,659
65.00 06500	RESPIRATORY THERAPY	4,408,187	137,189	236,823	577,456	216,945
66.00 06600	PHYSICAL THERAPY	3,321,235	290,377	220,749	455,642	72,472
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,079,353	323,521	326,061	160,525	249,224
70.00 07000	ELECTROENCEPHALOGRAPHY	1,393,284	35,915	501,459	146,267	35,393
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,574,253	0	0	0	400,802
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	18,785,922	0	0	0	828,977
73.00 07300	DRUGS CHARGED TO PATIENTS	24,190,648	0	0	0	1,323,555
74.00 07400	RENAL DIALYSIS	1,981,576	189,604	3,954	0	37,193
76.00 03140	CARDIO CATH LAB	2,131,659	154,549	1,424,053	184,943	315,032
76.01 03050	ENDOSCOPY	4,482,693	166,107	518,751	449,899	200,363
76.02 03051	CARDIAC REHAB	470,210	0	32,762	63,437	14,082
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,403,455	487,909	12,668	389,513	12,975
91.00 09100	EMERGENCY	5,062,635	481,724	356,459	521,021	359,133
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,232,566	11,032	293,088	329,055	27,933
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,646,511	50,267	11,004	0	6,132
106.00 10600	HEART ACQUISITION	757,277	0	16,157	0	12,717
118.00	SUBTOTALS (SUM OF LINES 1-117)	326,400,975	17,045,676	21,189,792	16,008,796	8,112,355
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	313	57,407	4,604	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	456,341	0	3,024	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	2,055,843	0	3,120	48,016	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	74,105	0	0	5,113	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	183,135	0	88,082	25,918	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	329,170,712	17,103,083	21,288,622	16,087,843	8,112,355	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part I
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	52,492,986	52,492,986			5.02
7.00	00700	OPERATION OF PLANT	15,442,094	2,929,767	18,371,861		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,431,821	271,654	33,251	1,736,726	8.00
9.00	00900	HOUSEKEEPING	3,353,192	636,188	111,638	0	4,101,018
10.00	01000	DIETARY	3,806,659	722,222	1,074,390	0	241,735
11.00	01100	CAFETERIA	1,690,372	320,708	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,111,757	400,655	254,046	0	57,160
14.00	01400	CENTRAL SERVICES & SUPPLY	7,038,843	1,335,452	463,955	0	104,388
15.00	01500	PHARMACY	8,370,112	1,588,028	265,598	0	59,759
16.00	01600	MEDICAL RECORDS & LIBRARY	5,008,059	950,159	283,668	0	63,824
17.00	01700	SOCIAL SERVICE	2,553,026	484,375	191,099	0	42,997
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	528,565	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	385,569	73,152	107,084	4,594	24,093
23.01	02301	PHARMACY RESIDENCY PROGRAM	206,196	39,121	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,202,908	5,350,854	3,926,802	623,113	883,520
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,151,359	218,443	162,217	11,816	36,498
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,438,965	652,461	409,820	13,525	92,208
31.03	03101	CARDIO INTENSIVE CARE UNIT	15,268,405	2,896,813	1,464,364	213,665	329,478
32.00	03200	CORONARY CARE UNIT	5,612,039	1,064,750	570,224	71,259	128,299
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	393,164	74,593	20,217	0	4,549
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,590,432	5,044,896	3,827,459	342,278	861,167
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,586,259	300,955	0	0	0
53.00	05300	ANESTHESIOLOGY	326,803	62,003	2,962	0	666
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,553,313	1,622,786	586,775	87,274	132,023
54.01	05401	PET SCAN	824,551	156,439	63,872	0	14,371
56.00	05600	RADIO SOTOPE	1,843,684	349,795	148,776	0	33,474
57.00	05700	CT SCAN	1,335,812	253,438	73,574	26,550	16,554
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	16,767,038	3,181,143	630,986	2,326	141,970
65.00	06500	RESPIRATORY THERAPY	5,576,600	1,058,026	212,723	6,645	47,862
66.00	06600	PHYSICAL THERAPY	4,360,475	827,295	450,254	11	101,306
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,138,684	405,764	501,649	6,556	112,870
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112,318	400,762	55,689	0	12,530
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,975,055	3,410,335	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,614,899	3,721,456	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	25,514,203	4,840,708	0	0	0
74.00	07400	RENAL DIALYSIS	2,212,327	419,736	293,998	0	66,149
76.00	03140	CARDIO CATH LAB	4,210,236	798,791	239,642	36,662	53,919
76.01	03050	ENDOSCOPY	5,817,813	1,103,790	257,563	60,974	57,951
76.02	03051	CARDIAC REHAB	580,491	110,134	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,306,520	817,059	756,546	26,643	170,221
91.00	09100	EMERGENCY	6,780,972	1,286,527	746,956	202,835	168,063
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,893,674	738,731	17,107	0	3,849
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,713,914	325,174	77,943	0	17,537
106.00	10600	HEART ACQUISITION	786,151	149,153	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	326,165,691	51,922,856	18,282,847	1,736,726	4,080,990
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,324	11,824	89,014	0	20,028
192.00	19200	PHYSICIANS' PRIVATE OFFICES	459,365	87,153	0	0	0
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	2,106,979	399,749	0	0	0
194.02	07952	SENIOR CIRCLE	79,218	15,030	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	297,135	56,374	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.02	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118-201)	329,170,712	52,492,986	18,371,861	1,736,726	4,101,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,845,006					10.00
11.00	01100	0	2,011,080				11.00
13.00	01300	0	23,795	2,847,413			13.00
14.00	01400	0	63,666	0	9,006,304		14.00
15.00	01500	0	91,927	0	220,601	10,596,025	15.00
16.00	01600	0	81,268	0	7,509	0	16.00
17.00	01700	0	37,757	0	1,315	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	5	0	22.00
23.00	02300	0	3,428	0	342	0	23.00
23.01	02301	0	3,453	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,431,753	408,188	804,659	335,523	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	52,129	14,349	37,704	11,773	0	31.01
31.02	02060	335,831	43,073	106,075	54,636	0	31.02
31.03	03101	1,155,855	217,507	491,237	204,425	0	31.03
32.00	03200	227,484	74,375	182,035	81,599	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	114,670	5,417	13,266	9,018	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	186,406	391,293	1,064,934	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	22,506	55,047	0	0	52.00
53.00	05300	0	5,780	0	337	0	53.00
54.00	05400	0	104,049	223,085	73,732	0	54.00
54.01	05401	0	863	1,736	0	0	54.01
56.00	05600	0	7,056	17,536	4,835	0	56.00
57.00	05700	0	16,101	31,840	11,790	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	114,008	0	607,235	0	60.00
65.00	06500	0	87,523	0	64,638	0	65.00
66.00	06600	0	54,058	0	18,230	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	26,835	0	4,573	0	69.00
70.00	07000	0	21,643	0	63,490	0	70.00
71.00	07100	0	0	0	2,638,225	0	71.00
72.00	07200	0	0	0	2,968,405	0	72.00
73.00	07300	0	0	0	0	10,596,025	73.00
74.00	07400	0	0	0	7,486	0	74.00
76.00	03140	0	23,620	58,868	118,645	0	76.00
76.01	03050	0	71,547	143,205	175,159	0	76.01
76.02	03051	0	11,973	0	2,511	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	45,113	123,984	70,921	0	90.00
91.00	09100	0	81,193	165,843	166,695	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	44,375	0	16,815	0	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	5,279	0	0	0	105.00
106.00	10600	0	3,015	0	0	0	106.00
118.00		4,317,722	2,001,146	2,847,413	9,005,402	10,596,025	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	46	0	190.00
192.00	19200	1,312,585	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	6,618	0	768	0	194.01
194.02	07952	0	726	0	88	0	194.02
194.03	07953	214,699	2,590	0	0	0	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
202.00 TOTAL (sum lines 118-201)	5,845,006	2,011,080	2,847,413	9,006,304	10,596,025	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	6,394,487				16.00
17.00 01700	SOCIAL SERVICE	0	3,310,569			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,314,511	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	598,262
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	315,133	163,141	0	380,104	435,119
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	7,716	3,995	0	15,204	2,250
31.02 02060	NEONATAL INTENSIVE CARE UNIT	45,644	23,630	0	288,879	10,126
31.03 03101	CARDIO INTENSIVE CARE UNIT	207,631	107,489	0	0	42,530
32.00 03200	CORONARY CARE UNIT	80,467	41,657	0	0	21,377
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
43.00 04300	NURSERY	5,432	2,812	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,163,481	602,525	0	897,047	15,977
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,538	11,668	0	0	0
53.00 05300	ANESTHESIOLOGY	135,779	70,291	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	291,913	151,121	0	0	0
54.01 05401	PET SCAN	18,480	9,567	0	0	0
56.00 05600	RADIOISOTOPE	93,183	48,240	0	0	0
57.00 05700	CT SCAN	237,643	123,026	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	527,799	273,237	0	0	0
65.00 06500	RESPIRATORY THERAPY	170,987	88,518	0	30,408	0
66.00 06600	PHYSICAL THERAPY	57,120	29,570	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	196,428	101,689	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	27,895	14,441	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,897	163,537	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	653,367	338,242	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,043,174	540,041	0	0	0
74.00 07400	RENAL DIALYSIS	29,314	15,176	0	0	0
76.00 03140	CARDIO CATH LAB	248,296	128,540	0	121,633	4,501
76.01 03050	ENDOSCOPY	157,918	81,753	0	0	0
76.02 03051	CARDIAC REHAB	11,099	5,746	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	10,226	5,294	0	1,429,194	29,253
91.00 09100	EMERGENCY	283,055	146,535	0	0	26,328
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	22,016	11,397	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	4,833	2,502	0	0	0
106.00 10600	HEART ACQUISITION	10,023	5,189	0	0	10,801
118.00 00000	SUBTOTALS (SUM OF LINES 1-117)	6,394,487	3,310,569	0	3,162,469	598,262
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	152,042	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0
194.02 07952	SENIOR CIRCLE	0	0	0	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,394,487	3,310,569	0	3,314,511	598,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150017

Period:
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Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	248,770				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	44,260,817	-380,104	43,880,713	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,725,453	-15,204	1,710,249	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	5,514,873	-288,879	5,225,994	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	22,599,399	0	22,599,399	31.03
32.00	03200	CORONARY CARE UNIT	0	8,155,565	0	8,155,565	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
43.00	04300	NURSERY	0	643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	40,987,895	-897,047	40,090,848	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,998,973	0	1,998,973	52.00
53.00	05300	ANESTHESIOLOGY	0	604,621	0	604,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,826,071	0	11,826,071	54.00
54.01	05401	PET SCAN	0	1,089,879	0	1,089,879	54.01
56.00	05600	RADIOISOTOPE	0	2,546,579	0	2,546,579	56.00
57.00	05700	CT SCAN	0	2,126,328	0	2,126,328	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	22,245,742	0	22,245,742	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,343,930	-30,408	7,313,522	65.00
66.00	06600	PHYSICAL THERAPY	0	5,898,319	0	5,898,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,495,048	0	3,495,048	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,708,768	0	2,708,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,503,049	0	24,503,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,296,369	0	27,296,369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248,770	42,782,921	0	42,782,921	73.00
74.00	07400	RENAL DIALYSIS	0	3,044,186	0	3,044,186	74.00
76.00	03140	CARDIO CATH LAB	0	6,043,353	-121,633	5,921,720	76.00
76.01	03050	ENDOSCOPY	0	7,927,673	0	7,927,673	76.01
76.02	03051	CARDIAC REHAB	0	721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	7,790,974	-1,429,194	6,361,780	90.00
91.00	09100	EMERGENCY	0	10,055,002	0	10,055,002	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,747,964	0	4,747,964	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	2,147,182	0	2,147,182	105.00
106.00	10600	HEART ACQUISITION	0	964,332	0	964,332	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	248,770	323,796,357	-3,162,469	320,633,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	183,236	0	183,236	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,011,145	-152,042	1,859,103	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01	07951	MARKETING	0	2,514,114	0	2,514,114	194.01
194.02	07952	SENIOR CIRCLE	0	95,062	0	95,062	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	570,798	0	570,798	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2014

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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	248,770	329,170,712	-3,314,511	325,856,201		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	447,218	21,872	469,090	469,090 4.00
5.01 00540	ADMITTING	0	368,630	25,261	393,891	18,315 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	741,439	5,339,654	6,081,093	24,869 5.02
7.00 00700	OPERATION OF PLANT	0	3,697,478	358,750	4,056,228	7,702 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,444	0	21,444	0 8.00
9.00 00900	HOUSEKEEPING	0	71,997	26,521	98,518	7,934 9.00
10.00 01000	DIETARY	0	692,892	66,191	759,083	5,583 10.00
11.00 01100	CAFETERIA	0	0	0	0	7,008 11.00
13.00 01300	NURSING ADMINISTRATION	0	163,838	7,138	170,976	6,925 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	299,212	369,539	668,751	7,987 14.00
15.00 01500	PHARMACY	0	171,289	106,992	278,281	25,577 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	182,942	47,259	230,201	12,289 16.00
17.00 01700	SOCIAL SERVICE	0	123,243	0	123,243	8,877 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	69,060	403	69,463	808 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	711 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,532,461	3,005,085	5,537,546	73,751 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	104,617	23,504	128,121	3,453 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	264,300	121,104	385,404	9,716 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	944,392	221,223	1,165,615	44,995 31.03
32.00 03200	CORONARY CARE UNIT	0	367,747	83,510	451,257	16,674 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	13,038	1,521	14,559	1,215 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,468,392	4,512,882	6,981,274	35,841 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	5,042 52.00
53.00 05300	ANESTHESIOLOGY	0	1,910	0	1,910	548 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	378,421	1,548,725	1,927,146	20,434 54.00
54.01 05401	PET SCAN	0	41,192	557,571	598,763	159 54.01
56.00 05600	RADIO SOTOPE	0	95,948	10,286	106,234	1,606 56.00
57.00 05700	CT SCAN	0	47,449	49,366	96,815	2,916 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	406,933	731,447	1,138,380	20,287 60.00
65.00 06500	RESPIRATORY THERAPY	0	137,189	236,823	374,012	16,836 65.00
66.00 06600	PHYSICAL THERAPY	0	290,377	220,749	511,126	13,284 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	323,521	326,061	649,582	4,680 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	35,915	501,459	537,374	4,264 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	189,604	3,954	193,558	0 74.00
76.00 03140	CARDIO CATH LAB	0	154,549	1,424,053	1,578,602	5,392 76.00
76.01 03050	ENDOSCOPY	0	166,107	518,751	684,858	13,117 76.01
76.02 03051	CARDIAC REHAB	0	0	32,762	32,762	1,850 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	487,909	12,668	500,577	11,356 90.00
91.00 09100	EMERGENCY	0	481,724	356,459	838,183	15,190 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	11,032	293,088	304,120	9,594 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	50,267	11,004	61,271	0 105.00
106.00 10600	HEART ACQUISITION	0	0	16,157	16,157	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	17,045,676	21,189,792	38,235,468	466,785 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,407	4,604	62,011	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,024	3,024	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	3,120	3,120	1,400 194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	149 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	88,082	88,082	756	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	17,103,083	21,288,622	38,391,705	469,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMINISTRATIVE	412,206					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	6,105,962				5.02
7.00	00700	OPERATION OF PLANT	0	340,792	4,404,722			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	31,599	7,972	61,015		8.00
9.00	00900	HOUSEKEEPING	0	74,002	26,766	0	207,220	9.00
10.00	01000	DIETARY	0	84,009	257,589	0	12,215	10.00
11.00	01100	CAFETERIA	0	37,305	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	46,604	60,908	0	2,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	155,340	111,235	0	5,275	14.00
15.00	01500	PHARMACY	0	184,720	63,678	0	3,020	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	110,523	68,010	0	3,225	16.00
17.00	01700	SOCIAL SERVICE	0	56,343	45,817	0	2,173	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	61,483	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	8,509	25,674	161	1,217	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	4,551	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,344	622,372	941,467	21,893	44,645	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	498	25,409	38,892	415	1,844	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	2,947	75,895	98,256	475	4,659	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	13,404	336,958	351,087	7,507	16,648	31.03
32.00	03200	CORONARY CARE UNIT	5,195	123,852	136,713	2,503	6,483	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	351	8,677	4,847	0	230	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,511	586,824	917,647	12,025	43,514	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,455	35,007	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,765	7,212	710	0	34	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,845	188,763	140,681	3,066	6,671	54.00
54.01	05401	PET SCAN	1,193	18,197	15,314	0	726	54.01
56.00	05600	RADIO SOTOPE	6,016	40,688	35,670	0	1,691	56.00
57.00	05700	CT SCAN	15,341	29,480	17,640	933	836	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	34,073	370,032	151,281	82	7,174	60.00
65.00	06500	RESPIRATORY THERAPY	11,038	123,070	51,001	233	2,418	65.00
66.00	06600	PHYSICAL THERAPY	3,687	96,231	107,950	0	5,119	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	12,681	47,199	120,272	230	5,703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,801	46,617	13,352	0	633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,393	396,691	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,179	432,881	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,343	563,073	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,892	48,824	70,487	0	3,342	74.00
76.00	03140	CARDIO CATH LAB	16,029	92,916	57,455	1,288	2,724	76.00
76.01	03050	ENDOSCOPY	10,195	128,393	61,752	2,142	2,928	76.01
76.02	03051	CARDIAC REHAB	717	12,811	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	660	95,041	181,385	936	8,601	90.00
91.00	09100	EMERGENCY	18,273	149,649	179,085	7,126	8,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,421	85,929	4,101	0	194	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	312	37,824	18,687	0	886	105.00
106.00	10600	HEART ACQUISITION	647	17,350	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	412,206	6,039,645	4,383,381	61,015	206,208	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,375	21,341	0	1,012	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,138	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	46,499	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	1,748	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	6,557	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		ADM ITTING	OTHER ADM INI STRATI VE AND GENERAL	OPERATI ON OF PLANT	LAUNDRY & LIN EN SERVI CE	HOUSEKEEPING	
		5.01	5.02	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	412,206	6,105,962	4,404,722	61,015	207,220	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,118,479					10.00
11.00	01100	0	44,313				11.00
13.00	01300	0	524	288,825			13.00
14.00	01400	0	1,403	0	949,991		14.00
15.00	01500	0	2,026	0	23,269	580,571	15.00
16.00	01600	0	1,791	0	792	0	16.00
17.00	01700	0	832	0	139	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	76	0	36	0	23.00
23.01	02301	0	76	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	465,333	8,994	81,637	35,391	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	9,975	316	3,824	1,242	0	31.01
31.02	02060	64,263	949	10,759	5,763	0	31.02
31.03	03101	221,180	4,793	49,824	21,563	0	31.03
32.00	03200	43,530	1,639	18,463	8,607	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	21,943	119	1,346	951	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,107	39,687	112,328	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	496	5,583	0	0	52.00
53.00	05300	0	127	0	36	0	53.00
54.00	05400	0	2,293	22,626	7,777	0	54.00
54.01	05401	0	19	176	0	0	54.01
56.00	05600	0	155	1,779	510	0	56.00
57.00	05700	0	355	3,229	1,244	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	2,512	0	64,051	0	60.00
65.00	06500	0	1,929	0	6,818	0	65.00
66.00	06600	0	1,191	0	1,923	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	591	0	482	0	69.00
70.00	07000	0	477	0	6,697	0	70.00
71.00	07100	0	0	0	278,278	0	71.00
72.00	07200	0	0	0	313,115	0	72.00
73.00	07300	0	0	0	0	580,571	73.00
74.00	07400	0	0	0	790	0	74.00
76.00	03140	0	520	5,971	12,515	0	76.00
76.01	03050	0	1,577	14,525	18,476	0	76.01
76.02	03051	0	264	0	265	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	994	12,575	7,481	0	90.00
91.00	09100	0	1,789	16,821	17,583	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	978	0	1,774	0	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	116	0	0	0	105.00
106.00	10600	0	66	0	0	0	106.00
118.00		826,224	44,094	288,825	949,896	580,571	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	5	0	190.00
192.00	19200	251,171	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	146	0	81	0	194.01
194.02	07952	0	16	0	9	0	194.02
194.03	07953	41,084	57	0	0	0	194.03
200.00							200.00
201.00							201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150017			Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	1,118,479	44,313	288,825	949,991	580,571		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	426,831				16.00
17.00 01700	SOCIAL SERVICE	0	237,424			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		61,483	22.00
23.00 02300	PARAMED PRGM-(SPECFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,028	11,737			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	515	287			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	3,046	1,700			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	13,855	7,733			31.03
32.00 03200	CORONARY CARE UNIT	5,369	2,997			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
43.00 04300	NURSERY	362	202			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	77,774	42,601			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,504	839			52.00
53.00 05300	ANESTHESIOLOGY	9,060	5,057			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,479	10,872			54.00
54.01 05401	PET SCAN	1,233	688			54.01
56.00 05600	RADIOISOTOPE	6,218	3,471			56.00
57.00 05700	CT SCAN	15,858	8,851			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	35,219	19,657			60.00
65.00 06500	RESPIRATORY THERAPY	11,410	6,368			65.00
66.00 06600	PHYSICAL THERAPY	3,812	2,127			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	13,107	7,316			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,861	1,039			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,079	11,765			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	43,598	24,334			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	69,610	38,852			73.00
74.00 07400	RENAL DIALYSIS	1,956	1,092			74.00
76.00 03140	CARDIO CATH LAB	16,568	9,248			76.00
76.01 03050	ENDOSCOPY	10,538	5,882			76.01
76.02 03051	CARDIAC REHAB	741	413			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	682	381			90.00
91.00 09100	EMERGENCY	18,888	10,542			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,469	820			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	323	180			105.00
106.00 10600	HEART ACQUISITION	669	373			106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	426,831	237,424	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01
194.02 07952	SENIOR CIRCLE	0	0			194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			16.00	17.00			21.00
200.00 Cross Foot Adjustments				0	61,483	105,944	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	426,831	237,424	0	0	61,483	105,944	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	5,338				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		7,886,138	0	7,886,138	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		214,791	0	214,791	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		663,832	0	663,832	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		2,255,162	0	2,255,162	31.03
32.00	03200	CORONARY CARE UNIT		823,282	0	823,282	32.00
40.00	04000	SUBPROVIDER - I/PF		0	0	0	40.00
43.00	04300	NURSERY		54,802	0	54,802	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		8,928,133	0	8,928,133	50.00
51.00	05100	RECOVERY ROOM		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		49,926	0	49,926	52.00
53.00	05300	ANESTHESIOLOGY		33,459	0	33,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,368,653	0	2,368,653	54.00
54.01	05401	PET SCAN		636,468	0	636,468	54.01
56.00	05600	RADIOISOTOPE		204,038	0	204,038	56.00
57.00	05700	CT SCAN		193,498	0	193,498	57.00
58.00	05800	MRI		0	0	0	58.00
60.00	06000	LABORATORY		1,842,748	0	1,842,748	60.00
65.00	06500	RESPIRATORY THERAPY		605,133	0	605,133	65.00
66.00	06600	PHYSICAL THERAPY		746,450	0	746,450	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		861,843	0	861,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		614,115	0	614,115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		728,206	0	728,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		856,107	0	856,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,319,449	0	1,319,449	73.00
74.00	07400	RENAL DIALYSIS		321,941	0	321,941	74.00
76.00	03140	CARDIO CATH LAB		1,799,228	0	1,799,228	76.00
76.01	03050	ENDOSCOPY		954,383	0	954,383	76.01
76.02	03051	CARDIAC REHAB		49,823	0	49,823	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		820,669	0	820,669	90.00
91.00	09100	EMERGENCY		1,281,621	0	1,281,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		410,400	0	410,400	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		119,599	0	119,599	105.00
106.00	10600	HEART ACQUISITION		35,262	0	35,262	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,679,159	0	37,679,159	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		85,744	0	85,744	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		264,333	0	264,333	192.00
194.00	07950	CLOSED PSYCH UNIT		0	0	0	194.00
194.01	07951	MARKETING		51,246	0	51,246	194.01
194.02	07952	SENIOR CIRCLE		1,922	0	1,922	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS		136,536	0	136,536	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B
Part II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	5,338	172,765	0	172,765		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	5,338	38,391,705	0	38,391,705		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	716,220					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		9,982,305				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	18,728	10,256	103,359,338			4.00
5.01 00540 ADMITTING	15,437	11,845	4,035,994	1,984,598,649		5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	31,049	2,503,782	5,480,254	0	-52,492,986	5.02
7.00 00700 OPERATION OF PLANT	154,838	168,219	1,697,225	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	898	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	3,015	12,436	1,748,247	0	0	9.00
10.00 01000 DIETARY	29,016	31,037	1,230,290	0	0	10.00
11.00 01100 CAFETERIA	0	0	1,544,259	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	6,861	3,347	1,525,972	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	12,530	173,278	1,760,071	0	0	14.00
15.00 01500 PHARMACY	7,173	50,169	5,636,234	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,661	22,160	2,708,092	0	0	16.00
17.00 01700 SOCIAL SERVICE	5,161	0	1,956,174	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	2,892	189	178,102	0	0	23.00
23.01 02301 PHARMACY RESIDENCY PROGRAM	0	0	156,737	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	106,051	1,409,094	16,241,476	97,806,578	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02080 PEDIATRIC INTENSIVE CARE UNIT	4,381	11,021	761,018	2,394,923	0	31.01
31.02 02060 NEONATAL INTENSIVE CARE UNIT	11,068	56,786	2,141,036	14,166,369	0	31.02
31.03 03101 CARDIO INTENSIVE CARE UNIT	39,548	103,732	9,915,162	64,441,705	0	31.03
32.00 03200 CORONARY CARE UNIT	15,400	39,158	3,674,214	24,974,258	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 04300 NURSERY	546	713	267,764	1,685,765	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	103,368	2,116,105	7,897,878	361,071,239	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,111,063	6,994,934	0	52.00
53.00 05300 ANESTHESIOLOGY	80	0	120,836	42,141,130	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,847	726,202	4,502,763	90,599,823	0	54.00
54.01 05401 PET SCAN	1,725	261,447	35,040	5,735,464	0	54.01
56.00 05600 RADIOISOTOPE	4,018	4,823	353,944	28,920,949	0	56.00
57.00 05700 CT SCAN	1,987	23,148	642,653	73,756,438	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
60.00 06000 LABORATORY	17,041	342,978	4,470,469	163,810,992	0	60.00
65.00 06500 RESPIRATORY THERAPY	5,745	111,047	3,709,962	53,068,637	0	65.00
66.00 06600 PHYSICAL THERAPY	12,160	103,510	2,927,352	17,728,066	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	13,548	152,891	1,031,323	60,964,769	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,504	235,136	939,717	8,657,668	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	98,043,620	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	202,783,096	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	323,765,854	0	73.00
74.00 07400 RENAL DIALYSIS	7,940	1,854	0	9,098,177	0	74.00
76.00 03140 CARDIO CATH LAB	6,472	667,743	1,188,201	77,062,563	0	76.00
76.01 03050 ENDOSCOPY	6,956	243,244	2,890,456	49,012,568	0	76.01
76.02 03051 CARDIAC REHAB	0	15,362	407,559	3,444,797	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	20,432	5,940	2,502,493	3,173,904	0	90.00
91.00 09100 EMERGENCY	20,173	167,145	3,347,388	87,850,570	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	462	137,430	2,114,068	6,833,008	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	2,105	5,160	0	1,500,085	0	105.00
106.00 10600 HEART ACQUISITION	0	7,576	0	3,110,700	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	713,816	9,935,963	102,851,486	1,984,598,649	-52,492,986	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404	2,159	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,418	0	0	0	192.00
194.00 07950 CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	1,463	308,486	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	32,851	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	41,302	166,515	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	17,103,083	21,288,622	16,087,843	8,112,355		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.879650	2.132636	0.155650	0.004088		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			469,090	412,206		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.004538	0.000208		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	276,677,726				5.02
7.00	00700	OPERATION OF PLANT	15,442,094	496,168			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,431,821	898	2,145,118		8.00
9.00	00900	HOUSEKEEPING	3,353,192	3,015	0	492,255	9.00
10.00	01000	DIETARY	3,806,659	29,016	0	29,016	714,581
11.00	01100	CAFETERIA	1,690,372	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,111,757	6,861	0	6,861	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,038,843	12,530	0	12,530	0
15.00	01500	PHARMACY	8,370,112	7,173	0	7,173	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,008,059	7,661	0	7,661	0
17.00	01700	SOCIAL SERVICE	2,553,026	5,161	0	5,161	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,785,941	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	385,569	2,892	5,674	2,892	0
23.01	02301	PHARMACY RESIDENCY PROGRAM	206,196	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,202,908	106,051	769,639	106,051	297,294
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,151,359	4,381	14,595	4,381	6,373
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,438,965	11,068	16,705	11,068	41,057
31.03	03101	CARDIO INTENSIVE CARE UNIT	15,268,405	39,548	263,909	39,548	141,309
32.00	03200	CORONARY CARE UNIT	5,612,039	15,400	88,015	15,400	27,811
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	393,164	546	0	546	14,019
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,590,432	103,368	422,765	103,368	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,586,259	0	0	0	0
53.00	05300	ANESTHESIOLOGY	326,803	80	0	80	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,553,313	15,847	107,796	15,847	0
54.01	05401	PET SCAN	824,551	1,725	0	1,725	0
56.00	05600	RADIOISOTOPE	1,843,684	4,018	0	4,018	0
57.00	05700	CT SCAN	1,335,812	1,987	32,793	1,987	0
58.00	05800	MRI	0	0	0	0	0
60.00	06000	LABORATORY	16,767,038	17,041	2,873	17,041	0
65.00	06500	RESPIRATORY THERAPY	5,576,600	5,745	8,207	5,745	0
66.00	06600	PHYSICAL THERAPY	4,360,475	12,160	14	12,160	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,138,684	13,548	8,098	13,548	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,112,318	1,504	0	1,504	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,975,055	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,614,899	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	25,514,203	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,212,327	7,940	0	7,940	0
76.00	03140	CARDIO CATH LAB	4,210,236	6,472	45,283	6,472	0
76.01	03050	ENDOSCOPY	5,817,813	6,956	75,312	6,956	0
76.02	03051	CARDIAC REHAB	580,491	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,306,520	20,432	32,908	20,432	0
91.00	09100	EMERGENCY	6,780,972	20,173	250,532	20,173	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,893,674	462	0	462	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,713,914	2,105	0	2,105	0
106.00	10600	HEART ACQUISITION	786,151	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	273,672,705	493,764	2,145,118	489,851	527,863
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,324	2,404	0	2,404	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	459,365	0	0	0	160,470
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01	07951	MARKETING	2,106,979	0	0	0	0
194.02	07952	SENIOR CIRCLE	79,218	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	297,135	0	0	0	26,248
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	52,492,986	18,371,861	1,736,726	4,101,018	5,845,006	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.189726	37.027501	0.809618	8.331084	8.179627	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,105,962	4,404,722	61,015	207,220	1,118,479	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.022069	8.877481	0.028444	0.420961	1.565224	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	160,752					11.00
13.00	01300	NURSING ADMINISTRATION	1,902	57,472,552				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,089	0	56,997,555			14.00
15.00	01500	PHARMACY	7,348	0	1,396,104	24,190,648		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,496	0	47,523	0	1,984,598,649	16.00
17.00	01700	SOCIAL SERVICE	3,018	0	8,321	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	29	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	274	0	2,165	0	0	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	276	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,628	16,241,477	2,123,399	0	97,806,578	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,147	761,018	74,504	0	2,394,923	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	3,443	2,141,036	345,771	0	14,166,369	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	17,386	9,915,162	1,293,731	0	64,441,705	31.03
32.00	03200	CORONARY CARE UNIT	5,945	3,674,214	516,409	0	24,974,258	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	433	267,764	57,070	0	1,685,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,900	7,897,879	6,739,574	0	361,071,239	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,799	1,111,063	0	0	6,994,934	52.00
53.00	05300	ANESTHESIOLOGY	462	0	2,132	0	42,141,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,317	4,502,763	466,625	0	90,599,823	54.00
54.01	05401	PET SCAN	69	35,040	0	0	5,735,464	54.01
56.00	05600	RADIOISOTOPE	564	353,944	30,597	0	28,920,949	56.00
57.00	05700	CT SCAN	1,287	642,653	74,616	0	73,756,438	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	9,113	0	3,842,969	0	163,810,992	60.00
65.00	06500	RESPIRATORY THERAPY	6,996	0	409,068	0	53,068,637	65.00
66.00	06600	PHYSICAL THERAPY	4,321	0	115,371	0	17,728,066	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	2,145	0	28,942	0	60,964,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,730	0	401,802	0	8,657,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,696,359	0	98,043,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,785,922	0	202,783,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,190,648	323,765,854	73.00
74.00	07400	RENAL DIALYSIS	0	0	47,379	0	9,098,177	74.00
76.00	03140	CARDIO CATH LAB	1,888	1,188,201	750,858	0	77,062,563	76.00
76.01	03050	ENDOSCOPY	5,719	2,890,456	1,108,515	0	49,012,568	76.01
76.02	03051	CARDIAC REHAB	957	0	15,894	0	3,444,797	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,606	2,502,494	448,830	0	3,173,904	90.00
91.00	09100	EMERGENCY	6,490	3,347,388	1,054,953	0	87,850,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,547	0	106,413	0	6,833,008	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	422	0	0	0	1,500,085	105.00
106.00	10600	HEART ACQUISITION	241	0	0	0	3,110,700	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	159,958	57,472,552	56,991,845	24,190,648	1,984,598,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	293	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01	07951	MARKETING	529	0	4,862	0	0	194.01
194.02	07952	SENIOR CIRCLE	58	0	555	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	207	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,011,080	2,847,413	9,006,304	10,596,025	6,394,487	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.510451	0.049544	0.158012	0.438022	0.003222	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,313	288,825	949,991	580,571	426,831	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.275661	0.005025	0.016667	0.024000	0.000215	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMINISTRATIVE					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	1,984,598,649				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,900			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		10,900		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			66,466	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0			0	10,000
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	97,806,578	1,250	1,250	48,341	0
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923	50	50	250	0
31.02 02060	NEONATAL INTENSIVE CARE UNIT	14,166,369	950	950	1,125	0
31.03 03101	CARDIO INTENSIVE CARE UNIT	64,441,705	0	0	4,725	0
32.00 03200	CORONARY CARE UNIT	24,974,258	0	0	2,375	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	1,685,765	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	361,071,239	2,950	2,950	1,775	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,994,934	0	0	0	0
53.00 05300	ANESTHESIOLOGY	42,141,130	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	90,599,823	0	0	0	0
54.01 05401	PET SCAN	5,735,464	0	0	0	0
56.00 05600	RADIOISOTOPE	28,920,949	0	0	0	0
57.00 05700	CT SCAN	73,756,438	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	163,810,992	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	53,068,637	100	100	0	0
66.00 06600	PHYSICAL THERAPY	17,728,066	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	60,964,769	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	8,657,668	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,043,620	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	202,783,096	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	323,765,854	0	0	0	10,000
74.00 07400	RENAL DIALYSIS	9,098,177	0	0	0	0
76.00 03140	CARDIO CATH LAB	77,062,563	400	400	500	0
76.01 03050	ENDOSCOPY	49,012,568	0	0	0	0
76.02 03051	CARDIAC REHAB	3,444,797	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,173,904	4,700	4,700	3,250	0
91.00 09100	EMERGENCY	87,850,570	0	0	2,925	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	6,833,008	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,500,085	0	0	0	0
106.00 10600	HEART ACQUISITION	3,110,700	0	0	1,200	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,984,598,649	10,400	10,400	66,466	10,000
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	500	500	0	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet B-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,310,569	0	3,314,511	598,262	248,770	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001668	0.000000	304.083578	9.001023	24.877000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	237,424	0	61,483	105,944	5,338	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000120	0.000000	5.640642	1.593958	0.533800	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	43,880,713		43,880,713	0	43,880,713	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT	1,710,249		1,710,249	0	1,710,249	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT	5,225,994		5,225,994	0	5,225,994	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT	22,599,399		22,599,399	0	22,599,399	31.03
32.00	03200 CORONARY CARE UNIT	8,155,565		8,155,565	0	8,155,565	32.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
43.00	04300 NURSERY	643,138		643,138	0	643,138	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	40,090,848		40,090,848	0	40,090,848	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,998,973		1,998,973	0	1,998,973	52.00
53.00	05300 ANESTHESIOLOGY	604,621		604,621	0	604,621	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,826,071		11,826,071	0	11,826,071	54.00
54.01	05401 PET SCAN	1,089,879		1,089,879	0	1,089,879	54.01
56.00	05600 RADIOISOTOPE	2,546,579		2,546,579	0	2,546,579	56.00
57.00	05700 CT SCAN	2,126,328		2,126,328	0	2,126,328	57.00
58.00	05800 MRI	0		0	0	0	58.00
60.00	06000 LABORATORY	22,245,742		22,245,742	0	22,245,742	60.00
65.00	06500 RESPIRATORY THERAPY	7,313,522	0	7,313,522	0	7,313,522	65.00
66.00	06600 PHYSICAL THERAPY	5,898,319	0	5,898,319	0	5,898,319	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	3,495,048		3,495,048	0	3,495,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,708,768		2,708,768	0	2,708,768	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	24,503,049		24,503,049	0	24,503,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,296,369		27,296,369	0	27,296,369	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,782,921		42,782,921	0	42,782,921	73.00
74.00	07400 RENAL DIALYSIS	3,044,186		3,044,186	0	3,044,186	74.00
76.00	03140 CARDIO CATH LAB	5,921,720		5,921,720	0	5,921,720	76.00
76.01	03050 ENDOSCOPY	7,927,673		7,927,673	0	7,927,673	76.01
76.02	03051 CARDIAC REHAB	721,954		721,954	0	721,954	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,361,780		6,361,780	0	6,361,780	90.00
91.00	09100 EMERGENCY	10,055,002		10,055,002	0	10,055,002	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	628,657		628,657	0	628,657	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,747,964		4,747,964	0	4,747,964	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,147,182		2,147,182	0	2,147,182	105.00
106.00	10600 HEART ACQUISITION	964,332		964,332	0	964,332	106.00
200.00	Subtotal (see instructions)	321,262,545	0	321,262,545	0	321,262,545	200.00
201.00	Less Observation Beds	628,657		628,657	0	628,657	201.00
202.00	Total (see instructions)	320,633,888	0	320,633,888	0	320,633,888	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,850,577		84,850,577		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705		31.03
32.00	03200	CORONARY CARE UNIT	24,974,258		24,974,258		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,685,765		1,685,765		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	202,290,538	158,780,701	361,071,239	0.111033	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,939,038	55,896	6,994,934	0.285774	52.00
53.00	05300	ANESTHESIOLOGY	25,229,613	16,911,517	42,141,130	0.143488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,671,817	54,928,006	90,599,823	0.130531	54.00
54.01	05401	PET SCAN	182,489	5,552,975	5,735,464	0.190025	54.01
56.00	05600	RADIOISOTOPE	5,306,125	23,614,824	28,920,949	0.088053	56.00
57.00	05700	CT SCAN	30,286,909	43,469,529	73,756,438	0.028829	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	96,118,328	67,692,664	163,810,992	0.135801	60.00
65.00	06500	RESPIRATORY THERAPY	50,488,396	2,580,241	53,068,637	0.137813	65.00
66.00	06600	PHYSICAL THERAPY	10,912,535	6,815,531	17,728,066	0.332711	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	26,017,305	34,947,464	60,964,769	0.057329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,368	7,548,300	8,657,668	0.312875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,412,497	32,631,123	98,043,620	0.249920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	130,175,126	72,607,970	202,783,096	0.134609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,667,210	98,098,644	323,765,854	0.132142	73.00
74.00	07400	RENAL DIALYSIS	8,913,747	184,430	9,098,177	0.334593	74.00
76.00	03140	CARDIO CATH LAB	38,408,622	38,653,941	77,062,563	0.076843	76.00
76.01	03050	ENDOSCOPY	8,353,798	40,658,770	49,012,568	0.161748	76.01
76.02	03051	CARDIAC REHAB	2,709,062	735,735	3,444,797	0.209578	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	343,767	2,830,137	3,173,904	2.004402	90.00
91.00	09100	EMERGENCY	27,583,754	60,266,816	87,850,570	0.114456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,421,100	10,534,901	12,956,001	0.048522	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,444	6,827,564	6,833,008	0.694857	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,500,085	0	1,500,085		105.00
106.00	10600	HEART ACQUISITION	3,110,700	0	3,110,700		106.00
200.00		Subtotal (see instructions)	1,197,670,970	786,927,679	1,984,598,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,197,670,970	786,927,679	1,984,598,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.111033		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.285774		52.00
53.00	05300 ANESTHESIOLOGY	0.014348		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130531		54.00
54.01	05401 PET SCAN	0.190025		54.01
56.00	05600 RADIOISOTOPE	0.088053		56.00
57.00	05700 CT SCAN	0.028829		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.135801		60.00
65.00	06500 RESPIRATORY THERAPY	0.137813		65.00
66.00	06600 PHYSICAL THERAPY	0.332711		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.057329		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.312875		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134609		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132142		73.00
74.00	07400 RENAL DIALYSIS	0.334593		74.00
76.00	03140 CARDIO CATH LAB	0.076843		76.00
76.01	03050 ENDOSCOPY	0.161748		76.01
76.02	03051 CARDIAC REHAB	0.209578		76.02
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2.004402		90.00
91.00	09100 EMERGENCY	0.114456		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.048522		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.694857		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		43,880,713	0	43,880,713	30.00	
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00	
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		1,710,249	0	1,710,249	31.01	
31.02	02060 NEONATAL INTENSIVE CARE UNIT		5,225,994	0	5,225,994	31.02	
31.03	03101 CARDIO INTENSIVE CARE UNIT		22,599,399	0	22,599,399	31.03	
32.00	03200 CORONARY CARE UNIT		8,155,565	0	8,155,565	32.00	
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00	
43.00	04300 NURSERY		643,138	0	643,138	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		40,090,848	0	40,090,848	50.00	
51.00	05100 RECOVERY ROOM		0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,998,973	0	1,998,973	52.00	
53.00	05300 ANESTHESIOLOGY		604,621	0	604,621	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,826,071	0	11,826,071	54.00	
54.01	05401 PET SCAN		1,089,879	0	1,089,879	54.01	
56.00	05600 RADIOISOTOPE		2,546,579	0	2,546,579	56.00	
57.00	05700 CT SCAN		2,126,328	0	2,126,328	57.00	
58.00	05800 MRI		0	0	0	58.00	
60.00	06000 LABORATORY		22,245,742	0	22,245,742	60.00	
65.00	06500 RESPIRATORY THERAPY	0	7,313,522	0	7,313,522	65.00	
66.00	06600 PHYSICAL THERAPY	0	5,898,319	0	5,898,319	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,495,048	0	3,495,048	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		2,708,768	0	2,708,768	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		24,503,049	0	24,503,049	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,296,369	0	27,296,369	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		42,782,921	0	42,782,921	73.00	
74.00	07400 RENAL DIALYSIS		3,044,186	0	3,044,186	74.00	
76.00	03140 CARDIO CATH LAB		5,921,720	0	5,921,720	76.00	
76.01	03050 ENDOSCOPY		7,927,673	0	7,927,673	76.01	
76.02	03051 CARDIAC REHAB		721,954	0	721,954	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		6,361,780	0	6,361,780	90.00	
91.00	09100 EMERGENCY		10,055,002	0	10,055,002	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		628,657	0	628,657	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		4,747,964	0	4,747,964	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		2,147,182	0	2,147,182	105.00	
106.00	10600 HEART ACQUISITION		964,332	0	964,332	106.00	
200.00	Subtotal (see instructions)	0	321,262,545	0	321,262,545	200.00	
201.00	Less Observation Beds		628,657	0	628,657	201.00	
202.00	Total (see instructions)	0	320,633,888	0	320,633,888	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet C
Part I
Date/Time Prepared:
12/1/2014 9:55 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,850,577		84,850,577		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705		31.03
32.00	03200	CORONARY CARE UNIT	24,974,258		24,974,258		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,685,765		1,685,765		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	202,290,538	158,780,701	361,071,239	0.111033	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,939,038	55,896	6,994,934	0.285774	52.00
53.00	05300	ANESTHESIOLOGY	25,229,613	16,911,517	42,141,130	0.143488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,671,817	54,928,006	90,599,823	0.130531	54.00
54.01	05401	PET SCAN	182,489	5,552,975	5,735,464	0.190025	54.01
56.00	05600	RADIOISOTOPE	5,306,125	23,614,824	28,920,949	0.088053	56.00
57.00	05700	CT SCAN	30,286,909	43,469,529	73,756,438	0.028829	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	96,118,328	67,692,664	163,810,992	0.135801	60.00
65.00	06500	RESPIRATORY THERAPY	50,488,396	2,580,241	53,068,637	0.137813	65.00
66.00	06600	PHYSICAL THERAPY	10,912,535	6,815,531	17,728,066	0.332711	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	26,017,305	34,947,464	60,964,769	0.057329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109,368	7,548,300	8,657,668	0.312875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,412,497	32,631,123	98,043,620	0.249920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	130,175,126	72,607,970	202,783,096	0.134609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,667,210	98,098,644	323,765,854	0.132142	73.00
74.00	07400	RENAL DIALYSIS	8,913,747	184,430	9,098,177	0.334593	74.00
76.00	03140	CARDIO CATH LAB	38,408,622	38,653,941	77,062,563	0.076843	76.00
76.01	03050	ENDOSCOPY	8,353,798	40,658,770	49,012,568	0.161748	76.01
76.02	03051	CARDIAC REHAB	2,709,062	735,735	3,444,797	0.209578	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	343,767	2,830,137	3,173,904	2.004402	90.00
91.00	09100	EMERGENCY	27,583,754	60,266,816	87,850,570	0.114456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,421,100	10,534,901	12,956,001	0.048522	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,444	6,827,564	6,833,008	0.694857	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,500,085	0	1,500,085		105.00
106.00	10600	HEART ACQUISITION	3,110,700	0	3,110,700		106.00
200.00		Subtotal (see instructions)	1,197,670,970	786,927,679	1,984,598,649		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,197,670,970	786,927,679	1,984,598,649		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 9:55 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSEY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 PET SCAN	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03140 CARDIO CATH LAB	0.000000		76.00
76.01	03050 ENDOSCOPY	0.000000		76.01
76.02	03051 CARDIAC REHAB	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	7,886,138	0	7,886,138	52,490	150.24	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	214,791		214,791	906	237.08	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	663,832		663,832	4,545	146.06	31.02
31.03	CARDIO INTENSIVE CARE UNIT	2,255,162		2,255,162	28,006	80.52	31.03
32.00	CORONARY CARE UNIT	823,282		823,282	7,206	114.25	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	54,802		54,802	1,969	27.83	43.00
200.00	Total (lines 30-199)	11,898,007		11,898,007	95,122		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	20,460	3,073,910				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
31.02	NEONATAL INTENSIVE CARE UNIT	0	0				
31.03	CARDIO INTENSIVE CARE UNIT	7,379	594,157				
32.00	CORONARY CARE UNIT	2,442	278,999				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	30,281	3,947,066				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 12/1/2014 9:55 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,928,133	361,071,239	0.024727	64,538,362	1,595,840	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	49,926	6,994,934	0.007137	29,897	213	52.00
53.00	05300 ANESTHESIOLOGY	33,459	42,141,130	0.000794	7,717,208	6,127	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,368,653	90,599,823	0.026144	12,580,666	328,909	54.00
54.01	05401 PET SCAN	636,468	5,735,464	0.110971	41,709	4,628	54.01
56.00	05600 RADIOISOTOPE	204,038	28,920,949	0.007055	1,962,080	13,842	56.00
57.00	05700 CT SCAN	193,498	73,756,438	0.002623	10,048,452	26,357	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
60.00	06000 LABORATORY	1,842,748	163,810,992	0.011249	33,256,676	374,104	60.00
65.00	06500 RESPIRATORY THERAPY	605,133	53,068,637	0.011403	16,534,340	188,541	65.00
66.00	06600 PHYSICAL THERAPY	746,450	17,728,066	0.042106	4,342,602	182,850	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	861,843	60,964,769	0.014137	9,872,637	139,569	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	614,115	8,657,668	0.070933	326,151	23,135	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	728,206	98,043,620	0.007427	20,560,285	152,701	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	856,107	202,783,096	0.004222	39,776,376	167,936	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,319,449	323,765,854	0.004075	69,454,688	283,028	73.00
74.00	07400 RENAL DIALYSIS	321,941	9,098,177	0.035385	4,996,200	176,791	74.00
76.00	03140 CARDIO CATH LAB	1,799,228	77,062,563	0.023348	11,363,079	265,305	76.00
76.01	03050 ENDOSCOPY	954,383	49,012,568	0.019472	3,122,716	60,806	76.01
76.02	03051 CARDIAC REHAB	49,823	3,444,797	0.014463	1,008,723	14,589	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	820,669	3,173,904	0.258568	193,560	50,048	90.00
91.00	09100 EMERGENCY	1,281,621	87,850,570	0.014589	7,585,545	110,666	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	112,981	12,956,001	0.008720	1,434,240	12,507	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50-199)	25,328,872	1,780,641,259		320,746,192	4,178,492	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS

Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	435,119	0	435,119	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,250	0	2,250	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	10,126	0	10,126	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	42,530	0	42,530	31.03
32.00	03200	CORONARY CARE UNIT	0	21,377	0	21,377	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	511,402	0	511,402	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	52,490	8.29	20,460	169,613	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	906	2.48	0	0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,545	2.23	0	0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	28,006	1.52	7,379	11,216	31.03
32.00	03200	CORONARY CARE UNIT	7,206	2.97	2,442	7,253	32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
43.00	04300	NURSERY	1,969	0.00	0	0	43.00
200.00		Total (lines 30-199)	95,122		30,281	188,082	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	15,977	0	15,977	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
54.01	05401	PET SCAN	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	248,770	0	248,770	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	4,501	0	4,501	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	76.01
76.02	03051	CARDIAC REHAB	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	29,253	0	29,253	90.00
91.00	09100	EMERGENCY	0	0	26,328	0	26,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	6,234	0	6,234	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	331,063	0	331,063	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
12/1/2014 9:55 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	15,977	361,071,239	0.000044	0.000044	64,538,362	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,994,934	0.000000	0.000000	29,897	52.00
53.00	05300 ANESTHESIOLOGY	0	42,141,130	0.000000	0.000000	7,717,208	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	90,599,823	0.000000	0.000000	12,580,666	54.00
54.01	05401 PET SCAN	0	5,735,464	0.000000	0.000000	41,709	54.01
56.00	05600 RADIOISOTOPE	0	28,920,949	0.000000	0.000000	1,962,080	56.00
57.00	05700 CT SCAN	0	73,756,438	0.000000	0.000000	10,048,452	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000 LABORATORY	0	163,810,992	0.000000	0.000000	33,256,676	60.00
65.00	06500 RESPIRATORY THERAPY	0	53,068,637	0.000000	0.000000	16,534,340	65.00
66.00	06600 PHYSICAL THERAPY	0	17,728,066	0.000000	0.000000	4,342,602	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	60,964,769	0.000000	0.000000	9,872,637	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	8,657,668	0.000000	0.000000	326,151	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,043,620	0.000000	0.000000	20,560,285	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	202,783,096	0.000000	0.000000	39,776,376	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	248,770	323,765,854	0.000768	0.000768	69,454,688	73.00
74.00	07400 RENAL DIALYSIS	0	9,098,177	0.000000	0.000000	4,996,200	74.00
76.00	03140 CARDIO CATH LAB	4,501	77,062,563	0.000058	0.000058	11,363,079	76.00
76.01	03050 ENDOSCOPY	0	49,012,568	0.000000	0.000000	3,122,716	76.01
76.02	03051 CARDIAC REHAB	0	3,444,797	0.000000	0.000000	1,008,723	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	29,253	3,173,904	0.009217	0.009217	193,560	90.00
91.00	09100 EMERGENCY	26,328	87,850,570	0.000300	0.000300	7,585,545	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6,234	12,956,001	0.000481	0.000481	1,434,240	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	331,063	1,780,641,259			320,746,192	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D
Part IV
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,840	36,725,838	1,616	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	3,257,491	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,160,609	0	54.00
54.01	05401	PET SCAN	0	1,210,328	0	54.01
56.00	05600	RADIOISOTOPE	0	6,432,293	0	56.00
57.00	05700	CT SCAN	0	9,882,044	0	57.00
58.00	05800	MRI	0	0	0	58.00
60.00	06000	LABORATORY	0	5,712,533	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	520,592	0	65.00
66.00	06600	PHYSICAL THERAPY	0	122,264	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	9,232,650	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,369,025	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,328,947	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,780,123	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,341	21,858,100	16,787	73.00
74.00	07400	RENAL DIALYSIS	0	167,526	0	74.00
76.00	03140	CARDIO CATH LAB	659	11,570,738	671	76.00
76.01	03050	ENDOSCOPY	0	9,570,731	0	76.01
76.02	03051	CARDIAC REHAB	0	197,851	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,784	434,544	4,005	90.00
91.00	09100	EMERGENCY	2,276	10,982,563	3,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	690	1,997,510	961	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00		Total (lines 50-199)	61,590	173,514,300	27,335	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 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	0.111033	36,725,838	0	0	4,077,780	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	3,257,491	0	0	46,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	13,160,609	0	0	1,717,867	54.00
54.01	05401	PET SCAN	0.190025	1,210,328	0	0	229,993	54.01
56.00	05600	RADIOISOTOPE	0.088053	6,432,293	0	0	566,383	56.00
57.00	05700	CT SCAN	0.028829	9,882,044	0	0	284,889	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.135801	5,712,533	12,746	0	775,768	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	520,592	0	0	71,744	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	122,264	0	0	40,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	9,232,650	0	0	529,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	1,369,025	0	0	428,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	7,328,947	0	0	1,831,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	21,780,123	0	0	2,931,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	21,858,100	0	137,299	2,888,373	73.00
74.00	07400	RENAL DIALYSIS	0.334593	167,526	0	0	56,053	74.00
76.00	03140	CARDIO CATH LAB	0.076843	11,570,738	0	0	889,130	76.00
76.01	03050	ENDOSCOPY	0.161748	9,570,731	0	0	1,548,047	76.01
76.02	03051	CARDIAC REHAB	0.209578	197,851	0	0	41,465	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2.004402	434,544	0	0	871,001	90.00
91.00	09100	EMERGENCY	0.114456	10,982,563	0	0	1,257,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	1,997,510	0	0	96,923	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.694857	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		173,514,300	12,746	137,299	21,180,937	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		173,514,300	12,746	137,299	21,180,937	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 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
54.01 05401 PET SCAN	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	1,731	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,143		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 CARDIO CATH LAB	0	0		76.00
76.01 03050 ENDOSCOPY	0	0		76.01
76.02 03051 CARDIAC REHAB	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	1,731	18,143		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,731	18,143		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 am
		Title XIX	Hospital	Cost

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	0.111033	0	5,366,800	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.285774	0	3,387	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.014348	0	599,778	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130531	0	2,111,953	0	0	54.00
54.01	05401 PET SCAN	0.190025	0	472,869	0	0	54.01
56.00	05600 RADIOISOTOPE	0.088053	0	473,199	0	0	56.00
57.00	05700 CT SCAN	0.028829	0	1,793,997	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
60.00	06000 LABORATORY	0.135801	0	3,021,471	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.137813	0	158,505	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.332711	0	637,962	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.057329	0	808,863	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.312875	0	306,531	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	0	1,108,562	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134609	0	2,829,860	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.132142	0	7,191,255	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.334593	0	9,386	0	0	74.00
76.00	03140 CARDIO CATH LAB	0.076843	0	924,252	0	0	76.00
76.01	03050 ENDOSCOPY	0.161748	0	1,003,789	0	0	76.01
76.02	03051 CARDIAC REHAB	0.209578	0	17,566	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2.004402	0	148,203	0	0	90.00
91.00	09100 EMERGENCY	0.114456	0	3,452,946	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.048522	0	531,816	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.694857	0	514,952	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Subtotal (see instructions)		0	33,487,902	0	0	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)		0	33,487,902	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 9:55 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	595,892	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	968	0		52.00
53.00 05300 ANESTHESIOLOGY	8,606	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	275,675	0		54.00
54.01 05401 PET SCAN	89,857	0		54.01
56.00 05600 RADIOISOTOPE	41,667	0		56.00
57.00 05700 CT SCAN	51,719	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	410,319	0		60.00
65.00 06500 RESPIRATORY THERAPY	21,844	0		65.00
66.00 06600 PHYSICAL THERAPY	212,257	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	46,371	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	95,906	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	277,052	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	380,925	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	950,267	0		73.00
74.00 07400 RENAL DIALYSIS	3,140	0		74.00
76.00 03140 CARDIO CATH LAB	71,022	0		76.00
76.01 03050 ENDOSCOPY	162,361	0		76.01
76.02 03051 CARDIAC REHAB	3,681	0		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	297,058	0		90.00
91.00 09100 EMERGENCY	395,210	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	25,805	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	357,818			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00	Subtotal (see instructions)	4,775,420	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,775,420	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		52,490	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,490	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)		51,738	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)		20,460	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)		43,880,713	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)		43,880,713	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)		43,880,713	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)		835.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,104,151	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)		17,104,151	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150017		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 9:55 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	1,710,249	906	1,887.69	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	5,225,994	4,545	1,149.83	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	22,599,399	28,006	806.95	7,379	5,954,484	43.03
44.00	CORONARY CARE UNIT	8,155,565	7,206	1,131.77	2,442	2,763,782	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)					42,563,212	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,385,629	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)					4,135,148	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,240,082	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,375,230	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,010,399	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)					752	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					835.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					628,657	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet D-1

Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				Total Observation Bed Cost (from line 89)	PPS		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00 Capital-related cost	7,886,138	43,880,713	0.179718	628,657	112,981	90.00	
91.00 Nursing School cost	0	43,880,713	0.000000	628,657	0	91.00	
92.00 Allied health cost	435,119	43,880,713	0.009916	628,657	6,234	92.00	
93.00 All other Medical Education	0	43,880,713	0.000000	628,657	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 12/1/2014 9:55 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		28,759,562	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		23,135,978	31.03
32.00	03200	CORONARY CARE UNIT		8,716,117	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111033	64,538,362	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	29,897	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	7,717,208	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	12,580,666	54.00
54.01	05401	PET SCAN	0.190025	41,709	54.01
56.00	05600	RADIOISOTOPE	0.088053	1,962,080	56.00
57.00	05700	CT SCAN	0.028829	10,048,452	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.135801	33,256,676	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	16,534,340	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	4,342,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	9,872,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	326,151	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	20,560,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	39,776,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	69,454,688	73.00
74.00	07400	RENAL DIALYSIS	0.334593	4,996,200	74.00
76.00	03140	CARDIO CATH LAB	0.076843	11,363,079	76.00
76.01	03050	ENDOSCOPY	0.161748	3,122,716	76.01
76.02	03051	CARDIAC REHAB	0.209578	1,008,723	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.004402	193,560	90.00
91.00	09100	EMERGENCY	0.114456	7,585,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.048522	1,434,240	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		320,746,192	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)		320,746,192	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Title XIX		Hospital	
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		5,214,570	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		285,726	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		2,029,172	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		5,140,621	31.03
32.00	03200	CORONARY CARE UNIT		1,522,103	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		119,636	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.111033	10,662,009	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285774	374,685	52.00
53.00	05300	ANESTHESIOLOGY	0.014348	1,367,808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130531	2,517,994	54.00
54.01	05401	PET SCAN	0.190025	8,380	54.01
56.00	05600	RADIOISOTOPE	0.088053	250,239	56.00
57.00	05700	CT SCAN	0.028829	2,006,989	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.135801	6,948,981	60.00
65.00	06500	RESPIRATORY THERAPY	0.137813	4,432,822	65.00
66.00	06600	PHYSICAL THERAPY	0.332711	561,905	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057329	1,433,056	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312875	107,069	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.249920	3,869,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134609	4,836,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132142	17,869,208	73.00
74.00	07400	RENAL DIALYSIS	0.334593	453,077	74.00
76.00	03140	CARDIO CATH LAB	0.076843	1,488,228	76.00
76.01	03050	ENDOSCOPY	0.161748	502,438	76.01
76.02	03051	CARDIAC REHAB	0.209578	127,769	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.004402	28,493	90.00
91.00	09100	EMERGENCY	0.114456	1,668,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.048522	85,118	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		61,601,363	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)		61,601,363	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	45,172	835.98	25	20,900	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,887.69	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,149.83	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	806.95	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,131.77	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		45,172		25	20,900	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.111033	1,199,092	133,139	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.285774	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.014348	104,025	1,493	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.130531	245,450	32,039	12.00	
12.01	PET SCAN	54.01	0.190025	0	0	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.088053	907,681	79,924	14.00	
15.00	CT SCAN	57.00	0.028829	617,399	17,799	15.00	
16.00	MRI	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.135801	1,334,186	181,184	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.137813	134,290	18,507	23.00	
24.00	PHYSICAL THERAPY	66.00	0.332711	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.057329	292,865	16,790	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.312875	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.249920	295,260	73,791	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.134609	6,257	842	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.132142	369,941	48,885	31.00	
32.00	RENAL DIALYSIS	74.00	0.334593	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	CARDIO CATH LAB	76.00	0.076843	0	0	34.00	
34.01	ENDOSCOPY	76.01	0.161748	34,085	5,513	34.01	
34.02	CARDIAC REHAB	76.02	0.209578	0	0	34.02	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	2.004402	78,091	156,526	37.00	
38.00	EMERGENCY	91.00	0.114456	1,759	201	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.048522	25,555	1,240	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			5,645,936	767,873	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	25	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	43.02	
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			25	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	78,091	0.000000	0	51.00	
52.00	EMERGENCY	24.00	1,759	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	25,555	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		105,405		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	788,773		5,691,108		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,147,182		2,451,721		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	2,935,955		8,142,829		61.00	
62.00	Total Usable Organs (see instructions)		47			62.00	
63.00	Medicare Usable Organs (see instructions)		36			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.765957			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,248,815		6,237,057		65.00	
66.00	Revenue for Organs Sold	100,679		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,148,136		6,237,057		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,148,136	0	6,237,057	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		13	19		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	15		73.00	
74.00	Total (sum of lines 70 thru 73)		13	34		74.00	
75.00	Organs Transplanted		13	15	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	19	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		13	34		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

Cost Center Description		Heart		Hospital	PPS		
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	835.98	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,887.69	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,149.83	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	0	806.95	0	0	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,131.77	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition		Worksheet C Line Numbers		Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0		1.00	2.00	3.00	
8.00	OPERATING ROOM		50.00	0.111033	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.285774	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.014348	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.130531	0	0	12.00
12.01	PET SCAN		54.01	0.190025	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.088053	0	0	14.00
15.00	CT SCAN		57.00	0.028829	0	0	15.00
16.00	MRI		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.135801	0	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.137813	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.332711	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.057329	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.312875	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.249920	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.134609	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.132142	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.334593	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	CARDIO CATH LAB		76.00	0.076843	0	0	34.00
34.01	ENDOSCOPY		76.01	0.161748	0	0	34.01
34.02	CARDIAC REHAB		76.02	0.209578	0	0	34.02
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	2.004402	0	0	37.00
38.00	EMERGENCY		91.00	0.114456	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.048522	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				0	0	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 150017

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4

Component CCN:

Date/Time Prepared: 12/1/2014 9:55 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	0	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	964,332		1,174,586			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	964,332		1,174,586			61.00
62.00	Total Usable Organs (see instructions)		12				62.00
63.00	Medicare Usable Organs (see instructions)		8				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667				64.00
65.00	Medicare Cost/Charges (see instructions)	642,888		783,058			65.00
66.00	Revenue for Organs Sold	16,944		0			66.00
67.00	Subtotal (line 65 minus line 66)	625,944		783,058			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	625,944	0	783,058	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	6			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	6			73.00
74.00	Total (sum of lines 70 thru 73)		0	12			74.00
75.00	Organs Transplanted		0	6	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	6	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	12			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
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, 2013 (see instructions)		12,653,053		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		39,408,525		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		3,207,048		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		29,440,323		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		383.94		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)		10.13		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		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)		10.13		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		8.14		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)		8.14		12.00
13.00	Total allowable FTE count for the prior year.		9.56		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.		9.35		14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.02		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		9.02		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.023493		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.024530		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.023493		21.00
22.00	IME payment adjustment (see instructions)		1,039,638		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.99		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,039,638		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.74		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.87		31.00
32.00	Sum of lines 30 and 31		21.61		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		7.04	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,584,365		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000507964
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				4,595,235
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				3,436,983
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,436,983		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		61,329,612		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		61,329,612		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,043,649		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		312,146		
53.00	Nursing and Allied Health Managed Care payment		174,341		
54.00	Special add-on payments for new technologies		40,296		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		2,774,080		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		188,082		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		61,590		
59.00	Total (sum of amounts on lines 49 through 58)		69,923,796		
60.00	Primary payer payments		86,077		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,837,719		
62.00	Deductibles billed to program beneficiaries		4,777,664		
63.00	Coinurance billed to program beneficiaries		281,088		
64.00	Allowable bad debts (see instructions)		120,052		
65.00	Adjusted reimbursable bad debts (see instructions)		78,034		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,857,001			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		15,200			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-44,949			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-69,815			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,727,037			71.00
71.01	Sequestration adjustment (see instructions)		1,294,541			71.01
72.00	Interim payments		62,802,157			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		630,339			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,738,092			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 12/1/2014 9:55 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,874	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,153,602	2.00
3.00	PPS payments		23,579,591	3.00
4.00	Outlier payment (see instructions)		134,994	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		27,335	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,874	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		150,045	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		150,045	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)		150,045	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		130,171	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)		19,874	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)		23,741,920	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,605,520	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		19,156,274	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		93,085	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		19,249,359	30.00
31.00	Primary payer payments		5,988	31.00
32.00	Subtotal (line 30 minus line 31)		19,243,371	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		67,261	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		43,720	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		19,287,091	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,287,091	40.00
40.01	Sequestration adjustment (see instructions)		385,742	40.01
41.00	Interim payments		19,051,989	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-150,640	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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
12/1/2014 9:55 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		62,464,057		19,051,989	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/01/2013	60,800		0	3.01
3.02		02/11/2014	704,100		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	06/30/2014	426,800		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)		338,100		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		62,802,157		19,051,989	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		630,339		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		150,640	6.02
7.00	Total Medicare program liability (see instructions)		63,432,496		18,901,349	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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
12/1/2014 9:55 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			18,500 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			30,281 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			18,262 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			92,401 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,984,598,649 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			8,063,005 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,442,766 8.00
9.00	Sequestration adjustment amount (see instructions)			28,855 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,413,911 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,336,152 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)			77,759 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/1/2014 9:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			8.14	6.00
7.00	Enter the lesser of line 5 or line 6			8.14	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	8.14	0.00	8.14	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	8.14	0.00	8.14	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	8.14	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.95	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.95	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.68	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	8.68	0.00		17.00
18.00	Per resident amount	93,854.34	90,116.59		18.00
19.00	Approved amount for resident costs	814,656	0	814,656	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			814,656	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	30,281	18,262		26.00
27.00	Total Inpatient Days (see instructions)	92,401	92,401		27.00
28.00	Ratio of inpatient days to total inpatient days	0.327713	0.197639		28.00
29.00	Program direct GME amount	266,973	161,008		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		22,750		30.00
31.00	Net Program direct GME amount			405,231	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		9,098,177	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		68,385,629	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,774,080	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		86,077	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		71,073,632	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,200,811	42.00
43.00	Primary payer payments (see instructions)		5,988	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,194,823	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		92,268,455	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.770292	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.229708	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		405,231	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		312,146	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		93,085	50.00

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

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G

Date/Time Prepared:
12/1/2014 9:55 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	-10,013,009	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	99,647,317	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-20,492,586	0	0	0	6.00
7.00	Inventory	12,596,484	0	0	0	7.00
8.00	Prepaid expenses	2,756,010	0	0	0	8.00
9.00	Other current assets	2,475,545	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)	86,969,761	0	0	0	11.00
FIXED ASSETS						
12.00	Land	14,006,167	0	0	0	12.00
13.00	Land improvements	3,905,311	0	0	0	13.00
14.00	Accumulated depreciation	-1,052,509	0	0	0	14.00
15.00	Buildings	234,764,800	0	0	0	15.00
16.00	Accumulated depreciation	-31,205,041	0	0	0	16.00
17.00	Leasehold improvements	19,997,319	0	0	0	17.00
18.00	Accumulated depreciation	-4,556,926	0	0	0	18.00
19.00	Fixed equipment	4,036,185	0	0	0	19.00
20.00	Accumulated depreciation	-2,238,849	0	0	0	20.00
21.00	Automobiles and trucks	1,058,149	0	0	0	21.00
22.00	Accumulated depreciation	-816,872	0	0	0	22.00
23.00	Major movable equipment	62,749,391	0	0	0	23.00
24.00	Accumulated depreciation	-40,796,887	0	0	0	24.00
25.00	Minor equipment depreciable	30,903,349	0	0	0	25.00
26.00	Accumulated depreciation	-22,530,173	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)	268,223,414	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	9,879,985	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,879,985	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,073,160	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,002,626	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,165,777	0	0	0	38.00
39.00	Payroll taxes payable	1,204,556	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,668	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	-601,984,426	0	0	0	43.00
44.00	Other current liabilities	6,632,076	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-571,962,723	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	-4	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-4	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-571,962,727	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	937,035,887				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)	937,035,887	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,073,160	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-1

Date/Time Prepared:
12/1/2014 9:55 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		783,211,215		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		153,824,682			2.00
3.00	Total (sum of line 1 and line 2)		937,035,897		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		937,035,897		0	11.00
12.00	ROUNDING	10		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		10		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		937,035,887		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ROUNDING		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: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/1/2014 9:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	86,536,342		86,536,342	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	86,536,342		86,536,342	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	2,394,923		2,394,923	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	14,166,369		14,166,369	11.02
11.03	CARDIO INTENSIVE CARE UNIT	64,441,705		64,441,705	11.03
12.00	CORONARY CARE UNIT	24,974,258		24,974,258	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)	105,977,255		105,977,255	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	192,513,597		192,513,597	17.00
18.00	Ancillary services	974,703,308	706,468,261	1,681,171,569	18.00
19.00	Outpatient services	30,354,065	80,459,418	110,813,483	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,197,570,970	786,927,679	1,984,498,649	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		372,465,795		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)		372,465,795		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150017

Period:
From 07/01/2013
To 06/30/2014

Worksheet G-3

Date/Time Prepared:
12/1/2014 9:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,984,498,649	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,467,008,280	2.00
3.00	Net patient revenues (line 1 minus line 2)	517,490,369	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	372,465,795	4.00
5.00	Net income from service to patients (line 3 minus line 4)	145,024,574	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	8,800,108	24.00
25.00	Total other income (sum of lines 6-24)	8,800,108	25.00
26.00	Total (line 5 plus line 25)	153,824,682	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)	153,824,682	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150017	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 12/1/2014 9:55 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,126,700	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		690,393	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)		253.15	3.00
4.00	Number of interns & residents (see instructions)		9.02	4.00
5.00	Indirect medical education percentage (see instructions)		1.01	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		41,680	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.74	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.87	8.00
9.00	Sum of lines 7 and 8		21.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.48	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		184,876	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,043,649	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