

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: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 4:37 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2015	Time: 4:37 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 COLUMBUS REGIONAL HOSPITAL (150112) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

	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	278,703	483,751	-94,360	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-5,985	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
200.00 Total	0	272,718	483,751	-94,360	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 3:32 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47201-		County: BARTHOLOMEW		
1.00 Street: 2400 EAST 17TH STREET		2.00 City: COLUMBUS								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	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
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)					8		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)					N	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,074	755	3	0	3,099	55		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	132	94	0	0	35			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 3:32 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	617,913	0		118.01
					1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
DO NOT USE THIS LINE					
119.00	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		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 3:32 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y	145.00	
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 3:32 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		04/01/2014	06/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 3:32 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		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.		Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	05/01/2015	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	05/01/2015	Y
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
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
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150112

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2015 3:32 pm

	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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		SIMMONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COLUMBUS REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-376-5248		CSIMMONS@CRH.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/01/2015		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)	05/01/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER ACCOUNTING		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 150112

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

Worksheet S-2
Part V
Date/Time Prepared:
5/28/2015 3:32 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	CATHERINE	1.00
2.00	Last Name	SIMMONS	2.00
3.00	Title	MANAGER ACCT/REPORT/REIMB	3.00
4.00	Employer	COLUMBUS REGIONAL HOSPITAL	4.00
5.00	Phone Number	(812)376-5248	5.00
6.00	E-mail Address	CSIMMONS@CRH.ORG	6.00
7.00	Department		7.00
8.00	Mailing Address 1	2400 EAST 17TH STREET	8.00
9.00	Mailing Address 2		9.00
10.00	City	COLUMBUS	10.00
11.00	State	IN	11.00
12.00	Zip	47201	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	MARLENE	13.00
14.00	Last Name	WEATHERWAX	14.00
15.00	Title	VP FINANCE & CFO	15.00
16.00	Employer	COLUMBUS REGIONAL HOSPITAL	16.00
17.00	Phone Number	(812)376-5205	17.00
18.00	E-mail Address	MWEATHERWAX@CRH.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1	2400 EAST 17TH STREET	20.00
21.00	Mailing Address 2		21.00
22.00	City	COLUMBUS	22.00
23.00	State	IN	23.00
24.00	Zip	47201	24.00

HFS Supplemental Information		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2015 3:32 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	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	132	48,180	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)		132	48,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		150	54,750	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		168				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: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,628	0	26,090			1.00
2.00 HMO and other (see instructions)	2,593	4,742				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	346	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,628	0	26,090			7.00
8.00 INTENSIVE CARE UNIT	1,106	404	2,491			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,840	3,348			13.00
14.00 Total (see instructions)	12,734	2,244	31,929	0.00	1,219.00	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	2,015	261	3,500	0.00	23.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,242.00	27.00
28.00 Observation Bed Days		565	3,563			28.00
29.00 Ambulance Trips	3,225					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: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,589	1,391	8,416	1.00
2.00 HMO and other (see instructions)			740	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,589	1,391	8,416	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	172	17	300	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION				Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 3:32 pm		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	69,023,843	-322,302	68,701,541	2,538,003.00	27.07	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		183,031	0	183,031	4,320.00	42.37	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,065,667	707,917	4,773,584	216,093.00	22.09	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		10,812,266	0	10,812,266	233,850.00	46.24	11.00
12.00	Contract labor: Top level management and other management and administrative services		1,295,141	0	1,295,141	31,918.00	40.58	12.00
13.00	Contract labor: Physician-Part A - Administrative		2,908,771	0	2,908,771	22,866.00	127.21	13.00
14.00	Home office salaries & wage-related costs		3,571,785	0	3,571,785	17,680.00	202.02	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		24,131,615	0	24,131,615			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,622,725	0	1,622,725			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		68,472	0	68,472			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,967,181	-161,709	1,805,472	7,426.00	243.13	26.00
27.00	Administrative & General	5.00	10,290,510	468,465	10,758,975	399,736.00	26.92	27.00
28.00	Administrative & General under contract (see inst.)		3,019,957	0	3,019,957	31,858.00	94.79	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,830,617	-9,831	1,820,786	67,935.00	26.80	30.00
31.00	Laundry & Linen Service	8.00	60,290	-1,367	58,923	3,966.00	14.86	31.00
32.00	Housekeeping	9.00	1,567,888	-8,041	1,559,847	113,192.00	13.78	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,738,525	-1,242,814	495,711	32,584.00	15.21	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,202,979	1,202,979	83,423.00	14.42	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,053,292	-25,566	3,027,726	73,912.00	40.96	38.00
39.00	Central Services and Supply	14.00	3,828	0	3,828	317.00	12.08	39.00
40.00	Pharmacy	15.00	3,078,927	-188,529	2,890,398	74,758.00	38.66	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2015 3:32 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,320,920	-775,367	545,553	28,447.00	19.18	41.00
42.00	Social Service	17.00 501,833	3,723	505,556	14,157.00	35.71	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2015 3:32 pm

	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)	71,860,769	-322,302	71,538,467	2,565,541.00	27.88	1.00
2.00	Excluded area salaries (see instructions)	4,065,667	707,917	4,773,584	216,093.00	22.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,795,102	-1,030,219	66,764,883	2,349,448.00	28.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,587,963	0	18,587,963	306,314.00	60.68	4.00
5.00	Subtotal wage-related costs (see inst.)	24,131,615	0	24,131,615	0.00	36.14	5.00
6.00	Total (sum of lines 3 thru 5)	110,514,680	-1,030,219	109,484,461	2,655,762.00	41.23	6.00
7.00	Total overhead cost (see instructions)	28,433,768	-738,057	27,695,711	931,711.00	29.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 3:32 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,338,983 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			3,728,392 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)			8,702,012 8.00
9.00	Prescription Drug Plan			2,246,236 9.00
10.00	Dental, Hearing and Vision Plan			512,692 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			62,139 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,288,234 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			637,517 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			5,074,247 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			88,805 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			78,302 22.00
23.00	Tuition Reimbursement			563,102 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			26,320,661 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150112

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	8,649,813	2,162,453	1.00
2.00	Hospital	8,649,813	2,162,453	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 3:32 pm
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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)		0.396988		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		12,228,505		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		7,816,112		5.00
6.00	Medicaid charges		60,454,110		6.00
7.00	Medicaid cost (line 1 times line 6)		23,999,556		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)		3,954,939		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,954,939		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	13,006,302	32,853,157	45,859,459	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,163,346	13,042,309	18,205,655	21.00
22.00	Partial payment by patients approved for charity care	76,361	12,279,672	12,356,033	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,086,985	762,637	5,849,622	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)		17,141,005		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		339,627		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		16,801,378		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,669,945		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,519,567		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,474,506		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
5/28/2015 3:32 pm

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		16,600,713	16,600,713	-6,890,832	9,709,881	1.00
2.00	00200		0	0	9,717,456	9,717,456	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,967,181	24,132,481	26,099,662	-115,638	25,984,024	4.00
5.01	00540	335,021	344,884	679,905	-182	679,723	5.01
5.02	00550	3,007,619	4,513,358	7,520,977	4,535	7,525,512	5.02
5.03	00560	988,112	358,617	1,346,729	-1,741	1,344,988	5.03
5.04	00570	980,170	501,803	1,481,973	0	1,481,973	5.04
5.05	00580	1,484,533	1,803,330	3,287,863	766,945	4,054,808	5.05
5.06	00590	3,495,055	39,189,798	42,684,853	-4,625,415	38,059,438	5.06
7.00	00700	1,830,617	6,135,004	7,965,621	-2,150,845	5,814,776	7.00
8.00	00800	60,290	573,442	633,732	-1,367	632,365	8.00
9.00	00900	1,567,888	450,718	2,018,606	-8,041	2,010,565	9.00
10.00	01000	1,738,525	1,038,077	2,776,602	-1,970,928	805,674	10.00
11.00	01100	0	0	0	1,931,093	1,931,093	11.00
13.00	01300	3,053,292	139,029	3,192,321	-25,566	3,166,755	13.00
14.00	01400	3,828	884,379	888,207	0	888,207	14.00
15.00	01500	3,078,927	1,772,494	4,851,421	-145,291	4,706,130	15.00
16.00	01600	1,320,920	983,277	2,304,197	-775,367	1,528,830	16.00
17.00	01700	501,833	2,612	504,445	4,130	508,575	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	149,568	4,705	154,273	266,872	421,145	23.01
23.02	02302	138,377	714	139,091	182,106	321,197	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,227,728	1,226,706	14,454,434	-152,650	14,301,784	30.00
31.00	03100	2,105,842	253,649	2,359,491	-70,782	2,288,709	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,226,071	80,884	1,306,955	165,813	1,472,768	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	580,958	13,325	594,283	-3,668	590,615	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	456,452	22,576,781	23,033,233	-10,179,099	12,854,134	50.00
51.00	05100	464	1,295,202	1,295,666	-13,574	1,282,092	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	163,081	163,081	43,490	206,571	53.00
54.00	05400	1,664,307	233,078	1,897,385	-135,989	1,761,396	54.00
54.01	05402	315,075	1,081,741	1,396,816	-300,803	1,096,013	54.01
54.02	05404	460,538	20,820	481,358	85,688	567,046	54.02
54.03	05405	699,214	236,497	935,711	129,828	1,065,539	54.03
55.00	05500	1,019,046	29,690	1,048,736	338,164	1,386,900	55.00
57.00	05700	549,856	180,558	730,414	82,552	812,966	57.00
58.00	05800	247,881	49,852	297,733	110,386	408,119	58.00
59.00	05900	1,375,812	3,298,052	4,673,864	-2,519,783	2,154,081	59.00
60.00	06000	3,448,676	3,347,990	6,796,666	68,979	6,865,645	60.00
60.01	06001	354,809	223,752	578,561	161,285	739,846	60.01
62.00	06200	0	732,041	732,041	84,151	816,192	62.00
65.00	06500	1,697,787	293,807	1,991,594	12,737	2,004,331	65.00
66.00	06600	3,537,512	597,801	4,135,313	-599,648	3,535,665	66.00
67.00	06700	431,460	11,605	443,065	759,775	1,202,840	67.00
68.00	06800	600,222	239,332	839,554	-137,054	702,500	68.00
69.00	06900	459,818	153,851	613,669	-68,163	545,506	69.00
70.00	07000	572,775	83,042	655,817	25,623	681,440	70.00
71.00	07100	0	0	0	6,595,288	6,595,288	71.00
72.00	07200	0	0	0	7,343,940	7,343,940	72.00
73.00	07300	0	12,136,287	12,136,287	0	12,136,287	73.00
74.00	07400	0	366,261	366,261	0	366,261	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	92,900	10,377	103,277	4,812	108,089	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	570,118	105,122	675,240	365,000	1,040,240	90.00
90.01	09001	68,002	102,679	170,681	0	170,681	90.01
90.02	09002	251,525	6,866	258,391	14,458	272,849	90.02
90.03	09003	304,694	1,171,051	1,475,745	-201,456	1,274,289	90.03
90.04	09004	0	0	0	302,300	302,300	90.04
91.00	09100	4,450,894	568,402	5,019,296	1,044,551	6,063,847	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A

Date/Time Prepared:
5/28/2015 3:32 pm

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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES	2,378,679	395,148	2,773,827	31,034	2,804,861	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE		1,899,864	1,899,864	-1,899,864	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	68,850,871	152,614,629	221,465,500	-2,350,755	219,114,745	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	255,949	255,949	194.00
194.01	07951 BUILDING RENTALS	0	55,812	55,812	0	55,812	194.01
194.02	07952 HOSPICE	0	57,993	57,993	0	57,993	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	218,666	218,666	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	1,911,110	1,911,110	194.05
194.06	07956 CRH FOUNDATION	0	1,156	1,156	0	1,156	194.06
194.07	07957 HEALTHY COMMUNITIES	172,972	11,169	184,141	-34,970	149,171	194.07
200.00	TOTAL (SUM OF LINES 118-199)	69,023,843	152,740,759	221,764,602	0	221,764,602	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
5/28/2015 3:32 pm

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	320,989	10,030,870	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-323,320	9,394,136	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-60,573	25,923,451	4.00
5.01	00540	NONPATIENT TELEPHONES	-90,085	589,638	5.01
5.02	00550	DATA PROCESSING	-33,608	7,491,904	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-1,081	1,343,907	5.03
5.04	00570	ADMINITTING	0	1,481,973	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,054,808	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-18,285,237	19,774,201	5.06
7.00	00700	OPERATION OF PLANT	-39,253	5,775,523	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	632,365	8.00
9.00	00900	HOUSEKEEPING	-142	2,010,423	9.00
10.00	01000	DIETARY	-3,395	802,279	10.00
11.00	01100	CAFETERIA	-1,104,584	826,509	11.00
13.00	01300	NURSING ADMINISTRATION	-50,574	3,116,181	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	888,207	14.00
15.00	01500	PHARMACY	-51,956	4,654,174	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,391	1,508,439	16.00
17.00	01700	SOCIAL SERVICE	-81	508,494	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-21,109	400,036	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	321,197	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-145,243	14,156,541	30.00
31.00	03100	INTENSIVE CARE UNIT	-6,440	2,282,269	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,472,768	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	590,615	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-132,643	12,721,491	50.00
51.00	05100	RECOVERY ROOM	0	1,282,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-14,955	191,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-25,281	1,736,115	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,096,013	54.01
54.02	05404	ULTRA SOUND	0	567,046	54.02
54.03	05405	MAMMOGRAPHY	-2,112	1,063,427	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-107,558	1,279,342	55.00
57.00	05700	CT SCAN	0	812,966	57.00
58.00	05800	MRI	0	408,119	58.00
59.00	05900	CARDIAC CATHETERIZATION	-81,903	2,072,178	59.00
60.00	06000	LABORATORY	-15,901	6,849,744	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-672	739,174	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	816,192	62.00
65.00	06500	RESPIRATORY THERAPY	-13,226	1,991,105	65.00
66.00	06600	PHYSICAL THERAPY	-29,234	3,506,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,202,840	67.00
68.00	06800	SPEECH PATHOLOGY	-1,268	701,232	68.00
69.00	06900	ELECTROCARDIOLOGY	-54,690	490,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,601	679,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,595,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,343,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,136,287	73.00
74.00	07400	RENAL DIALYSIS	0	366,261	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2,834	105,255	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-291,496	748,744	90.00
90.01	09001	DIABETES CENTER	-22,591	148,090	90.01
90.02	09002	NEUROPSYCH	-182,991	89,858	90.02
90.03	09003	WOUND CENTER	-1,109	1,273,180	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-158	302,142	90.04
91.00	09100	EMERGENCY	-60,081	6,003,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-360,271	2,444,590	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,318,658	197,796,087	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	255,949	194.00
194.01	07951	BUILDING RENTALS	0	55,812	194.01
194.02	07952	HOSPICE	0	57,993	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	218,666	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,911,110	194.05
194.06	07956	CRH FOUNDATION	0	1,156	194.06
194.07	07957	HEALTHY COMMUNITIES	0	149,171	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-21,318,658	200,445,944	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150112

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02	DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	02300		23.00
23.01	XRAY EDUCATION	02301		23.01
23.02	PHARMACY RESIDENCY PROG	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	05402		54.01
54.02	ULTRASOUND	05404		54.02
54.03	MAMMOGRAPHY	05405		54.03
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY-PATHOLOGICAL	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ACUPUNCTURE	03020	ACUPUNCTURE	76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	DIABETES CENTER	09001		90.01
90.02	NEUROPSYCH	09002		90.02
90.03	WOUND CENTER	09003		90.03

COST CENTERS USED IN COST REPORT

Provider CCN: 150112

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.04	HYPERBARIC OXYGEN THERAPY	09004		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00	WELLNESS COMMUNITY	07950		194.00
194.01	BUILDING RENTALS	07951		194.01
194.02	HOSPICE	07952		194.02
194.03	OUTREACH CLINICS	07953		194.03
194.04	SPEECH - HEARING AIDS	07954		194.04
194.05	NONALLOWABLE MARKETING	07955		194.05
194.06	CRH FOUNDATION	07956		194.06
194.07	HEALTHY COMMUNITIES	07957		194.07
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
5/28/2015 3:32 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - RECLASS DEPREC BLDG/EQUIP						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,233,109	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	666,755	2.00	
	0		0	1,899,864		
C - RECLASS INSURANCE						
1.00	OCCUPATIONAL THERAPY	67.00	0	1,200	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	926,760	2.00	
3.00	AMBULANCE SERVICES	95.00	0	32,877	3.00	
4.00	LABORATORY	60.00	0	2,992	4.00	
	0		0	963,829		
D - RECLASS BILLING COST						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	768,363	0	1.00	
	0		768,363	0		
E - RECLASS HYPERBARIC THERAPY EXPENSE						
1.00	HYPERBARIC OXYGEN THERAPY	90.04	0	266,187	1.00	
	0		0	266,187		
F - RECLASS CAFETERIA EXPENSE						
1.00	CAFETERIA	11.00	1,219,401	728,114	1.00	
	0		1,219,401	728,114		
G - RECLASS WELLNESS						
1.00	WELLNESS COMMUNITY	194.00	161,709	114,021	1.00	
	0		161,709	114,021		
H - RECLASS PHYSICIAN FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,143,705	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	290,136	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	36,600	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	51,250	4.00	
5.00	OPERATING ROOM	50.00	0	145,300	5.00	
6.00	ANESTHESIOLOGY	53.00	0	45,000	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	150,000	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	139,338	8.00	
9.00	LABORATORY-PATHOLOGICAL	60.01	0	150,000	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	60,700	10.00	
11.00	PHYSICAL THERAPY	66.00	0	50,000	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	61,450	12.00	
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,100	13.00	
14.00	CARDIAC REHABILITATION	76.97	0	4,812	14.00	
15.00	CLINIC	90.00	0	365,000	15.00	
16.00	EMERGENCY	91.00	0	1,044,560	16.00	
17.00	AMBULANCE SERVICES	95.00	0	17,500	17.00	
18.00	WOUND CENTER	90.03	0	6,300	18.00	
19.00	HYPERBARIC OXYGEN THERAPY	90.04	0	900	19.00	
	0		0	3,771,651		
I - RECLASS REHAB SERVICES						
1.00	OCCUPATIONAL THERAPY	67.00	20,581	22,851	1.00	
2.00	PHYSICAL THERAPY	66.00	57,858	22,115	2.00	
3.00	SPEECH PATHOLOGY	68.00	18,720	66,780	3.00	
4.00	SUBPROVIDER - IRF	41.00	149,831	2,444	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	14,894	1,629	5.00	
6.00	SOCIAL SERVICE	17.00	3,723	407	6.00	
7.00	ADULTS & PEDIATRICS	30.00	24,203	2,648	7.00	
8.00	NEUROPSYCH	90.02	13,032	1,426	8.00	
9.00	WOUND CENTER	90.03	15,164	62,207	9.00	
10.00	HYPERBARIC OXYGEN THERAPY	90.04	1,694	33,519	10.00	
	0		319,700	216,026		
J - RECLASS PHARMACY RES PROGRAM						
1.00	PHARMACY RESIDENCY PROG	23.02	180,708	1,398	1.00	
	0		180,708	1,398		
K - RECLASS PENSION EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	201,074	1.00	
	0		0	201,074		
L - RECLASS MARKETING EXPENSE						
1.00	NONALLOWABLE MARKETING	194.05	0	130,000	1.00	
	0		0	130,000		
M - RECLASS DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,050,701	1.00	
	0		0	9,050,701		
N - RECLASS MAINTENANCE EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	0	24,509	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	90	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	310,752	3.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
5/28/2015 3:32 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	OPERATING ROOM	50.00	0	363,982	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	197,859	6.00
7.00	LABORATORY	60.00	0	182,371	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	11,285	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	14,269	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	189,623	10.00
11.00	MAMMOGRAPHY	54.03	0	133,730	11.00
12.00	ULTRA SOUND	54.02	0	90,207	12.00
13.00	CT SCAN	57.00	0	162,928	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	231,572	14.00
15.00	MRI	58.00	0	149,681	15.00
16.00	PHARMACY	15.00	0	44,636	16.00
17.00	EMERGENCY	91.00	0	28,711	17.00
18.00	DATA PROCESSING	5.02	0	4,809	18.00
			0	2,141,014	
Q - RECLASS XRAY EDUCATION EXPENSES					
1.00	XRAY EDUCATION	23.01	41	0	1.00
2.00	XRAY EDUCATION	23.01	264,467	0	2.00
3.00	XRAY EDUCATION	23.01	0	2,364	3.00
	TOTALS		264,508	2,364	
R - RECLASS ADMIN HEALTHY COMM SALARY					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	34,970	0	1.00
			34,970	0	
S - RECLASS NON ALLOW ADVERTISING COSTS					
1.00	NONALLOWABLE MARKETING	194.05	0	1,781,110	1.00
			0	1,781,110	
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP					
1.00		0.00	0	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	186,994	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,775	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,736	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,998	5.00
			0	267,503	
U - RECLASS CHARGEABLE SUPPLY COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	195,895	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	66,535	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,066	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,471	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,847,923	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,619,557	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,052	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,145	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	530,408	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,551	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,902	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,499	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	78,776	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	39,295	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,244,255	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,724,383	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	45,810	17.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	18,423	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	218,666	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	129,613	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,024	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,758	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,384	23.00
	0		0	13,890,391	
V - RECL PTO COST FOR STD ELIMINATION PD					
1.00		0.00	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	182	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	274	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,741	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,418	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,553	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,831	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,367	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,041	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,413	10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,422	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,566	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,821	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,004	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	86,748	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,072	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,910	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,197	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,196	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,522	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,510	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,967	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	968	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,196	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,600	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,235	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46,502	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,623	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,194	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,642	30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,978	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,916	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,962	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,959	34.00
	0		0	363,530	
X - RECLASS OT SALARIES AND OTHER EXP					
1.00	OCCUPATIONAL THERAPY	67.00	585,930	129,492	1.00
	0		585,930	129,492	
Y - RECL MILLRACE FOR WELLNESS/OP/PT					
1.00	OCCUPATIONAL THERAPY	67.00	0	2,350	1.00
2.00	PHYSICAL THERAPY	66.00	0	11,472	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	1,013	3.00
4.00	PHYSICAL THERAPY	66.00	0	4,946	4.00
	0		0	19,781	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	69,882	0	1.00
	0		69,882	0	
500.00	Grand Total: Increases		3,605,171	35,938,050	500.00

RECLASSIFICATIONS

Provider CCN: 150112

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

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Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - RECLASS DEPREC BLDG/EQUIP							
1.00	INTEREST EXPENSE	113.00	0	1,233,109	11		1.00
2.00	INTEREST EXPENSE	113.00	0	666,755	11		2.00
	0		0	1,899,864			
C - RECLASS INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,200	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	926,760	12		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	32,877	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,992	0		4.00
	0		0	963,829			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	768,363	0	0		1.00
	0		768,363	0			
E - RECLASS HYPERBARIC THERAPY EXPENSE							
1.00	WOUND CENTER	90.03	0	266,187	0		1.00
	0		0	266,187			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,219,401	728,114	0		1.00
	0		1,219,401	728,114			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	161,709	114,021	0		1.00
	0		161,709	114,021			
H - RECLASS PHYSICIAN FEES							
1.00	OPERATING ROOM	50.00	0	1,143,705	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	290,136	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,600	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	51,250	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	145,300	0		5.00
6.00	OPERATING ROOM	50.00	0	45,000	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0		7.00
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	139,338	0		8.00
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0		9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	60,700	0		10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,000	0		11.00
12.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	61,450	0		12.00
13.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,100	0		13.00
14.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,812	0		14.00
15.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	365,000	0		15.00
16.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,044,560	0		16.00
17.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	17,500	0		17.00
18.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,300	0		18.00
19.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	900	0		19.00
	0		0	3,771,651			
I - RECLASS REHAB SERVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	20,581	22,851	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	57,858	22,115	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	18,720	66,780	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	149,831	2,444	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	14,894	1,629	0		5.00

RECLASSIFICATIONS

Provider CCN: 150112

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

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,723	407	0	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	24,203	2,648	0	7.00	
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,032	1,426	0	8.00	
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	15,164	62,207	0	9.00	
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,694	33,519	0	10.00	
			319,700	216,026			
J - RECLASS PHARMACY RES PROGRAM							
1.00	PHARMACY	15.00	180,708	1,398	0	1.00	
			180,708	1,398			
K - RECLASS PENSION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	201,074	0	1.00	
			0	201,074			
L - RECLASS MARKETING EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	130,000	0	1.00	
			0	130,000			
M - RECLASS DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,050,701	9	1.00	
			0	9,050,701			
N - RECLASS MAINTENANCE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	24,509	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	90	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	310,752	0	3.00	
5.00	OPERATION OF PLANT	7.00	0	363,982	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	197,859	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	182,371	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	11,285	0	8.00	
9.00	OPERATION OF PLANT	7.00	0	14,269	0	9.00	
10.00	OPERATION OF PLANT	7.00	0	189,623	0	10.00	
11.00	OPERATION OF PLANT	7.00	0	133,730	0	11.00	
12.00	OPERATION OF PLANT	7.00	0	90,207	0	12.00	
13.00	OPERATION OF PLANT	7.00	0	162,928	0	13.00	
14.00	OPERATION OF PLANT	7.00	0	231,572	0	14.00	
15.00	OPERATION OF PLANT	7.00	0	149,681	0	15.00	
16.00	OPERATION OF PLANT	7.00	0	44,636	0	16.00	
17.00	OPERATION OF PLANT	7.00	0	28,711	0	17.00	
18.00	OPERATION OF PLANT	7.00	0	4,809	0	18.00	
			0	2,141,014			
O - RECLASS XRAY EDUCATION EXPENSES							
1.00	RESPIRATORY THERAPY	65.00	41	0	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	264,467	0	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,364	0	3.00	
	TOTALS		264,508	2,364			
R - RECLASS ADMIN HEALTHY COMM SALARY							
1.00	HEALTHY COMMUNITIES	194.07	34,970	0	0	1.00	
			34,970	0			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,781,110	0	1.00	
			0	1,781,110			
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP							
1.00		0.00	0	0	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	186,994	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	34,775	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	23,736	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	21,998	0	5.00	
			0	267,503			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	195,895	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	66,535	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	5,066	0	3.00	
4.00	NURSERY	43.00	0	2,471	0	4.00	
5.00	OPERATING ROOM	50.00	0	3,847,923	0	5.00	
6.00	OPERATING ROOM	50.00	0	5,619,557	0	6.00	
7.00	RECOVERY ROOM	51.00	0	6,052	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,145	0	8.00	
9.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	530,408	0	9.00	
10.00	ULTRA SOUND	54.02	0	3,551	0	10.00	
11.00	MAMMOGRAPHY	54.03	0	3,902	0	11.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,499	0	12.00	
13.00	CT SCAN	57.00	0	78,776	0	13.00	
14.00	MRI	58.00	0	39,295	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	1,244,255	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	1,724,383	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	45,810	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	18,423	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	218,666	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	129,613	0	20.00	
21.00	WOUND CENTER	90.03	0	17,024	0	21.00	
22.00	EMERGENCY	91.00	0	14,758	0	22.00	
23.00	AMBULANCE SERVICES	95.00	0	14,384	0	23.00	
0			0	13,890,391			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00		0.00	0	0	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	182	0	0	2.00	
3.00	DATA PROCESSING	5.02	274	0	0	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	1,741	0	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,418	0	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	11,553	0	0	6.00	
7.00	OPERATION OF PLANT	7.00	9,831	0	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	1,367	0	0	8.00	
9.00	HOUSEKEEPING	9.00	8,041	0	0	9.00	
10.00	DIETARY	10.00	23,413	0	0	10.00	
11.00	CAFETERIA	11.00	16,422	0	0	11.00	
12.00	NURSING ADMINISTRATION	13.00	25,566	0	0	12.00	
13.00	PHARMACY	15.00	7,821	0	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	7,004	0	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	86,748	0	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	6,072	0	0	16.00	
17.00	SUBPROVIDER - IRF	41.00	8,910	0	0	17.00	
18.00	NURSERY	43.00	1,197	0	0	18.00	
19.00	OPERATING ROOM	50.00	0	32,196	0	19.00	
20.00	RECOVERY ROOM	51.00	0	7,522	0	20.00	
21.00	ANESTHESIOLOGY	53.00	0	1,510	0	21.00	
22.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	1,967	0	0	22.00	
23.00	ULTRA SOUND	54.02	968	0	0	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	7,196	0	0	24.00	
25.00	CT SCAN	57.00	1,600	0	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	1,235	0	0	26.00	
27.00	LABORATORY	60.00	46,502	0	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	4,623	0	0	28.00	
29.00	PHYSICAL THERAPY	66.00	12,194	0	0	29.00	
30.00	OCCUPATIONAL THERAPY	67.00	3,642	0	0	30.00	
31.00	SPEECH PATHOLOGY	68.00	3,978	0	0	31.00	
32.00	WOUND CENTER	90.03	1,916	0	0	32.00	
33.00	EMERGENCY	91.00	13,962	0	0	33.00	
34.00	AMBULANCE SERVICES	95.00	4,959	0	0	34.00	
0			322,302	41,228			
X - RECLASS OT SALARIES AND OTHER EXP							
1.00	PHYSICAL THERAPY	66.00	585,930	129,492	0	1.00	
0			585,930	129,492			
Y - RECL MILLRACE FOR WELLNESS/OP/PT							
1.00	WELLNESS COMMUNITY	194.00	0	2,350	0	1.00	
2.00	WELLNESS COMMUNITY	194.00	0	11,472	0	2.00	
3.00	WELLNESS COMMUNITY	194.00	0	1,013	0	3.00	
4.00	WELLNESS COMMUNITY	194.00	0	4,946	0	4.00	
0			0	19,781			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	69,882	0	0	1.00	
0			69,882	0			
500.00	Grand Total: Decreases		3,927,473	35,615,748		500.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
B - RECLASS DEPREC BLDG/EQUIP									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	1,233,109	INTEREST EXPENSE	113.00	0	1,233,109	1.00
2.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	666,755	INTEREST EXPENSE	113.00	0	666,755	2.00
	O		0	1,899,864			0	1,899,864	
C - RECLASS INSURANCE									
1.00	OCCUPATI ONAL THERAPY	67.00	0	1,200	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	1,200	1.00
2.00	CAP REL COSTS-BLDG & FI XT	1.00	0	926,760	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	926,760	2.00
3.00	AMBULANCE SERVI CES	95.00	0	32,877	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	32,877	3.00
4.00	LABORATORY	60.00	0	2,992	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	2,992	4.00
	O		0	963,829			0	963,829	
D - RECLASS BILLING COST									
1.00	CASHI ERI NG/ACCOUNTS RECEI VABLE	5.05	768,363	0	MEDI CAL RECORDS & LI BRARY	16.00	768,363	0	1.00
	O		768,363	0			768,363	0	
E - RECLASS HYPERBARI C THERAPY EXPENSE									
1.00	HYPERBARI C OXYGEN THERAPY	90.04	0	266,187	WOUND CENTER	90.03	0	266,187	1.00
	O		0	266,187			0	266,187	
F - RECLASS CAFETERI A EXPENSE									
1.00	CAFETERI A	11.00	1,219,401	728,114	DI ETARY	10.00	1,219,401	728,114	1.00
	O		1,219,401	728,114			1,219,401	728,114	
G - RECLASS WELLNESS									
1.00	WELLNESS COMMUNI TY	194.00	161,709	114,021	EMPLOYEE BENEFIT S DEPARTMENT	4.00	161,709	114,021	1.00
	O		161,709	114,021			161,709	114,021	
H - RECLASS PHYSICI AN FEES									
1.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	1,143,705	OPERATI NG ROOM	50.00	0	1,143,705	1.00
2.00	ADULTS & PEDI ATRI CS	30.00	0	290,136	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	290,136	2.00
3.00	INTENSI VE CARE UNI T	31.00	0	36,600	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	36,600	3.00
4.00	SUBPROVI DER - I RF	41.00	0	51,250	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	51,250	4.00
5.00	OPERATI NG ROOM	50.00	0	145,300	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	145,300	5.00
6.00	ANESTHESI OLOGY	53.00	0	45,000	OPERATI NG ROOM	50.00	0	45,000	6.00
7.00	RADI OLOGY-THERAPEUTI C	55.00	0	150,000	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	150,000	7.00
8.00	CARDI AC CATHETERI ZATI ON	59.00	0	139,338	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	139,338	8.00
9.00	LABORATORY-PATHOLOGI C AL	60.01	0	150,000	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	150,000	9.00
10.00	RESPI RATORY THERAPY	65.00	0	60,700	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	60,700	10.00
11.00	PHYSI CAL THERAPY	66.00	0	50,000	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	50,000	11.00
12.00	ELECTROCARDI OLOGY	69.00	0	61,450	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	61,450	12.00
13.00	ELECTROENCEPHALOGRAPH Y	70.00	0	9,100	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	9,100	13.00
14.00	CARDI AC REHABI LI TATI ON	76.97	0	4,812	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	4,812	14.00
15.00	CLINI C	90.00	0	365,000	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	365,000	15.00
16.00	EMERGENCY	91.00	0	1,044,560	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	1,044,560	16.00
17.00	AMBULANCE SERVI CES	95.00	0	17,500	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	17,500	17.00
18.00	WOUND CENTER	90.03	0	6,300	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	6,300	18.00
19.00	HYPERBARI C OXYGEN THERAPY	90.04	0	900	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	900	19.00
	O		0	3,771,651			0	3,771,651	
I - RECLASS REHAB SERVI CES									
1.00	OCCUPATI ONAL THERAPY	67.00	20,581	22,851	OTHER ADMI NI STRATI VE AND GENERAL	5.06	20,581	22,851	1.00
2.00	PHYSI CAL THERAPY	66.00	57,858	22,115	OTHER ADMI NI STRATI VE AND GENERAL	5.06	57,858	22,115	2.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2015 3:32 pm

Increases					Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
3.00	SPEECH PATHOLOGY	68.00	18,720	66,780	OTHER ADMIN STRATIVE AND GENERAL	5.06	18,720	66,780	3.00	
4.00	SUBPROVIDER - IRF	41.00	149,831	2,444	OTHER ADMIN STRATIVE AND GENERAL	5.06	149,831	2,444	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	14,894	1,629	OTHER ADMIN STRATIVE AND GENERAL	5.06	14,894	1,629	5.00	
6.00	SOCIAL SERVICE	17.00	3,723	407	OTHER ADMIN STRATIVE AND GENERAL	5.06	3,723	407	6.00	
7.00	ADULTS & PEDIATRICS	30.00	24,203	2,648	OTHER ADMIN STRATIVE AND GENERAL	5.06	24,203	2,648	7.00	
8.00	NEUROPSYCH	90.02	13,032	1,426	OTHER ADMIN STRATIVE AND GENERAL	5.06	13,032	1,426	8.00	
9.00	WOUND CENTER	90.03	15,164	62,207	OTHER ADMIN STRATIVE AND GENERAL	5.06	15,164	62,207	9.00	
10.00	HYPERBARIC OXYGEN THERAPY	90.04	1,694	33,519	OTHER ADMIN STRATIVE AND GENERAL	5.06	1,694	33,519	10.00	
			319,700	216,026			319,700	216,026		
J - RECLASS PHARMACY RES PROGRAM										
1.00	PHARMACY RESIDENCY PROG	23.02	180,708	1,398	PHARMACY	15.00	180,708	1,398	1.00	
			180,708	1,398			180,708	1,398		
K - RECLASS PENSION EXPENSE										
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	201,074	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	201,074	1.00	
			0	201,074			0	201,074		
L - RECLASS MARKETING EXPENSE										
1.00	NONALLOWABLE MARKETING	194.05	0	130,000	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	130,000	1.00	
			0	130,000			0	130,000		
M - RECLASS DEPRECIATION EXPENSE										
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,050,701	CAP REL COSTS-BLDG & FIXT	1.00	0	9,050,701	1.00	
			0	9,050,701			0	9,050,701		
N - RECLASS MAINTENANCE EXPENSE										
1.00	RESPIRATORY THERAPY	65.00	0	24,509	OPERATION OF PLANT	7.00	0	24,509	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	90	OPERATION OF PLANT	7.00	0	90	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	310,752	OPERATION OF PLANT	7.00	0	310,752	3.00	
5.00	OPERATING ROOM	50.00	0	363,982	OPERATION OF PLANT	7.00	0	363,982	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	197,859	OPERATION OF PLANT	7.00	0	197,859	6.00	
7.00	LABORATORY	60.00	0	182,371	OPERATION OF PLANT	7.00	0	182,371	7.00	
8.00	LABORATORY-PATHOLOGICAL	60.01	0	11,285	OPERATION OF PLANT	7.00	0	11,285	8.00	
9.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	14,269	OPERATION OF PLANT	7.00	0	14,269	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	189,623	OPERATION OF PLANT	7.00	0	189,623	10.00	
11.00	MAMMOGRAPHY	54.03	0	133,730	OPERATION OF PLANT	7.00	0	133,730	11.00	
12.00	ULTRA SOUND	54.02	0	90,207	OPERATION OF PLANT	7.00	0	90,207	12.00	
13.00	CT SCAN	57.00	0	162,928	OPERATION OF PLANT	7.00	0	162,928	13.00	
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	231,572	OPERATION OF PLANT	7.00	0	231,572	14.00	
15.00	MRI	58.00	0	149,681	OPERATION OF PLANT	7.00	0	149,681	15.00	
16.00	PHARMACY	15.00	0	44,636	OPERATION OF PLANT	7.00	0	44,636	16.00	
17.00	EMERGENCY	91.00	0	28,711	OPERATION OF PLANT	7.00	0	28,711	17.00	
18.00	DATA PROCESSING	5.02	0	4,809	OPERATION OF PLANT	7.00	0	4,809	18.00	
			0	2,141,014			0	2,141,014		
Q - RECLASS XRAY EDUCATION EXPENSES										
1.00	XRAY EDUCATION	23.01	41	0	RESPIRATORY THERAPY	65.00	41	0	1.00	
2.00	XRAY EDUCATION	23.01	264,467	0	RADIOLOGY-DIAGNOSTIC	54.00	264,467	0	2.00	
3.00	XRAY EDUCATION	23.01	0	2,364	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,364	3.00	
	TOTALS		264,508	2,364	TOTALS		264,508	2,364		
R - RECLASS ADMIN HEALTHY COMM SALARY										
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	34,970	0	HEALTHY COMMUNITIES	194.07	34,970	0	1.00	
			34,970	0			34,970	0		
S - RECLASS NON ALLOW ADVERTISING COSTS										
1.00	NONALLOWABLE MARKETING	194.05	0	1,781,110	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	1,781,110	1.00	
			0	1,781,110			0	1,781,110		
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	186,994	ADULTS & PEDIATRICS	30.00	0	186,994	2.00	

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,775	INTENSIVE CARE UNIT	31.00	0	34,775	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	23,736	SUBPROVIDER - I RF	41.00	0	23,736	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,998	RESPIRATORY THERAPY	65.00	0	21,998	5.00
	0		0	267,503	0		0	267,503	
U - RECLASS CHARGEABLE SUPPLY COST									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	195,895	ADULTS & PEDIATRICS	30.00	0	195,895	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	66,535	INTENSIVE CARE UNIT	31.00	0	66,535	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,066	SUBPROVIDER - I RF	41.00	0	5,066	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,471	NURSERY	43.00	0	2,471	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,847,923	OPERATING ROOM	50.00	0	3,847,923	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,619,557	OPERATING ROOM	50.00	0	5,619,557	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,052	RECOVERY ROOM	51.00	0	6,052	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,145	RADIOLOGY-DIAGNOSTIC	54.00	0	61,145	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	530,408	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	530,408	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,551	ULTRA SOUND	54.02	0	3,551	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,902	MAMMOGRAPHY	54.03	0	3,902	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,499	RADIOLOGY-THERAPEUTIC	55.00	0	2,499	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	78,776	CT SCAN	57.00	0	78,776	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	39,295	MRI	58.00	0	39,295	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,244,255	CARDIAC CATHETERIZATION	59.00	0	1,244,255	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,724,383	CARDIAC CATHETERIZATION	59.00	0	1,724,383	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	45,810	RESPIRATORY THERAPY	65.00	0	45,810	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	18,423	PHYSICAL THERAPY	66.00	0	18,423	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	218,666	SPEECH PATHOLOGY	68.00	0	218,666	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	129,613	ELECTROCARDIOLOGY	69.00	0	129,613	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,024	WOUND CENTER	90.03	0	17,024	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,758	EMERGENCY	91.00	0	14,758	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,384	AMBULANCE SERVICES	95.00	0	14,384	23.00
	0		0	13,890,391	0		0	13,890,391	
V - RECL PTO COST FOR STD ELIMINATION PD									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	182	NONPATIENT TELEPHONES	5.01	182	0	1.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	274	DATA PROCESSING	5.02	274	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,741	PURCHASING RECEIVING AND STORES	5.03	1,741	0	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,418	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,418	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,553	OTHER ADMINISTRATIVE AND GENERAL	5.06	11,553	0	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,831	OPERATION OF PLANT	7.00	9,831	0	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,367	LAUNDRY & LINEN SERVICE	8.00	1,367	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,041	HOUSEKEEPING	9.00	8,041	0	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,413	DIETARY	10.00	23,413	0	10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,422	CAFETERIA	11.00	16,422	0	11.00

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,566	NURSING ADMINISTRATION	13.00	25,566	0	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,821	PHARMACY	15.00	7,821	0	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,004	MEDICAL RECORDS & LIBRARY	16.00	7,004	0	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	86,748	ADULTS & PEDIATRICS	30.00	86,748	0	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,072	INTENSIVE CARE UNIT	31.00	6,072	0	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,910	SUBPROVIDER - I RF	41.00	8,910	0	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,197	NURSERY	43.00	1,197	0	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,196	OPERATING ROOM	50.00	0	32,196	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,522	RECOVERY ROOM	51.00	0	7,522	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,510	ANESTHESIOLOGY	53.00	0	1,510	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,967	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	1,967	0	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	968	ULTRASOUND	54.02	968	0	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,196	RADIOLOGY-THERAPEUTIC	55.00	7,196	0	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,600	CT SCAN	57.00	1,600	0	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,235	CARDIAC CATHETERIZATION	59.00	1,235	0	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46,502	LABORATORY	60.00	46,502	0	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,623	RESPIRATORY THERAPY	65.00	4,623	0	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,194	PHYSICAL THERAPY	66.00	12,194	0	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,642	OCCUPATIONAL THERAPY	67.00	3,642	0	30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,978	SPEECH PATHOLOGY	68.00	3,978	0	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,916	WOUND CENTER	90.03	1,916	0	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,962	EMERGENCY	91.00	13,962	0	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,959	AMBULANCE SERVICES	95.00	4,959	0	34.00
			0	363,530			322,302	41,228	
X - RECLASS OT SALARIES AND OTHER EXP									
1.00	OCCUPATIONAL THERAPY	67.00	585,930	129,492	PHYSICAL THERAPY	66.00	585,930	129,492	1.00
			585,930	129,492			585,930	129,492	
Y - RECLASS RACE FOR WELLNESS/OP/PT									
1.00	OCCUPATIONAL THERAPY	67.00	0	2,350	WELLNESS COMMUNITY	194.00	0	2,350	1.00
2.00	PHYSICAL THERAPY	66.00	0	11,472	WELLNESS COMMUNITY	194.00	0	11,472	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	1,013	WELLNESS COMMUNITY	194.00	0	1,013	3.00
4.00	PHYSICAL THERAPY	66.00	0	4,946	WELLNESS COMMUNITY	194.00	0	4,946	4.00
			0	19,781			0	19,781	
Z - RECLASS LAB BLOOD SUPERVISOR									
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	69,882	0	LABORATORY	60.00	69,882	0	1.00
			69,882	0			69,882	0	
500.00	Grand Total : Increases		3,605,171	35,938,050	Grand Total : Decreases		3,927,473	35,615,748	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,770,052	16,000	0	16,000	0	1.00
2.00	Land Improvements	17,322,405	164,540	0	164,540	67,198	2.00
3.00	Buildings and Fixtures	82,128,139	8,606,450	0	8,606,450	227,990	3.00
4.00	Building Improvements	92,833,285	1,171,663	0	1,171,663	8,441	4.00
5.00	Fixed Equipment	7,871,719	184,739	0	184,739	124,260	5.00
6.00	Movable Equipment	122,365,143	4,692,089	0	4,692,089	2,638,720	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	324,290,743	14,835,481	0	14,835,481	3,066,609	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	324,290,743	14,835,481	0	14,835,481	3,066,609	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,786,052	0				1.00
2.00	Land Improvements	17,419,747	0				2.00
3.00	Buildings and Fixtures	90,506,599	0				3.00
4.00	Building Improvements	93,996,507	0				4.00
5.00	Fixed Equipment	7,932,198	0				5.00
6.00	Movable Equipment	124,418,512	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	336,059,615	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	336,059,615	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	16,600,713	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,600,713	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	16,600,713				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,600,713				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	211,641,103	0	211,641,103	0.629772	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	124,418,512	0	124,418,512	0.370228	0	2.00
3.00	Total (sum of lines 1-2)	336,059,615	0	336,059,615	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	7,773,466	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,089,969	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,863,435	0	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	1,330,644	926,760	0	0	10,030,870	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	304,167	0	0	0	9,394,136	2.00
3.00	Total (sum of lines 1-2)	1,634,811	926,760	0	0	19,425,006	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8

Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	97,535	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	16,275	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-135,152	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-1,081	PURCHASING RECEIVING AND STORES		5.03	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-86,185	NONPATIENT TELEPHONES		5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-10,187	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)	B	-95	OPERATION OF PLANT		7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,456,812				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	667,657				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-767,496	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	B	-15,163	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-142	HOUSEKEEPING		9.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** 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 TELEPHONE SERVICES	B	-3,900	NONPATIENT TELEPHONES		5.01	0	33.00
34.00 DEPR PAT PHONES NEW EQUIP	A	-18,016	CAP REL COSTS-MVBLE EQUIP		2.00	9	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8

Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00
35.00 TV DEPR NEW EQUIP	A	-31,692	CAP REL COSTS-MVBLE EQUIP	2.00	9 35.00
36.00 CAFETERIA VISITORS	A	-337,088	CAFETERIA	11.00	0 36.00
37.00 OPERATING REVENUE OTHER REVENUE	B	-2,919	OPERATING ROOM	50.00	0 37.00
38.00 NURSING ADMIN OTHER REVENUE	B	-50,574	NURSING ADMINISTRATION	13.00	0 38.00
39.00 SOCIAL SERVICES OTHER REVENUE	B	-81	SOCIAL SERVICE	17.00	0 39.00
40.00 EAP REVENUE	B	-43,418	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
41.00 BOND AMORTIZATION	A	178,392	CAP REL COSTS-BLDG & FIXT	1.00	9 41.00
42.00 LAND RENT MO	B	-2,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 42.00
43.00 RENT PATHOLOGISTS	B	-672	LABORATORY-PATHOLOGICAL	60.01	0 43.00
44.00 LABORATORY OTHER REVENUE	B	-15,901	LABORATORY	60.00	0 44.00
44.01 EMPLOY BENEFITS OTHER REVENUE	B	-12,810	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.01
45.00 XRAY EDUCATION	B	-21,109	XRAY EDUCATION	23.01	0 45.00
45.01 MEDICAL STAFF INCOME	B	-91,490	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.01
45.02 RADIOLOGY OTHER REVENUE	B	-25,281	RADIOLOGY-DIAGNOSTIC	54.00	0 45.02
45.03 BREAST FILM COPIES	B	-2,112	MAMMOGRAPHY	54.03	0 45.03
45.04 MEDICAL RECORDS OTHER REVENUE	B	-5,228	MEDICAL RECORDS & LIBRARY	16.00	0 45.04
45.05 FACILITIES OTHER REVENUE	B	-20,571	OPERATION OF PLANT	7.00	0 45.05
45.06 SICK BAY	B	-80	ADULTS & PEDIATRICS	30.00	0 45.06
45.07 LUNG INST OTHER REVENUE	B	-2,545	RESPIRATORY THERAPY	65.00	0 45.07
45.08 DIABETES OTHER REVENUE	B	-22,591	DIABETES CENTER	90.01	0 45.08
45.09 MRES GRANT OTHER	B	-16,500	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.09
45.10 INFO SERV OTHER REVENUE	B	-33,608	DATA PROCESSING	5.02	0 45.10
45.11 FOOD OTHER REVENUE	B	-3,395	DIETARY	10.00	0 45.11
45.12 SPEECH THERAPY OTHER REVENUE	B	-1,268	SPEECH PATHOLOGY	68.00	0 45.12
45.13 PROTECTIVE SERV OTHER REVENUE	B	-8,400	OPERATION OF PLANT	7.00	0 45.13
45.14 PHARMACY OTHER REVENUE	B	-51,956	PHARMACY	15.00	0 45.14
45.15 HUMAN RESOURCES OTHER REVENUE	B	-4,345	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.15
45.16 LACTATION AND PREPARE OTHER REVENUE	B	-7,645	ADULTS & PEDIATRICS	30.00	0 45.16
45.17 VOLUNTEER OTHER REVENUE	B	-76,866	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.17
45.18 RENTAL PROPERTIES DEPRECIATION	A	-41,791	CAP REL COSTS-BLDG & FIXT	1.00	9 45.18
45.19 NEUROPSYCH	B	40	NEUROPSYCH	90.02	0 45.19
45.20 PENSION EXPENSE	A	4,008,926	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.20
45.21 LOSS ON DISPOSAL DEMOLITION	A	11,218	CAP REL COSTS-BLDG & FIXT	1.00	9 45.21
45.22 UNALLOWABLE PHYS RECRUITMENT	A	-171,742	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.22
45.23 DEPRECIATION RELI FED	A	68,924	CAP REL COSTS-BLDG & FIXT	1.00	9 45.23
45.24 DEPRECIATION RELI FED	A	88,976	CAP REL COSTS-MVBLE EQUIP	2.00	9 45.24
45.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.25
45.27 PRIOR YEAR AUDIT ADJUSTMENT	A	6,711	CAP REL COSTS-BLDG & FIXT	1.00	9 45.27
45.28 NONALLOWABLE INT EXP 1993 BONDS	A	-131,211	CAP REL COSTS-MVBLE EQUIP	2.00	11 45.28
45.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-247,652	CAP REL COSTS-MVBLE EQUIP	2.00	11 45.29
45.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-11,441	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.30
45.31 AMBULANCE SERVICES	B	-357,109	AMBULANCE SERVICES	95.00	0 45.31
45.32 COPY CENTER OTHER REVENUE	B	-666	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.32
45.33 CARDIOLOGY OTHER REVENUE	B	-19,280	ELECTROCARDIOLOGY	69.00	0 45.33
45.34 HAF ADJUSTMENT	A	-14,096,046	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.34
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,318,658			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: 150112

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2015 3:32 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	5,366,701	4,699,044	1.00
2.00	0.00	MANAGEMENT FEE	0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		5,366,701	4,699,044	5.00

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

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

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

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

6.00	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	J NASH	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	S STARK	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	T SOUZA	0.00	SI HEALTH MANAGEMENT	0.00	10.01
10.02	E	D MICHAEL	0.00	SI HEALTH MANAGMENT	0.00	10.02
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: 150112

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 3:32 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	667,657	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	667,657			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	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMPANY		7.00
8.00	MANAGEMENT COMPANY		8.00
9.00	MANAGEMENT COMPANY		9.00
10.00	MANAGEMENT COMPANY		10.00
10.01	MANAGEMENT COMPANY		10.01
10.02	MANAGEMENT COMPANY		10.02
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: 150112

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2015 3:32 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06 OTHER ADMINISTRATIVE AND GENERAL	8,439,519	8,284,944	154,575	171,400	966	1.00
2.00	30.00 ADULTS & PEDIATRICS	290,136	0	290,136	154,100	2,060	2.00
3.00	31.00 INTENSIVE CARE UNIT	36,600	0	36,600	171,400	366	3.00
4.00	41.00 SUBPROVIDER - IRF	51,250	0	51,250	171,400	940	4.00
5.00	50.00 OPERATING ROOM	340,300	0	340,300	204,100	2,146	5.00
6.00	53.00 ANESTHESIOLOGY	45,000	0	45,000	200,300	312	6.00
7.00	55.00 RADIOLOGY-THERAPEUTIC	150,000	0	150,000	231,100	382	7.00
8.00	59.00 CARDIAC CATHETERIZATION	139,338	0	139,338	171,400	697	8.00
9.00	60.01 LABORATORY-PATHOLOGICAL	150,000	0	150,000	219,500	1,736	9.00
10.00	65.00 RESPIRATORY THERAPY	60,700	0	60,700	171,400	607	10.00
11.00	66.00 PHYSICAL THERAPY	50,000	0	50,000	171,400	252	11.00
12.00	69.00 ELECTROCARDIOLOGY	61,450	0	61,450	171,400	316	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	9,100	0	9,100	171,400	91	13.00
14.00	76.97 CARDIAC REHABILITATION	4,812	0	4,812	171,400	24	14.00
15.00	90.00 CLINIC	365,000	0	365,000	171,400	892	15.00
16.00	90.02 NEUROPSYCH	183,031	183,031	0	171,400	0	16.00
17.00	90.03 WOUND CENTER	6,300	0	6,300	171,400	63	17.00
18.00	90.04 HYPERBARIC OXYGEN THERAPY	900	0	900	171,400	9	18.00
19.00	91.00 EMERGENCY	1,044,560	0	1,044,560	171,400	11,947	19.00
20.00	95.00 AMBULANCE SERVICES	17,500	0	17,500	171,400	174	20.00
200.00		11,445,496	8,467,975	2,977,521		23,980	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06 OTHER ADMINISTRATIVE AND GENERAL	79,602	3,980	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	152,618	7,631	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	30,160	1,508	0	0	0	3.00
4.00	41.00 SUBPROVIDER - IRF	77,460	3,873	0	0	0	4.00
5.00	50.00 OPERATING ROOM	210,576	10,529	0	0	0	5.00
6.00	53.00 ANESTHESIOLOGY	30,045	1,502	0	0	0	6.00
7.00	55.00 RADIOLOGY-THERAPEUTIC	42,442	2,122	0	0	0	7.00
8.00	59.00 CARDIAC CATHETERIZATION	57,435	2,872	0	0	0	8.00
9.00	60.01 LABORATORY-PATHOLOGICAL	183,198	9,160	0	0	0	9.00
10.00	65.00 RESPIRATORY THERAPY	50,019	2,501	0	0	0	10.00
11.00	66.00 PHYSICAL THERAPY	20,766	1,038	0	0	0	11.00
12.00	69.00 ELECTROCARDIOLOGY	26,040	1,302	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	7,499	375	0	0	0	13.00
14.00	76.97 CARDIAC REHABILITATION	1,978	99	0	0	0	14.00
15.00	90.00 CLINIC	73,504	3,675	0	0	0	15.00
16.00	90.02 NEUROPSYCH	0	0	0	0	0	16.00
17.00	90.03 WOUND CENTER	5,191	260	0	0	0	17.00
18.00	90.04 HYPERBARIC OXYGEN THERAPY	742	37	0	0	0	18.00
19.00	91.00 EMERGENCY	984,479	49,224	0	0	0	19.00
20.00	95.00 AMBULANCE SERVICES	14,338	717	0	0	0	20.00
200.00		2,048,092	102,405	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06 OTHER ADMINISTRATIVE AND GENERAL	0	79,602	74,973	8,359,917	1.00
2.00	30.00 ADULTS & PEDIATRICS	0	152,618	137,518	137,518	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	30,160	6,440	6,440	3.00
4.00	41.00 SUBPROVIDER - IRF	0	77,460	0	0	4.00
5.00	50.00 OPERATING ROOM	0	210,576	129,724	129,724	5.00
6.00	53.00 ANESTHESIOLOGY	0	30,045	14,955	14,955	6.00
7.00	55.00 RADIOLOGY-THERAPEUTIC	0	42,442	107,558	107,558	7.00
8.00	59.00 CARDIAC CATHETERIZATION	0	57,435	81,903	81,903	8.00
9.00	60.01 LABORATORY-PATHOLOGICAL	0	183,198	0	0	9.00
10.00	65.00 RESPIRATORY THERAPY	0	50,019	10,681	10,681	10.00
11.00	66.00 PHYSICAL THERAPY	0	20,766	29,234	29,234	11.00
12.00	69.00 ELECTROCARDIOLOGY	0	26,040	35,410	35,410	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	7,499	1,601	1,601	13.00
14.00	76.97 CARDIAC REHABILITATION	0	1,978	2,834	2,834	14.00
15.00	90.00 CLINIC	0	73,504	291,496	291,496	15.00
16.00	90.02 NEUROPSYCH	0	0	0	183,031	16.00
17.00	90.03 WOUND CENTER	0	5,191	1,109	1,109	17.00
18.00	90.04 HYPERBARIC OXYGEN THERAPY	0	742	158	158	18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
19.00	91.00	EMERGENCY	0	984,479	60,081	60,081		19.00
20.00	95.00	AMBULANCE SERVICES	0	14,338	3,162	3,162		20.00
200.00			0	2,048,092	988,837	9,456,812		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		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	10,030,870	10,030,870			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,394,136		9,394,136		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,923,451	193,307	93,372	26,210,130	4.00
5.01 00540	NONPATIENT TELEPHONES	589,638	37,481	162,388	131,551	921,058
5.02 00550	DATA PROCESSING	7,491,904	302,930	370,271	1,181,523	29,690
5.03 00560	PURCHASING RECEIVING AND STORES	1,343,907	165,754	190,153	387,524	16,194
5.04 00570	ADMINISTRATIVE	1,481,973	36,259	66,520	384,531	15,520
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	4,054,808	95,379	134,991	885,116	35,763
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	19,774,201	387,671	417,920	1,256,730	124,157
7.00 00700	OPERATION OF PLANT	5,775,523	4,744,049	364,773	715,349	25,641
8.00 00800	LAUNDRY & LINEN SERVICE	632,365	9,461	0	23,150	0
9.00 00900	HOUSEKEEPING	2,010,423	69,531	95,271	612,831	5,398
10.00 01000	DIETARY	802,279	118,495	53,215	194,754	2,024
11.00 01100	CAFETERIA	826,509	91,380	124,762	472,625	4,723
13.00 01300	NURSING ADMINISTRATION	3,116,181	150,198	156,948	1,189,530	14,170
14.00 01400	CENTRAL SERVICES & SUPPLY	888,207	114,844	109,027	1,504	6,748
15.00 01500	PHARMACY	4,654,174	72,685	562,048	1,135,577	16,869
16.00 01600	MEDICAL RECORDS & LIBRARY	1,508,439	59,693	128,167	214,336	23,617
17.00 01700	SOCIAL SERVICE	508,494	4,557	9,689	198,622	2,024
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	XRAY EDUCATION	400,036	10,925	9,628	162,682	1,350
23.02 02302	PHARMACY RESIDENCY PROG	321,197	4,436	9,608	125,362	1,350
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,156,541	1,153,144	964,891	5,172,305	151,822
31.00 03100	INTENSIVE CARE UNIT	2,282,269	165,362	226,646	824,956	23,617
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	1,472,768	167,263	80,460	537,062	15,520
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	590,615	8,797	17,671	227,776	675
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,721,491	610,643	1,567,042	179,330	81,647
51.00 05100	RECOVERY ROOM	1,282,092	48,059	71,364	182	10,796
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	191,616	1,796	80,518	0	2,699
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,736,115	120,110	299,399	549,968	22,942
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,096,013	51,062	228,559	123,014	4,723
54.02 05402	ULTRA SOUND	567,046	22,694	6,156	180,555	2,024
54.03 05403	MAMMOGRAPHY	1,063,427	4,119	55,986	274,706	9,447
55.00 05500	RADIOLOGY-THERAPEUTIC	1,279,342	119,250	180,343	397,535	10,122
57.00 05700	CT SCAN	812,966	15,195	232,487	215,398	4,723
58.00 05800	MRI	408,119	13,580	24,706	97,387	1,350
59.00 05900	CARDIAC CATHETERIZATION	2,072,178	158,421	472,082	540,042	24,966
60.00 06000	LABORATORY	6,849,744	162,148	440,558	1,309,188	41,836
60.01 06001	LABORATORY-PATHOLOGICAL	739,174	18,288	79,737	139,397	4,723
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	816,192	7,907	16,425	27,455	2,699
65.00 06500	RESPIRATORY THERAPY	1,991,105	99,075	190,058	665,192	18,893
66.00 06600	PHYSICAL THERAPY	3,506,431	3,425	200,988	1,177,553	32,389
67.00 06700	OCCUPATIONAL THERAPY	1,202,840	3,335	47,895	406,366	10,796
68.00 06800	SPEECH PATHOLOGY	701,232	0	44,078	241,606	6,073
69.00 06900	ELECTROCARDIOLOGY	490,816	21,095	73,620	180,653	14,170
70.00 07000	ELECTROENCEPHALOGRAPHY	679,839	0	53,158	230,883	14,845
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,595,288	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,343,940	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	12,136,287	0	0	0	0
74.00 07400	RENAL DIALYSIS	366,261	0	0	0	0
76.00 03020	ACUPUNCTURE	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	105,255	12,041	15,508	36,498	4,723
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	748,744	65,487	33,993	223,987	18,219
90.01 09001	DIABETES CENTER	148,090	11,694	7,809	26,717	675
90.02 09002	NEUROPSYCH	89,858	1,554	1,871	32,030	1,350
90.03 09003	WOUND CENTER	1,273,180	0	31,418	124,913	4,049

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
90.04 09004 HYPERBARIC OXYGEN THERAPY	302,142	0	4,695	666	675	90.04
91.00 09100 EMERGENCY	6,003,766	146,606	255,420	1,743,177	28,340	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
95.00 09500 AMBULANCE SERVICES	2,444,590	96,706	245,092	932,585	4,723	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	197,796,087	9,977,891	9,309,384	26,092,381	901,489	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,970	369	0	1,350	190.00
194.00 07950 WELLNESS COMMUNITY	255,949	0	22,794	63,532	2,699	194.00
194.01 07951 BUILDING RENTALS	55,812	11,679	2,740	0	4,049	194.01
194.02 07952 HOSPICE	57,993	0	0	0	0	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	218,666	0	0	0	0	194.04
194.05 07955 NONALLOWABLE MARKETING	1,911,110	0	0	0	0	194.05
194.06 07956 CRH FOUNDATION	1,156	12,298	24,758	0	5,398	194.06
194.07 07957 HEALTHY COMMUNITIES	149,171	18,032	34,091	54,217	6,073	194.07
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)	200,445,944	10,030,870	9,394,136	26,210,130	921,058	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	9,376,318					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,103,532				5.03
5.04	00570	ADMINING	0	1,716	1,986,519			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,067,963	2,246	0	6,276,266		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	813,864	3,357	0	0	22,777,900	5.06
7.00	00700	OPERATION OF PLANT	0	400	0	0	11,625,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	40	0	0	665,016	8.00
9.00	00900	HOUSEKEEPING	0	33,665	0	0	2,827,119	9.00
10.00	01000	DIETARY	0	602	0	0	1,171,369	10.00
11.00	01100	CAFETERIA	0	1,412	0	0	1,521,411	11.00
13.00	01300	NURSING ADMINISTRATION	4,986,326	806	0	0	9,614,159	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,751	0	0	1,122,081	14.00
15.00	01500	PHARMACY	121,892	24,351	0	0	6,587,596	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	268,163	3,950	0	0	2,206,365	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	723,386	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	0	18	0	0	584,639	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	0	0	0	461,953	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,647	208,645	230,842	729,384	22,923,221	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,543	36,219	114,441	3,715,053	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	11,578	20,713	65,447	2,370,811	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	215	9,519	30,076	885,344	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	363,182	301,656	952,661	16,777,652	50.00
51.00	05100	RECOVERY ROOM	0	6,951	20,187	63,784	1,503,415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	34,408	108,718	419,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,823	20,094	63,489	2,818,940	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	495	28,857	91,179	1,623,902	54.01
54.02	05404	ULTRA SOUND	0	2,744	18,650	58,926	858,795	54.02
54.03	05405	MAMMOGRAPHY	0	1,179	10,781	34,063	1,453,708	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	591	37,696	119,107	2,143,986	55.00
57.00	05700	CT SCAN	0	24,985	76,061	240,327	1,622,142	57.00
58.00	05800	MRI	0	633	29,014	91,676	666,465	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,700	77,723	245,578	3,611,690	59.00
60.00	06000	LABORATORY	1,962,463	88,283	133,260	421,058	11,408,538	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	4,171	18,335	57,932	1,061,757	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	709	9,024	28,512	908,923	62.00
65.00	06500	RESPIRATORY THERAPY	0	15,526	39,967	126,282	3,146,098	65.00
66.00	06600	PHYSICAL THERAPY	0	5,828	46,572	147,154	5,120,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	727	14,991	47,365	1,734,315	67.00
68.00	06800	SPEECH PATHOLOGY	0	300	6,293	19,883	1,019,465	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,483	44,522	140,673	968,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,061	21,455	67,790	1,070,031	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	918,301	79,251	250,408	7,843,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,393	59,820	189,013	7,627,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	92,130	259,605	820,266	13,308,288	73.00
74.00	07400	RENAL DIALYSIS	0	55	5,153	16,282	387,751	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	751	3,592	11,350	189,718	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	19,851	17,574	55,528	1,183,383	90.00
90.01	09001	DIABETES CENTER	0	65	405	1,278	196,733	90.01
90.02	09002	NEUROPSYCH	0	27	822	2,598	130,110	90.02
90.03	09003	WOUND CENTER	0	7,758	19,276	60,906	1,521,500	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	1,159	6,583	20,799	336,719	90.04
91.00	09100	EMERGENCY	0	121,794	214,699	678,378	9,192,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal		
		5.02	5.03	5.04	5.05	5A.05		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	7,756	31,528	99,619	3,862,599	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,376,318	2,088,706	1,985,147	6,271,930	197,500,504	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	12,689	190.00
194.00	07950	WELLNESS COMMUNITY	0	203	0	0	345,177	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	74,280	194.01
194.02	07952	HOSPICE	0	14,534	0	0	72,527	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	1,372	4,336	224,374	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,911,110	194.05
194.06	07956	CRH FOUNDATION	0	56	0	0	43,666	194.06
194.07	07957	HEALTHY COMMUNITIES	0	33	0	0	261,617	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,376,318	2,103,532	1,986,519	6,276,266	200,445,944	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 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	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	22,777,900				5.06	
7.00	00700	OPERATION OF PLANT	1,490,477	13,116,212			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	85,258	30,504	780,778		8.00	
9.00	00900	HOUSEKEEPING	362,451	224,182	0	3,413,752	9.00	
10.00	01000	DIETARY	150,175	382,053	0	18,854	1,722,451	10.00
11.00	01100	CAFETERIA	195,052	294,628	0	44,620	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,232,583	484,268	0	8,798	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	143,856	370,280	0	16,340	0	14.00
15.00	01500	PHARMACY	844,563	234,350	0	55,932	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	282,867	192,462	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	92,742	14,692	0	1,257	0	17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	74,954	35,223	0	8,170	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	59,225	14,303	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,938,838	3,717,979	301,054	1,303,409	1,369,671	30.00
31.00	03100	INTENSIVE CARE UNIT	476,288	533,162	37,035	100,552	129,599	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	303,950	539,292	43,701	124,434	182,199	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	113,506	28,363	10,515	1,257	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,150,979	1,968,843	156,267	634,737	8,250	50.00
51.00	05100	RECOVERY ROOM	192,745	154,952	24,237	82,956	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	53,815	5,789	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	361,402	387,259	74,033	92,382	1,002	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	208,192	164,634	0	74,157	0	54.01
54.02	05404	ULTRA SOUND	110,102	73,171	0	19,482	0	54.02
54.03	05405	MAMMOGRAPHY	186,373	13,282	5,379	35,193	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	274,870	384,486	5,990	49,648	3,519	55.00
57.00	05700	CT SCAN	207,967	48,991	0	8,170	0	57.00
58.00	05800	MRI	85,444	43,786	0	8,170	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	463,037	510,783	3,751	77,300	3,414	59.00
60.00	06000	LABORATORY	1,462,632	522,800	0	50,276	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	136,123	58,965	0	3,771	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	116,528	25,493	0	1,885	0	62.00
65.00	06500	RESPIRATORY THERAPY	403,345	319,440	0	38,336	0	65.00
66.00	06600	PHYSICAL THERAPY	656,453	11,044	16,628	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	222,348	10,752	8,097	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	130,701	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	124,107	68,014	0	13,197	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,183	0	1,737	123,177	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,005,544	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	977,841	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,706,189	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	49,712	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	24,323	38,823	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	151,716	211,144	28,413	40,849	16,675	90.00
90.01	09001	DIABETES CENTER	25,222	37,704	0	1,885	0	90.01
90.02	09002	NEUROPSYCH	16,681	5,011	0	0	0	90.02
90.03	09003	WOUND CENTER	195,064	0	4,337	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	43,169	0	648	0	0	90.04
91.00	09100	EMERGENCY	1,178,483	472,690	58,956	352,562	8,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	495,205	311,802	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,400,280	12,945,399	780,778	3,391,756	1,722,451 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,627	35,369	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	44,253	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	9,523	37,656	0	0	0 194.01
194.02	07952	HOSPICE	9,298	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	28,766	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	245,014	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	5,598	39,650	0	19,482	0 194.06
194.07	07957	HEALTHY COMMUNITIES	33,541	58,138	0	2,514	0 194.07
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	22,777,900	13,116,212	780,778	3,413,752	1,722,451 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,055,711					11.00
13.00	01300	86,797	11,426,605				13.00
14.00	01400	0	3,482	1,656,039			14.00
15.00	01500	82,228	0	0	7,804,669		15.00
16.00	01600	66,240	0	0	0	2,747,934	16.00
17.00	01700	15,989	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	15,989	0	0	0	0	23.01
23.02	02302	11,421	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	580,169	5,806,224	96,017	5,617	867,466	30.00
31.00	03100	77,660	765,496	283	1,172	79,034	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	52,535	517,360	0	77	199,180	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	20,557	197,050	3,818	7	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,989	150,610	1,448,874	18,837	611,561	50.00
51.00	05100	0	220	0	239	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	36,257	0	53.00
54.00	05400	50,251	0	848	1,268	0	54.00
54.01	05402	9,136	0	0	82,686	0	54.01
54.02	05404	11,421	0	0	671	0	54.02
54.03	05405	27,409	278,550	2,687	163	0	54.03
55.00	05500	25,125	261,712	0	0	24,008	55.00
57.00	05700	18,273	0	0	4,729	0	57.00
58.00	05800	6,852	0	0	354	0	58.00
59.00	05900	43,398	429,204	14,424	1,508	30,275	59.00
60.00	06000	171,309	0	0	169	0	60.00
60.01	06001	13,705	0	0	31	186,645	60.01
62.00	06200	2,284	0	0	98	0	62.00
65.00	06500	66,240	672,111	14,424	3,592	158,281	65.00
66.00	06600	109,638	0	24,888	933	0	66.00
67.00	06700	27,409	0	0	1,469	30,594	67.00
68.00	06800	18,273	0	0	0	0	68.00
69.00	06900	18,273	175,664	0	1,670	255,906	69.00
70.00	07000	18,273	0	0	5	143,622	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	7,615,498	0	73.00
74.00	07400	0	0	0	2,550	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	4,568	41,574	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	22,841	225,092	0	1,418	148,296	90.00
90.01	09001	2,284	19,903	0	0	0	90.01
90.02	09002	2,284	0	0	0	12,004	90.02
90.03	09003	11,421	0	38,039	14,173	0	90.03
90.04	09004	0	0	0	0	1,062	90.04
91.00	09100	187,298	1,882,353	11,737	3,578	0	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	146,184	0	0	5,719	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,039,723	11,426,605	1,656,039	7,804,488	2,747,934	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	9,136	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	181	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	6,852	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,055,711	11,426,605	1,656,039	7,804,669	2,747,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 3:32 pm	
Cost Center Description	SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal
	17.00	23.00	23.01	23.02	24.00
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	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE	848,066			17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0		23.00
23.01 02301	XRAY EDUCATION	0	0	718,975	23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	0	0	23.02
				546,902	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	385,871	0	0	40,295,536
31.00 03100	INTENSIVE CARE UNIT	55,972	0	0	5,971,306
32.00 03200	CORONARY CARE UNIT	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	267,989	0	0	4,601,528
42.00 04200	SUBPROVIDER	0	0	0	0
43.00 04300	NURSERY	0	0	0	1,260,417
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	2,544	0	0	23,945,143
51.00 05100	RECOVERY ROOM	0	0	0	1,958,764
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	515,616
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	718,975	4,506,360
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	2,162,707
54.02 05404	ULTRA SOUND	0	0	0	1,073,642
54.03 05405	MAMMOGRAPHY	0	0	0	2,002,744
55.00 05500	RADIOLOGY-THERAPEUTIC	56,820	0	0	3,230,164
57.00 05700	CT SCAN	0	0	0	1,910,272
58.00 05800	MRI	0	0	0	811,071
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	5,188,784
60.00 06000	LABORATORY	0	0	0	13,615,724
60.01 06001	LABORATORY-PATHOLOGICAL	0	0	0	1,460,997
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,055,211
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,821,867
66.00 06600	PHYSICAL THERAPY	0	0	0	5,939,926
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	2,034,984
68.00 06800	SPEECH PATHOLOGY	0	0	0	1,168,439
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1,624,863
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,494,028
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,848,792
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,605,007
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	546,902
74.00 07400	RENAL DIALYSIS	0	0	0	440,013
76.00 03020	ACUPUNCTURE	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	299,006
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00 09000	CLINIC	67,845	0	0	2,097,672
90.01 09001	DIABETES CENTER	0	0	0	283,731
90.02 09002	NEUROPSYCH	0	0	0	166,090
90.03 09003	WOUND CENTER	0	0	0	1,784,534
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	0	0	381,598
91.00 09100	EMERGENCY	11,025	0	0	13,358,984
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	0	0	4,821,509

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
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Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	848,066	0	718,975	546,902	196,913,906	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	49,685	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	398,566	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	121,459	194.01
194.02	07952	HOSPICE	0	0	0	0	82,006	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	253,140	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	2,156,124	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	108,396	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	362,662	194.07
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	848,066	0	718,975	546,902	200,445,944	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	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	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	40,295,536	30.00
31.00	03100	INTENSIVE CARE UNIT	5,971,306	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,601,528	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,260,417	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	23,945,143	50.00
51.00	05100	RECOVERY ROOM	1,958,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	515,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,506,360	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	2,162,707	54.01
54.02	05404	ULTRA SOUND	1,073,642	54.02
54.03	05405	MAMMOGRAPHY	2,002,744	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,230,164	55.00
57.00	05700	CT SCAN	1,910,272	57.00
58.00	05800	MRI	811,071	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,188,784	59.00
60.00	06000	LABORATORY	13,615,724	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,460,997	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,055,211	62.00
65.00	06500	RESPIRATORY THERAPY	4,821,867	65.00
66.00	06600	PHYSICAL THERAPY	5,939,926	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,034,984	67.00
68.00	06800	SPEECH PATHOLOGY	1,168,439	68.00
69.00	06900	ELECTROCARDIOLOGY	1,624,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,494,028	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,848,792	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,605,007	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,176,877	73.00
74.00	07400	RENAL DIALYSIS	440,013	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	299,006	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	2,097,672	90.00
90.01	09001	DIABETES CENTER	283,731	90.01
90.02	09002	NEUROPSYCH	166,090	90.02
90.03	09003	WOUND CENTER	1,784,534	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	381,598	90.04
91.00	09100	EMERGENCY	13,358,984	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25.00	26.00	
		OTHER REIMBURSABLE COST CENTERS	0		92.00
95.00	09500	AMBULANCE SERVICES	0	4,821,509	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	196,913,906	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,685	190.00
194.00	07950	WELLNESS COMMUNITY	0	398,566	194.00
194.01	07951	BUILDING RENTALS	0	121,459	194.01
194.02	07952	HOSPICE	0	82,006	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	253,140	194.04
194.05	07955	NONALLOWABLE MARKETING	0	2,156,124	194.05
194.06	07956	CRH FOUNDATION	0	108,396	194.06
194.07	07957	HEALTHY COMMUNITIES	0	362,662	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	200,445,944	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150112

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQ FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DEPR	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SAL	4.00
5.01	NONPATIENT TELEPHONES	5	PHONES	5.01
5.02	DATA PROCESSING	6	DP COST	5.02
5.03	PURCHASING RECEIVING AND STORES	7	SUP COST	5.03
5.04	ADMINISTRATIVE	8	REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	8	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-1	ACCUM. COST	5.06
7.00	OPERATION OF PLANT	1	SQ FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	9	LDRY LBS	8.00
9.00	HOUSEKEEPING	10	TIME SPT	9.00
10.00	DIETARY	11	MEALS	10.00
11.00	CAFETERIA	12	FTES	11.00
13.00	NURSING ADMINISTRATION	13	NURS HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	STER SUP	14.00
15.00	PHARMACY	15	DRG COST	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPT	16.00
17.00	SOCIAL SERVICE	17	TIME SPT	17.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	18	PERCENT	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 3:32 pm

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	18,337	193,307	93,372	305,016	4.00
5.01 00540	NONPATIENT TELEPHONES	745	37,481	162,388	200,614	5.01
5.02 00550	DATA PROCESSING	47,113	302,930	370,271	720,314	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	70	165,754	190,153	355,977	5.03
5.04 00570	ADMITTING	568	36,259	66,520	103,347	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,026	95,379	134,991	237,396	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	173,712	387,671	417,920	979,303	5.06
7.00 00700	OPERATION OF PLANT	62,332	4,744,049	364,773	5,171,154	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,461	0	9,461	8.00
9.00 00900	HOUSEKEEPING	4,220	69,531	95,271	169,022	9.00
10.00 01000	DIETARY	3,226	118,495	53,215	174,936	10.00
11.00 01100	CAFETERIA	7,564	91,380	124,762	223,706	11.00
13.00 01300	NURSING ADMINISTRATION	1,652	150,198	156,948	308,798	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,417	114,844	109,027	227,288	14.00
15.00 01500	PHARMACY	9,375	72,685	562,048	644,108	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	749	59,693	128,167	188,609	16.00
17.00 01700	SOCIAL SERVICE	60,694	4,557	9,689	74,940	17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	0	10,925	9,628	20,553	23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	4,436	9,608	14,044	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	196,463	1,153,144	964,891	2,314,498	30.00
31.00 03100	INTENSIVE CARE UNIT	36,050	165,362	226,646	428,058	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	26,589	167,263	80,460	274,312	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,005	8,797	17,671	27,473	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	317,301	610,643	1,567,042	2,494,986	50.00
51.00 05100	RECOVERY ROOM	153	48,059	71,364	119,576	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	1,796	80,518	82,314	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,854	120,110	299,399	422,363	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	74	51,062	228,559	279,695	54.01
54.02 05404	ULTRA SOUND	149	22,694	6,156	28,999	54.02
54.03 05405	MAMMOGRAPHY	153,794	4,119	55,986	213,899	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,453	119,250	180,343	302,046	55.00
57.00 05700	CT SCAN	725	15,195	232,487	248,407	57.00
58.00 05800	MRI	415	13,580	24,706	38,701	58.00
59.00 05900	CARDIAC CATHETERIZATION	31,966	158,421	472,082	662,469	59.00
60.00 06000	LABORATORY	22,144	162,148	440,558	624,850	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	6,474	18,288	79,737	104,499	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	43	7,907	16,425	24,375	62.00
65.00 06500	RESPIRATORY THERAPY	34,047	99,075	190,058	323,180	65.00
66.00 06600	PHYSICAL THERAPY	330,379	3,425	200,988	534,792	66.00
67.00 06700	OCCUPATIONAL THERAPY	24,237	3,335	47,895	75,467	67.00
68.00 06800	SPEECH PATHOLOGY	56,871	0	44,078	100,949	68.00
69.00 06900	ELECTROCARDIOLOGY	2,598	21,095	73,620	97,313	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	15,531	0	53,158	68,689	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	565	12,041	15,508	28,114	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	37	65,487	33,993	99,517	90.00
90.01 09001	DIABETES CENTER	174	11,694	7,809	19,677	90.01
90.02 09002	NEUROPSYCH	163	1,554	1,871	3,588	90.02
90.03 09003	WOUND CENTER	49,929	0	31,418	81,347	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	276,165	0	4,695	280,860	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00			
0			1.00	2.00	2A	4.00		
91.00	09100	EMERGENCY	4,152	146,606	255,420	406,178	20,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	49,269	96,706	245,092	391,067	10,853	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,043,569	9,977,891	9,309,384	21,330,844	303,646	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,970	369	11,339	0	190.00
194.00	07950	WELLNESS COMMUNITY	40,143	0	22,794	62,937	739	194.00
194.01	07951	BUILDING RENTALS	30,307	11,679	2,740	44,726	0	194.01
194.02	07952	HOSPICE	159	0	0	159	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	1,156	12,298	24,758	38,212	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	18,032	34,091	52,123	631	194.07
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)	2,115,334	10,030,870	9,394,136	21,540,340	305,016	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 3:32 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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	NONPATIENT TELEPHONES	202,145					5.01
5.02	00550	DATA PROCESSING	6,516	740,580				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,554	0	364,041			5.03
5.04	00570	ADMINISTRATIVE	3,406	0	297	111,525		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,849	84,352	389	0	340,286	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	27,249	64,282	581	0	0	5.06
7.00	00700	OPERATION OF PLANT	5,627	0	69	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7	0	0	8.00
9.00	00900	HOUSEKEEPING	1,185	0	5,826	0	0	9.00
10.00	01000	DIETARY	444	0	104	0	0	10.00
11.00	01100	CAFETERIA	1,037	0	244	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,110	393,840	139	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,481	0	303	0	0	14.00
15.00	01500	PHARMACY	3,702	9,628	4,214	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,183	21,181	684	0	0	16.00
17.00	01700	SOCIAL SERVICE	444	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	296	0	3	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	296	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,323	12,294	36,109	12,978	39,570	30.00
31.00	03100	INTENSIVE CARE UNIT	5,183	0	7,189	2,036	6,208	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/P	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/R	3,406	0	2,004	1,165	3,551	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	148	0	37	535	1,632	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,919	0	62,853	16,800	51,476	50.00
51.00	05100	RECOVERY ROOM	2,369	0	1,203	1,135	3,460	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	592	0	0	1,934	5,898	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,035	0	1,181	1,130	3,444	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,037	0	86	1,622	4,947	54.01
54.02	05404	ULTRA SOUND	444	0	475	1,049	3,197	54.02
54.03	05405	MAMMOGRAPHY	2,073	0	204	606	1,848	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,221	0	102	2,119	6,462	55.00
57.00	05700	CT SCAN	1,037	0	4,324	4,276	13,038	57.00
58.00	05800	MRI	296	0	110	1,631	4,973	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,479	0	3,582	4,370	13,323	59.00
60.00	06000	LABORATORY	9,182	155,003	15,278	7,492	22,843	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,037	0	722	1,031	3,143	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	592	0	123	507	1,547	62.00
65.00	06500	RESPIRATORY THERAPY	4,147	0	2,687	2,247	6,851	65.00
66.00	06600	PHYSICAL THERAPY	7,108	0	1,009	2,618	7,983	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,369	0	126	843	2,570	67.00
68.00	06800	SPEECH PATHOLOGY	1,333	0	52	354	1,079	68.00
69.00	06900	ELECTROCARDIOLOGY	3,110	0	430	2,503	7,632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,258	0	357	1,206	3,678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	158,922	4,456	13,585	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,952	3,363	10,254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,944	14,595	44,500	73.00
74.00	07400	RENAL DIALYSIS	0	0	9	290	883	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,037	0	130	202	616	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,998	0	3,435	988	3,012	90.00
90.01	09001	DIABETES CENTER	148	0	11	23	69	90.01
90.02	09002	NEUROPSYCH	296	0	5	46	141	90.02
90.03	09003	WOUND CENTER	889	0	1,343	1,084	3,304	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	148	0	201	370	1,128	90.04
91.00	09100	EMERGENCY	6,220	0	21,078	12,071	36,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,037	0	1,342	1,773	5,404	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	197,850	740,580	361,475	111,448	340,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	296	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	592	0	35	0	0	194.00
194.01	07951	BUILDING RENTALS	889	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	2,515	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	77	235	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	1,185	0	10	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,333	0	6	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	202,145	740,580	364,041	111,525	340,286	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 3:32 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 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	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,086,040				5.06
7.00	00700	OPERATION OF PLANT	71,068	5,256,243			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,065	12,224	26,026		8.00
9.00	00900	HOUSEKEEPING	17,282	89,840	0	290,287	9.00
10.00	01000	DIETARY	7,161	153,106	0	1,603	339,620
11.00	01100	CAFETERIA	9,300	118,071	0	3,794	0
13.00	01300	NURSING ADMINISTRATION	58,771	194,068	0	748	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,859	148,387	0	1,389	0
15.00	01500	PHARMACY	40,270	93,914	0	4,756	0
16.00	01600	MEDICAL RECORDS & LIBRARY	13,488	77,128	0	0	0
17.00	01700	SOCIAL SERVICE	4,422	5,888	0	107	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	3,574	14,115	0	695	0
23.02	02302	PHARMACY RESIDENCY PROG	2,824	5,732	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	140,084	1,489,955	10,034	110,834	270,061
31.00	03100	INTENSIVE CARE UNIT	22,710	213,662	1,235	8,550	25,553
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	14,493	216,118	1,457	10,581	35,925
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	5,412	11,366	350	107	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	102,562	789,002	5,209	53,975	1,627
51.00	05100	RECOVERY ROOM	9,190	62,096	808	7,054	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,566	2,320	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,232	155,192	2,468	7,856	198
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	9,927	65,976	0	6,306	0
54.02	05404	ULTRA SOUND	5,250	29,323	0	1,657	0
54.03	05405	MAMMOGRAPHY	8,887	5,323	179	2,993	0
55.00	05500	RADIOLOGY-THERAPEUTIC	13,106	154,080	200	4,222	694
57.00	05700	CT SCAN	9,916	19,633	0	695	0
58.00	05800	MRI	4,074	17,547	0	695	0
59.00	05900	CARDIAC CATHETERIZATION	22,078	204,693	125	6,573	673
60.00	06000	LABORATORY	69,740	209,509	0	4,275	0
60.01	06001	LABORATORY-PATHOLOGICAL	6,491	23,630	0	321	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,556	10,216	0	160	0
65.00	06500	RESPIRATORY THERAPY	19,232	128,014	0	3,260	0
66.00	06600	PHYSICAL THERAPY	31,301	4,426	554	0	0
67.00	06700	OCCUPATIONAL THERAPY	10,602	4,309	270	0	0
68.00	06800	SPEECH PATHOLOGY	6,232	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,918	27,256	0	1,122	0
70.00	07000	ELECTROENCEPHALOGRAPHY	6,541	0	58	10,474	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,946	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,625	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	81,354	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,370	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,160	15,558	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,234	84,615	947	3,474	3,288
90.01	09001	DIABETES CENTER	1,203	15,110	0	160	0
90.02	09002	NEUROPSYCH	795	2,008	0	0	0
90.03	09003	WOUND CENTER	9,301	0	145	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	2,058	0	22	0	0
91.00	09100	EMERGENCY	56,192	189,428	1,965	29,980	1,601
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	23,612	124,953	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,068,034	5,187,791	26,026	288,416	339,620 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78	14,174	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	2,110	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	454	15,090	0	0	0 194.01
194.02	07952	HOSPICE	443	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	1,372	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	11,683	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	267	15,890	0	1,657	0 194.06
194.07	07957	HEALTHY COMMUNITIES	1,599	23,298	0	214	0 194.07
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	1,086,040	5,256,243	26,026	290,287	339,620 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 3:32 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	361,652					11.00
13.00	01300	NURSING ADMINISTRATION	15,270	988,587				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	301	386,026			14.00
15.00	01500	PHARMACY	14,466	0	0	828,273		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,653	0	0	0	320,420	16.00
17.00	01700	SOCIAL SERVICE	2,813	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	2,813	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	2,009	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,065	502,333	22,382	596	101,151	30.00
31.00	03100	INTENSIVE CARE UNIT	13,662	66,228	66	124	9,216	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	9,242	44,760	0	8	23,225	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,617	17,048	890	1	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,813	13,030	337,736	1,999	71,310	50.00
51.00	05100	RECOVERY ROOM	0	19	0	25	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,848	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,840	0	198	135	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,607	0	0	8,775	0	54.01
54.02	05404	ULTRA SOUND	2,009	0	0	71	0	54.02
54.03	05405	MAMMOGRAPHY	4,822	24,099	626	17	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,420	22,642	0	0	2,799	55.00
57.00	05700	CT SCAN	3,215	0	0	502	0	57.00
58.00	05800	MRI	1,206	0	0	38	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,635	37,133	3,362	160	3,530	59.00
60.00	06000	LABORATORY	30,138	0	0	18	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	2,411	0	0	3	21,763	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	402	0	0	10	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,653	58,149	3,362	381	18,456	65.00
66.00	06600	PHYSICAL THERAPY	19,288	0	5,801	99	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,822	0	0	156	3,567	67.00
68.00	06800	SPEECH PATHOLOGY	3,215	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,215	15,198	0	177	29,840	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,215	0	0	1	16,747	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	808,198	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	271	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	804	3,597	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,018	19,474	0	150	17,292	90.00
90.01	09001	DIABETES CENTER	402	1,722	0	0	0	90.01
90.02	09002	NEUROPSYCH	402	0	0	0	1,400	90.02
90.03	09003	WOUND CENTER	2,009	0	8,867	1,504	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	124	90.04
91.00	09100	EMERGENCY	32,951	162,854	2,736	380	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	25,717	0	0	607	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	358,839	988,587	386,026	828,254	320,420	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,607	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	19	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,206	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	361,652	988,587	386,026	828,273	320,420	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
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	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	90,925				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0		43,942		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			26,364	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,371			5,299,829	30.00
31.00	03100	INTENSIVE CARE UNIT	6,001			825,281	31.00
32.00	03200	CORONARY CARE UNIT	0			0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0	34.00
40.00	04000	SUBPROVIDER - I PF	0			0	40.00
41.00	04100	SUBPROVIDER - I RF	28,732			675,229	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			71,267	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	273			4,025,657	50.00
51.00	05100	RECOVERY ROOM	0			206,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0			99,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			631,672	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			381,410	54.01
54.02	05404	ULTRA SOUND	0			74,575	54.02
54.03	05405	MAMMOGRAPHY	0			268,773	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	6,092			525,831	55.00
57.00	05700	CT SCAN	0			307,550	57.00
58.00	05800	MRI	0			70,404	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			981,470	59.00
60.00	06000	LABORATORY	0			1,163,563	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0			166,673	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			43,808	62.00
65.00	06500	RESPIRATORY THERAPY	0			589,360	65.00
66.00	06600	PHYSICAL THERAPY	0			628,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			109,830	67.00
68.00	06800	SPEECH PATHOLOGY	0			116,026	68.00
69.00	06900	ELECTROCARDIOLOGY	0			195,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			116,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			224,909	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			66,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			964,591	73.00
74.00	07400	RENAL DIALYSIS	0			3,823	74.00
76.00	03020	ACUPUNCTURE	0			0	76.00
76.97	07697	CARDIAC REHABILITATION	0			51,643	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
90.00	09000	CLINIC	7,274			261,323	90.00
90.01	09001	DIABETES CENTER	0			38,836	90.01
90.02	09002	NEUROPSYCH	0			9,054	90.02
90.03	09003	WOUND CENTER	0			111,247	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0			284,919	90.04
91.00	09100	EMERGENCY	1,182			981,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			586,365	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
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Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	90,925	0	0	0	21,160,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				25,887	190.00
194.00	07950	WELLNESS COMMUNITY	0				68,020	194.00
194.01	07951	BUILDING RENTALS	0				61,159	194.01
194.02	07952	HOSPICE	0				3,136	194.02
194.03	07953	OUTREACH CLINICS	0				0	194.03
194.04	07954	SPEECH - HEARING AIDS	0				1,684	194.04
194.05	07955	NONALLOWABLE MARKETING	0				11,683	194.05
194.06	07956	CRH FOUNDATION	0				57,221	194.06
194.07	07957	HEALTHY COMMUNITIES	0				80,410	194.07
200.00		Cross Foot Adjustments		0	43,942	26,364	70,306	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	90,925	0	43,942	26,364	21,540,340	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	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	NONPATIENT TELEPHONES		5.01	
5.02	00550	DATA PROCESSING		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES		5.03	
5.04	00570	ADMITTING		5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00	
23.01	02301	XRAY EDUCATION		23.01	
23.02	02302	PHARMACY RESIDENCY PROG		23.02	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,299,829	30.00
31.00	03100	INTENSIVE CARE UNIT	0	825,281	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	675,229	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	71,267	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,025,657	50.00
51.00	05100	RECOVERY ROOM	0	206,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	99,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	631,672	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	381,410	54.01
54.02	05404	ULTRA SOUND	0	74,575	54.02
54.03	05405	MAMMOGRAPHY	0	268,773	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	525,831	55.00
57.00	05700	CT SCAN	0	307,550	57.00
58.00	05800	MRI	0	70,404	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	981,470	59.00
60.00	06000	LABORATORY	0	1,163,563	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	166,673	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	43,808	62.00
65.00	06500	RESPIRATORY THERAPY	0	589,360	65.00
66.00	06600	PHYSICAL THERAPY	0	628,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	109,830	67.00
68.00	06800	SPEECH PATHOLOGY	0	116,026	68.00
69.00	06900	ELECTROCARDIOLOGY	0	195,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	116,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	224,909	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	964,591	73.00
74.00	07400	RENAL DIALYSIS	0	3,823	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	51,643	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	261,323	90.00
90.01	09001	DIABETES CENTER	0	38,836	90.01
90.02	09002	NEUROPSYCH	0	9,054	90.02
90.03	09003	WOUND CENTER	0	111,247	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	284,919	90.04
91.00	09100	EMERGENCY	0	981,904	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	25.00	26.00	
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	586,365	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,160,834	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,887	190.00
194.00	07950	WELLNESS COMMUNITY	0	68,020	194.00
194.01	07951	BUILDING RENTALS	0	61,159	194.01
194.02	07952	HOSPICE	0	3,136	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	1,684	194.04
194.05	07955	NONALLOWABLE MARKETING	0	11,683	194.05
194.06	07956	CRH FOUNDATION	0	57,221	194.06
194.07	07957	HEALTHY COMMUNITIES	0	80,410	194.07
200.00		Cross Foot Adjustments	0	70,306	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	21,540,340	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	664,773					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		9,041,640				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,811	89,868	66,713,034			4.00
5.01 00540 NONPATIENT TELEPHONES	2,484	156,295	334,839	1,365		5.01
5.02 00550 DATA PROCESSING	20,076	356,377	3,007,345	44	10,000	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	10,985	183,018	986,371	24	0	5.03
5.04 00570 ADMITTING	2,403	64,024	978,752	23	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	6,321	129,926	2,252,896	53	1,139	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	25,692	402,238	3,198,772	184	868	5.06
7.00 00700 OPERATION OF PLANT	314,401	351,086	1,820,786	38	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	627	0	58,923	0	0	8.00
9.00 00900 HOUSEKEEPING	4,608	91,696	1,559,847	8	0	9.00
10.00 01000 DIETARY	7,853	51,218	495,711	3	0	10.00
11.00 01100 CAFETERIA	6,056	120,081	1,202,979	7	0	11.00
13.00 01300 NURSING ADMINISTRATION	9,954	151,059	3,027,726	21	5,318	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,611	104,936	3,828	10	0	14.00
15.00 01500 PHARMACY	4,817	540,958	2,890,398	25	130	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,956	123,358	545,553	35	286	16.00
17.00 01700 SOCIAL SERVICE	302	9,325	505,556	3	0	17.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	724	9,267	414,076	2	0	23.01
23.02 02302 PHARMACY RESIDENCY PROG	294	9,247	319,085	2	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	76,422	928,685	13,165,183	225	166	30.00
31.00 03100 INTENSIVE CARE UNIT	10,959	218,142	2,099,770	35	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	11,085	77,441	1,366,992	23	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	583	17,008	579,761	1	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	40,469	1,508,243	456,452	121	0	50.00
51.00 05100 RECOVERY ROOM	3,185	68,686	464	16	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	119	77,497	0	4	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,960	288,165	1,399,840	34	0	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,384	219,983	313,108	7	0	54.01
54.02 05404 ULTRA SOUND	1,504	5,925	459,570	3	0	54.02
54.03 05405 MAMMOGRAPHY	273	53,885	699,214	14	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	7,903	173,576	1,011,850	15	0	55.00
57.00 05700 CT SCAN	1,007	223,763	548,256	7	0	57.00
58.00 05800 MRI	900	23,779	247,881	2	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,499	454,368	1,374,577	37	0	59.00
60.00 06000 LABORATORY	10,746	424,027	3,332,292	62	2,093	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	1,212	76,745	354,809	7	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	524	15,809	69,882	4	0	62.00
65.00 06500 RESPIRATORY THERAPY	6,566	182,926	1,693,123	28	0	65.00
66.00 06600 PHYSICAL THERAPY	227	193,446	2,997,246	48	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	221	46,098	1,034,329	16	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	42,424	614,964	9	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,398	70,858	459,818	21	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	51,163	587,669	22	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	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	798	14,926	92,900	7	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	4,340	32,717	570,118	27	0	90.00
90.01 09001 DIABETES CENTER	775	7,516	68,002	1	0	90.01
90.02 09002 NEUROPSYCH	103	1,801	81,526	2	0	90.02
90.03 09003 WOUND CENTER	0	30,239	317,942	6	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	4,519	1,694	1	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)			
			BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)							
			1.00	2.00	4.00					5.01	5.02
91.00	09100	EMERGENCY	9,716	245,836	4,436,932	42	0	91.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00			
OTHER REIMBURSABLE COST CENTERS											
95.00	09500	AMBULANCE SERVICES	6,409	235,895	2,373,720	7	0	95.00			
99.10	09910	CORF	0	0	0	0	0	99.10			
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00			
SPECIAL PURPOSE COST CENTERS											
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00			
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00			
113.00	11300	INTEREST EXPENSE						113.00			
118.00		SUBTOTALS (SUM OF LINES 1-117)	661,262	8,960,068	66,413,327	1,336	10,000	118.00			
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	355	0	2	0	190.00			
194.00	07950	WELLNESS COMMUNITY	0	21,939	161,709	4	0	194.00			
194.01	07951	BUILDING RENTALS	774	2,637	0	6	0	194.01			
194.02	07952	HOSPICE	0	0	0	0	0	194.02			
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03			
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04			
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05			
194.06	07956	CRH FOUNDATION	815	23,829	0	8	0	194.06			
194.07	07957	HEALTHY COMMUNITIES	1,195	32,812	137,998	9	0	194.07			
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)	10,030,870	9,394,136	26,210,130	921,058	9,376,318	202.00			
203.00		Unit cost multiplier (Wkst. B, Part I)	15.089166	1.038986	0.392879	674.767766	937.631800	203.00			
204.00		Cost to be allocated (per Wkst. B, Part II)			305,016	202,145	740,580	204.00			
205.00		Unit cost multiplier (Wkst. B, Part II)			0.004572	148.091575	74.058000	205.00			

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,155,757				5.03
5.04	00570	ADMITTING	5,838	496,362,785			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,641	0	496,362,785		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,421	0	0	-22,777,900	177,668,044
7.00	00700	OPERATION OF PLANT	1,361	0	0	0	11,625,735
8.00	00800	LAUNDRY & LINEN SERVICE	136	0	0	0	665,016
9.00	00900	HOUSEKEEPING	114,522	0	0	0	2,827,119
10.00	01000	DIETARY	2,048	0	0	0	1,171,369
11.00	01100	CAFETERIA	4,802	0	0	0	1,521,411
13.00	01300	NURSING ADMINISTRATION	2,742	0	0	0	9,614,159
14.00	01400	CENTRAL SERVICES & SUPPLY	5,955	0	0	0	1,122,081
15.00	01500	PHARMACY	82,838	0	0	0	6,587,596
16.00	01600	MEDICAL RECORDS & LIBRARY	13,437	0	0	0	2,206,365
17.00	01700	SOCIAL SERVICE	0	0	0	0	723,386
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	62	0	0	0	584,639
23.02	02302	PHARMACY RESIDENCY PROG	0	0	0	0	461,953
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	709,764	57,681,611	57,681,611	0	22,923,221
31.00	03100	INTENSIVE CARE UNIT	141,319	9,050,280	9,050,280	0	3,715,053
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	39,387	5,175,723	5,175,723	0	2,370,811
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	733	2,378,457	2,378,457	0	885,344
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,235,465	75,358,061	75,358,061	0	16,777,652
51.00	05100	RECOVERY ROOM	23,647	5,044,223	5,044,223	0	1,503,415
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	8,597,706	8,597,706	0	419,755
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,211	5,020,890	5,020,890	0	2,818,940
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,685	7,210,671	7,210,671	0	1,623,902
54.02	05404	ULTRA SOUND	9,336	4,660,058	4,660,058	0	858,795
54.03	05405	MAMMOGRAPHY	4,011	2,693,821	2,693,821	0	1,453,708
55.00	05500	RADIOLOGY-THERAPEUTIC	2,009	9,419,299	9,419,299	0	2,143,986
57.00	05700	CT SCAN	84,993	19,005,673	19,005,673	0	1,622,142
58.00	05800	MRI	2,153	7,249,975	7,249,975	0	666,465
59.00	05900	CARDIAC CATHETERIZATION	70,416	19,420,973	19,420,973	0	3,611,690
60.00	06000	LABORATORY	300,318	33,298,342	33,298,342	0	11,408,538
60.01	06001	LABORATORY-PATHOLOGICAL	14,190	4,581,382	4,581,382	0	1,061,757
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,413	2,254,777	2,254,777	0	908,923
65.00	06500	RESPIRATORY THERAPY	52,816	9,986,733	9,986,733	0	3,146,098
66.00	06600	PHYSICAL THERAPY	19,825	11,637,288	11,637,288	0	5,120,342
67.00	06700	OCCUPATIONAL THERAPY	2,473	3,745,758	3,745,758	0	1,734,315
68.00	06800	SPEECH PATHOLOGY	1,021	1,572,372	1,572,372	0	1,019,465
69.00	06900	ELECTROCARDIOLOGY	8,445	11,124,814	11,124,814	0	968,032
70.00	07000	ELECTROENCEPHALOGRAPHY	7,010	5,361,001	5,361,001	0	1,070,031
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,123,863	19,802,952	19,802,952	0	7,843,248
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,998	14,947,614	14,947,614	0	7,627,166
73.00	07300	DRUGS CHARGED TO PATIENTS	313,406	64,868,818	64,868,818	0	13,308,288
74.00	07400	RENAL DIALYSIS	186	1,287,605	1,287,605	0	387,751
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,555	897,580	897,580	0	189,718
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	67,528	4,391,302	4,391,302	0	1,183,383
90.01	09001	DIABETES CENTER	221	101,077	101,077	0	196,733
90.02	09002	NEUROPSYCH	92	205,496	205,496	0	130,110
90.03	09003	WOUND CENTER	26,391	4,816,631	4,816,631	0	1,521,500
90.04	09004	HYPERBARIC OXYGEN THERAPY	3,943	1,644,848	1,644,848	0	336,719
91.00	09100	EMERGENCY	414,315	53,647,924	53,647,924	0	9,192,180
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMINITTING (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	26,383	7,878,148	7,878,148	0	3,862,599	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,105,324	496,019,883	496,019,883	-22,777,900	174,722,604	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	12,689	190.00
194.00	07950	WELLNESS COMMUNITY	691	0	0	0	345,177	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	74,280	194.01
194.02	07952	HOSPICE	49,441	0	0	0	72,527	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	342,902	342,902	0	224,374	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,911,110	194.05
194.06	07956	CRH FOUNDATION	190	0	0	0	43,666	194.06
194.07	07957	HEALTHY COMMUNITIES	111	0	0	0	261,617	194.07
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)	2,103,532	1,986,519	6,276,266		22,777,900	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.293964	0.004002	0.012645		0.128205	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	364,041	111,525	340,286		1,086,040	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.050874	0.000225	0.000686		0.006113	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	269,600				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	627	1,056,223			8.00
9.00	00900	HOUSEKEEPING	4,608	0	5,432		9.00
10.00	01000	DIETARY	7,853	0	30	147,818	10.00
11.00	01100	CAFETERIA	6,056	0	71	0	900 11.00
13.00	01300	NURSING ADMINISTRATION	9,954	0	14	0	38 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,611	0	26	0	0 14.00
15.00	01500	PHARMACY	4,817	0	89	0	36 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,956	0	0	0	29 16.00
17.00	01700	SOCIAL SERVICE	302	0	2	0	7 17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	XRAY EDUCATION	724	0	13	0	7 23.01
23.02	02302	PHARMACY RESIDENCY PROG	294	0	0	0	5 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,422	407,261	2,074	117,543	254 30.00
31.00	03100	INTENSIVE CARE UNIT	10,959	50,100	160	11,122	34 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I/RF	11,085	59,118	198	15,636	23 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	583	14,224	2	0	9 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,469	211,395	1,010	708	7 50.00
51.00	05100	RECOVERY ROOM	3,185	32,788	132	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	119	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,960	100,150	147	86	22 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	0	118	0	4 54.01
54.02	05404	ULTRA SOUND	1,504	0	31	0	5 54.02
54.03	05405	MAMMOGRAPHY	273	7,276	56	0	12 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	7,903	8,103	79	302	11 55.00
57.00	05700	CT SCAN	1,007	0	13	0	8 57.00
58.00	05800	MRI	900	0	13	0	3 58.00
59.00	05900	CARDIAC CATHETERIZATION	10,499	5,074	123	293	19 59.00
60.00	06000	LABORATORY	10,746	0	80	0	75 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,212	0	6	0	6 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	524	0	3	0	1 62.00
65.00	06500	RESPIRATORY THERAPY	6,566	0	61	0	29 65.00
66.00	06600	PHYSICAL THERAPY	227	22,494	0	0	48 66.00
67.00	06700	OCCUPATIONAL THERAPY	221	10,954	0	221	12 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	8 68.00
69.00	06900	ELECTROCARDIOLOGY	1,398	0	21	0	8 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,350	196	0	8 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	0	0	0	0 74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	798	0	0	0	2 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	4,340	38,437	65	1,431	10 90.00
90.01	09001	DIABETES CENTER	775	0	3	0	1 90.01
90.02	09002	NEUROPSYCH	103	0	0	0	1 90.02
90.03	09003	WOUND CENTER	0	5,867	0	0	5 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	877	0	0	0 90.04
91.00	09100	EMERGENCY	9,716	79,755	561	697	82 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,409	0	0	0	64 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	266,089	1,056,223	5,397	147,818	893 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	0	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	4 194.00
194.01	07951	BUILDING RENTALS	774	0	0	0	0 194.01
194.02	07952	HOSPICE	0	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	815	0	31	0	0 194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	0	4	0	3 194.07
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,116,212	780,778	3,413,752	1,722,451	2,055,711 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	48.650638	0.739217	628.452135	11.652512	2,284.123333 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,256,243	26,026	290,287	339,620	361,652 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.496450	0.024641	53.440169	2.297555	401.835556 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,040,312					13.00
14.00	01400	317	11,711				14.00
15.00	01500	0	0	12,115,803			15.00
16.00	01600	0	0	0	25,868		16.00
17.00	01700	0	0	0	0	1,000	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	528,616	679	8,719	8,166	455	30.00
31.00	03100	69,693	2	1,819	744	66	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	47,102	0	119	1,875	316	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	17,940	27	11	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	13,712	10,246	29,242	5,757	3	50.00
51.00	05100	20	0	371	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	56,284	0	0	53.00
54.00	05400	0	6	1,969	0	0	54.00
54.01	05402	0	0	128,360	0	0	54.01
54.02	05404	0	0	1,042	0	0	54.02
54.03	05405	25,360	19	253	0	0	54.03
55.00	05500	23,827	0	0	226	67	55.00
57.00	05700	0	0	7,341	0	0	57.00
58.00	05800	0	0	550	0	0	58.00
59.00	05900	39,076	102	2,341	285	0	59.00
60.00	06000	0	0	262	0	0	60.00
60.01	06001	0	0	48	1,757	0	60.01
62.00	06200	0	0	152	0	0	62.00
65.00	06500	61,191	102	5,576	1,490	0	65.00
66.00	06600	0	176	1,449	0	0	66.00
67.00	06700	0	0	2,280	288	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	15,993	0	2,592	2,409	0	69.00
70.00	07000	0	0	8	1,352	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	11,822,141	0	0	73.00
74.00	07400	0	0	3,958	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	3,785	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	20,493	0	2,201	1,396	80	90.00
90.01	09001	1,812	0	0	0	0	90.01
90.02	09002	0	0	0	113	0	90.02
90.03	09003	0	269	22,002	0	0	90.03
90.04	09004	0	0	0	10	0	90.04
91.00	09100	171,375	83	5,554	0	13	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)		
		(NURS HRS) 13.00	(STER SUP) 14.00	(DRG COST) 15.00	(TIME SPT) 16.00	(TIME SPT) 17.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	8,878	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,040,312	11,711	12,115,522	25,868	1,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	281	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
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)	11,426,605	1,656,039	7,804,669	2,747,934	848,066	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.983825	141.408846	0.644173	106.229086	848.066000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	988,587	386,026	828,273	320,420	90,925	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.950279	32.962685	0.068363	12.386733	90.925000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01	00540	NONPATIENT TELEPHONES			5.01	
5.02	00550	DATA PROCESSING			5.02	
5.03	00560	PURCHASING RECEIVING AND STORES			5.03	
5.04	00570	ADMINISTRATIVE			5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06	
7.00	00700	OPERATION OF PLANT			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE			8.00	
9.00	00900	HOUSEKEEPING			9.00	
10.00	01000	DIETARY			10.00	
11.00	01100	CAFETERIA			11.00	
13.00	01300	NURSING ADMINISTRATION			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00	
15.00	01500	PHARMACY			15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00	
17.00	01700	SOCIAL SERVICE			17.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0		23.00	
23.01	02301	XRAY EDUCATION	0	100	23.01	
23.02	02302	PHARMACY RESIDENCY PROG	0	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	194.07
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)	0	718,975	546,902	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	7,189.750000	5,469.020000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	43,942	26,364	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	439.420000	263.640000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		40,295,536	137,518	40,433,054	30.00
31.00	03100 INTENSIVE CARE UNIT		5,971,306	6,440	5,977,746	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		4,601,528	0	4,601,528	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,260,417	0	1,260,417	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		23,945,143	129,724	24,074,867	50.00
51.00	05100 RECOVERY ROOM		1,958,764	0	1,958,764	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		515,616	14,955	530,571	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,506,360	0	4,506,360	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC		2,162,707	0	2,162,707	54.01
54.02	05404 ULTRASOUND		1,073,642	0	1,073,642	54.02
54.03	05405 MAMMOGRAPHY		2,002,744	0	2,002,744	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		3,230,164	107,558	3,337,722	55.00
57.00	05700 CT SCAN		1,910,272	0	1,910,272	57.00
58.00	05800 MRI		811,071	0	811,071	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,188,784	81,903	5,270,687	59.00
60.00	06000 LABORATORY		13,615,724	0	13,615,724	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		1,460,997	0	1,460,997	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,055,211	0	1,055,211	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,821,867	10,681	4,832,548	65.00
66.00	06600 PHYSICAL THERAPY	0	5,939,926	29,234	5,969,160	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,034,984	0	2,034,984	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,168,439	0	1,168,439	68.00
69.00	06900 ELECTROCARDIOLOGY		1,624,863	35,410	1,660,273	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,494,028	1,601	1,495,629	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,848,792	0	8,848,792	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,605,007	0	8,605,007	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,176,877	0	23,176,877	73.00
74.00	07400 RENAL DIALYSIS		440,013	0	440,013	74.00
76.00	03020 ACUPUNCTURE		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		299,006	2,834	301,840	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		2,097,672	291,496	2,389,168	90.00
90.01	09001 DIABETES CENTER		283,731	0	283,731	90.01
90.02	09002 NEUROPSYCH		166,090	0	166,090	90.02
90.03	09003 WOUND CENTER		1,784,534	1,109	1,785,643	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY		381,598	158	381,756	90.04
91.00	09100 EMERGENCY		13,358,984	60,081	13,419,065	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,858,293	0	4,858,293	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,821,509	3,162	4,824,671	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		201,772,199	913,864	202,686,063	200.00
201.00	Less Observation Beds		4,858,293	0	4,858,293	201.00
202.00	Total (see instructions)		196,913,906	913,864	197,827,770	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,538,229		49,538,229		30.00
31.00	03100	INTENSIVE CARE UNIT	9,035,896		9,035,896		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	5,175,723		5,175,723		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,378,457		2,378,457		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,802,394	53,555,667	75,358,061	0.317752	50.00
51.00	05100	RECOVERY ROOM	1,675,437	3,368,786	5,044,223	0.388318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,504,324	5,093,382	8,597,706	0.059971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,349,803	3,671,087	5,020,890	0.097522	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,360,196	5,850,475	7,210,671	0.299931	54.01
54.02	05404	ULTRA SOUND	915,549	3,744,509	4,660,058	0.230392	54.02
54.03	05405	MAMMOGRAPHY	638	2,693,183	2,693,821	0.743458	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	197,741	9,221,558	9,419,299	0.342930	55.00
57.00	05700	CT SCAN	3,674,158	15,331,515	19,005,673	0.100511	57.00
58.00	05800	MRI	1,360,880	5,889,095	7,249,975	0.111872	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,617,575	8,803,398	19,420,973	0.267174	59.00
60.00	06000	LABORATORY	9,881,120	23,417,222	33,298,342	0.408901	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	459,974	4,121,408	4,581,382	0.318899	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,447,576	807,201	2,254,777	0.467989	62.00
65.00	06500	RESPIRATORY THERAPY	7,791,915	2,194,818	9,986,733	0.482827	65.00
66.00	06600	PHYSICAL THERAPY	3,117,661	8,519,627	11,637,288	0.510422	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,930,372	1,815,386	3,745,758	0.543277	67.00
68.00	06800	SPEECH PATHOLOGY	603,244	969,128	1,572,372	0.743106	68.00
69.00	06900	ELECTROCARDIOLOGY	4,547,329	6,577,485	11,124,814	0.146058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170,371	5,190,630	5,361,001	0.278685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,656,679	9,146,273	19,802,952	0.446842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,320,631	4,626,983	14,947,614	0.575678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,616,841	35,251,977	64,868,818	0.357288	73.00
74.00	07400	RENAL DIALYSIS	1,287,605	0	1,287,605	0.341730	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	14,651	882,929	897,580	0.333125	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	26,903	4,364,399	4,391,302	0.477688	90.00
90.01	09001	DIABETES CENTER	768	100,309	101,077	2.807078	90.01
90.02	09002	NEUROPSYCH	1,292	204,204	205,496	0.808240	90.02
90.03	09003	WOUND CENTER	81,517	4,735,114	4,816,631	0.370494	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	39,044	1,605,804	1,644,848	0.231996	90.04
91.00	09100	EMERGENCY	11,905,077	41,742,847	53,647,924	0.249012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,157,766	8,157,766	0.595542	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,878,148	7,878,148	0.612010	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	206,487,570	289,532,313	496,019,883		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	206,487,570	289,532,313	496,019,883		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000				30.00
31.00	03100				31.00
32.00	03200				32.00
33.00	03300				33.00
34.00	03400				34.00
40.00	04000				40.00
41.00	04100				41.00
42.00	04200				42.00
43.00	04300				43.00
44.00	04400				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.319473			50.00
51.00	05100	0.388318			51.00
52.00	05200	0.000000			52.00
53.00	05300	0.061711			53.00
54.00	05400	0.897522			54.00
54.01	05402	0.299931			54.01
54.02	05404	0.230392			54.02
54.03	05405	0.743458			54.03
55.00	05500	0.354349			55.00
57.00	05700	0.100511			57.00
58.00	05800	0.111872			58.00
59.00	05900	0.271392			59.00
60.00	06000	0.408901			60.00
60.01	06001	0.318899			60.01
62.00	06200	0.467989			62.00
65.00	06500	0.483897			65.00
66.00	06600	0.512934			66.00
67.00	06700	0.543277			67.00
68.00	06800	0.743106			68.00
69.00	06900	0.149241			69.00
70.00	07000	0.278983			70.00
71.00	07100	0.446842			71.00
72.00	07200	0.575678			72.00
73.00	07300	0.357288			73.00
74.00	07400	0.341730			74.00
76.00	03020	0.000000			76.00
76.97	07697	0.336282			76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800				88.00
89.00	08900				89.00
90.00	09000	0.544068			90.00
90.01	09001	2.807078			90.01
90.02	09002	0.808240			90.02
90.03	09003	0.370724			90.03
90.04	09004	0.232092			90.04
91.00	09100	0.250132			91.00
92.00	09200	0.595542			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0.612412			95.00
99.10	09910				99.10
101.00	10100				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900				109.00
110.00	11000				110.00
111.00	11100				111.00
113.00	11300				113.00
200.00					200.00
201.00					201.00
202.00					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 3:32 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,299,829	0	5,299,829	29,653	178.73	30.00
31.00	INTENSIVE CARE UNIT	825,281		825,281	2,491	331.31	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	675,229	0	675,229	3,500	192.92	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	71,267		71,267	3,348	21.29	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	6,871,606		6,871,606	38,992		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	11,628	2,078,272	30.00
31.00	INTENSIVE CARE UNIT	1,106	366,429	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	2,015	388,734	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (Lines 30-199)	14,749	2,833,435	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 3:32 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,025,657	75,358,061	0.053420	9,377,575	500,950	50.00
51.00	05100 RECOVERY ROOM	206,937	5,044,223	0.041025	814,761	33,426	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	99,472	8,597,706	0.011570	1,449,463	16,770	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	631,672	5,020,890	0.125809	704,378	88,617	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	381,410	7,210,671	0.052895	694,009	36,710	54.01
54.02	05404 ULTRASOUND	74,575	4,660,058	0.016003	481,704	7,709	54.02
54.03	05405 MAMMOGRAPHY	268,773	2,693,821	0.099774	268	27	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	525,831	9,419,299	0.055825	64,146	3,581	55.00
57.00	05700 CT SCAN	307,550	19,005,673	0.016182	2,057,619	33,296	57.00
58.00	05800 MRI	70,404	7,249,975	0.009711	758,859	7,369	58.00
59.00	05900 CARDIAC CATHETERIZATION	981,470	19,420,973	0.050537	4,624,314	233,699	59.00
60.00	06000 LABORATORY	1,163,563	33,298,342	0.034944	4,679,718	163,528	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	166,673	4,581,382	0.036381	240,076	8,734	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	43,808	2,254,777	0.019429	776,170	15,080	62.00
65.00	06500 RESPIRATORY THERAPY	589,360	9,986,733	0.059014	3,781,106	223,138	65.00
66.00	06600 PHYSICAL THERAPY	628,682	11,637,288	0.054023	1,143,587	61,780	66.00
67.00	06700 OCCUPATIONAL THERAPY	109,830	3,745,758	0.029321	404,103	11,849	67.00
68.00	06800 SPEECH PATHOLOGY	116,026	1,572,372	0.073790	114,074	8,418	68.00
69.00	06900 ELECTROCARDIOLOGY	195,816	11,124,814	0.017602	2,466,999	43,424	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	116,911	5,361,001	0.021808	95,089	2,074	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	224,909	19,802,952	0.011357	4,697,441	53,349	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	66,194	14,947,614	0.004428	5,092,620	22,550	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	964,591	64,868,818	0.014870	13,281,049	197,489	73.00
74.00	07400 RENAL DIALYSIS	3,823	1,287,605	0.002969	766,722	2,276	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	51,643	897,580	0.057536	4,698	270	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	261,323	4,391,302	0.059509	14,235	847	90.00
90.01	09001 DIABETES CENTER	38,836	101,077	0.384222	0	0	90.01
90.02	09002 NEUROPSYCH	9,054	205,496	0.044059	786	35	90.02
90.03	09003 WOUND CENTER	111,247	4,816,631	0.023096	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	284,919	1,644,848	0.173219	23,192	4,017	90.04
91.00	09100 EMERGENCY	981,904	53,647,924	0.018303	6,719,066	122,979	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	636,810	8,157,766	0.078062	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	14,339,673	422,013,430		65,327,827	1,903,991	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 3:32 pm
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,653	0.00	11,628	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,491	0.00	1,106	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,500	0.00	2,015	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,348	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	38,992		14,749	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 3:32 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	718,975	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	546,902	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	1,265,877	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 3:32 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	75,358,061	0.000000	0.000000	9,377,575	50.00
51.00	05100 RECOVERY ROOM	0	5,044,223	0.000000	0.000000	814,761	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	8,597,706	0.000000	0.000000	1,449,463	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	718,975	5,020,890	0.143197	0.143197	704,378	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	7,210,671	0.000000	0.000000	694,009	54.01
54.02	05404 ULTRASOUND	0	4,660,058	0.000000	0.000000	481,704	54.02
54.03	05405 MAMMOGRAPHY	0	2,693,821	0.000000	0.000000	268	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,419,299	0.000000	0.000000	64,146	55.00
57.00	05700 CT SCAN	0	19,005,673	0.000000	0.000000	2,057,619	57.00
58.00	05800 MRI	0	7,249,975	0.000000	0.000000	758,859	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,420,973	0.000000	0.000000	4,624,314	59.00
60.00	06000 LABORATORY	0	33,298,342	0.000000	0.000000	4,679,718	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	4,581,382	0.000000	0.000000	240,076	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,254,777	0.000000	0.000000	776,170	62.00
65.00	06500 RESPIRATORY THERAPY	0	9,986,733	0.000000	0.000000	3,781,106	65.00
66.00	06600 PHYSICAL THERAPY	0	11,637,288	0.000000	0.000000	1,143,587	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,745,758	0.000000	0.000000	404,103	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,572,372	0.000000	0.000000	114,074	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,124,814	0.000000	0.000000	2,466,999	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,361,001	0.000000	0.000000	95,089	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,802,952	0.000000	0.000000	4,697,441	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,947,614	0.000000	0.000000	5,092,620	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	546,902	64,868,818	0.008431	0.008431	13,281,049	73.00
74.00	07400 RENAL DIALYSIS	0	1,287,605	0.000000	0.000000	766,722	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	897,580	0.000000	0.000000	4,698	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,391,302	0.000000	0.000000	14,235	90.00
90.01	09001 DIABETES CENTER	0	101,077	0.000000	0.000000	0	90.01
90.02	09002 NEUROPSYCH	0	205,496	0.000000	0.000000	786	90.02
90.03	09003 WOUND CENTER	0	4,816,631	0.000000	0.000000	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	1,644,848	0.000000	0.000000	23,192	90.04
91.00	09100 EMERGENCY	0	53,647,924	0.000000	0.000000	6,719,066	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,157,766	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	1,265,877	422,013,430			65,327,827	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	16,277,138	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	713,418	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	1,281,765	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,865	1,184,422	169,606	0	0 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	2,223,202	0	0	0 54.01
54.02	05404	ULTRASOUND	0	1,200,428	0	0	0 54.02
54.03	05405	MAMMOGRAPHY	0	238,295	0	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,359,329	0	0	0 55.00
57.00	05700	CT SCAN	0	4,471,615	0	0	0 57.00
58.00	05800	MRI	0	1,763,526	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,524,804	0	0	0 59.00
60.00	06000	LABORATORY	0	2,961,704	0	0	0 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	1,164,709	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	433,173	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	825,149	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	174,017	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,281,969	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,334,418	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,068,707	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,874,738	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,973	14,051,828	118,471	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	357,288	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	1,964,269	0	0	0 90.00
90.01	09001	DIABETES CENTER	0	1,905	0	0	0 90.01
90.02	09002	NEUROPSYCH	0	126,623	0	0	0 90.02
90.03	09003	WOUND CENTER	0	2,333,845	0	0	0 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	1,208,214	0	0	0 90.04
91.00	09100	EMERGENCY	0	8,812,575	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,838,333	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	212,838	82,051,406	288,077	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
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	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0			54.01
54.02	05404 ULTRA SOUND	0	0			54.02
54.03	05405 MAMMOGRAPHY	0	0			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
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	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03020 ACUPUNCTURE	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CENTER	0	0			90.01
90.02	09002 NEUROPSYCH	0	0			90.02
90.03	09003 WOUND CENTER	0	0			90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0			90.04
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					95.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 3:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.317752	16,277,138	0	0	5,172,093	50.00
51.00 05100 RECOVERY ROOM	0.388318	713,418	0	0	277,033	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.059971	1,281,765	0	0	76,869	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.897522	1,184,422	0	0	1,063,045	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.299931	2,223,202	0	0	666,807	54.01
54.02 05404 ULTRA SOUND	0.230392	1,200,428	0	0	276,569	54.02
54.03 05405 MAMMOGRAPHY	0.743458	238,295	0	0	177,162	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.342930	4,359,329	0	0	1,494,945	55.00
57.00 05700 CT SCAN	0.100511	4,471,615	0	0	449,446	57.00
58.00 05800 MRI	0.111872	1,763,526	0	0	197,289	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.267174	3,524,804	0	0	941,736	59.00
60.00 06000 LABORATORY	0.408901	2,961,704	1,048	0	1,211,044	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.318899	1,164,709	0	0	371,425	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.467989	433,173	0	0	202,720	62.00
65.00 06500 RESPIRATORY THERAPY	0.482827	825,149	0	0	398,404	65.00
66.00 06600 PHYSICAL THERAPY	0.510422	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.543277	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.743106	174,017	0	0	129,313	68.00
69.00 06900 ELECTROCARDIOLOGY	0.146058	2,281,969	0	0	333,300	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.278685	1,334,418	0	0	371,882	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.446842	3,068,707	0	0	1,371,227	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.575678	1,874,738	0	0	1,079,245	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.357288	14,051,828	114,156	0	5,020,550	73.00
74.00 07400 RENAL DIALYSIS	0.341730	0	0	0	0	74.00
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.333125	357,288	0	0	119,022	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.477688	1,964,269	0	0	938,308	90.00
90.01 09001 DIABETES CENTER	2.807078	1,905	0	0	5,347	90.01
90.02 09002 NEUROPSYCH	0.808240	126,623	0	0	102,342	90.02
90.03 09003 WOUND CENTER	0.370494	2,333,845	0	0	864,676	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.231996	1,208,214	0	0	280,301	90.04
91.00 09100 EMERGENCY	0.249012	8,812,575	0	0	2,194,437	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.595542	1,838,333	0	0	1,094,805	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.612010		0	0		95.00
200.00		Subtotal (see instructions)	82,051,406	115,204	26,881,342	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	82,051,406	115,204	26,881,342	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 3:32 pm
		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 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRA SOUND	0	0		54.02
54.03 05405 MAMMOGRAPHY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	429	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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	40,787	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ACUPUNCTURE	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CENTER	0	0		90.01
90.02 09002 NEUROPSYCH	0	0		90.02
90.03 09003 WOUND CENTER	0	0		90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0		90.04
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
200.00 Subtotal (see instructions)	41,216	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	41,216	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 3:32 pm		
		Component CCN: 15T112		Title XVIII		Subprovider - IRF PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,025,657	75,358,061	0.053420	32,597	1,741	50.00
51.00	05100	RECOVERY ROOM	206,937	5,044,223	0.041025	3,979	163	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	99,472	8,597,706	0.011570	4,050	47	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	631,672	5,020,890	0.125809	19,487	2,452	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	381,410	7,210,671	0.052895	13,458	712	54.01
54.02	05404	ULTRA SOUND	74,575	4,660,058	0.016003	13,761	220	54.02
54.03	05405	MAMMOGRAPHY	268,773	2,693,821	0.099774	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	525,831	9,419,299	0.055825	3,976	222	55.00
57.00	05700	CT SCAN	307,550	19,005,673	0.016182	38,570	624	57.00
58.00	05800	MRI	70,404	7,249,975	0.009711	17,199	167	58.00
59.00	05900	CARDIAC CATHETERIZATION	981,470	19,420,973	0.050537	0	0	59.00
60.00	06000	LABORATORY	1,163,563	33,298,342	0.034944	156,874	5,482	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	166,673	4,581,382	0.036381	4,580	167	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	43,808	2,254,777	0.019429	9,478	184	62.00
65.00	06500	RESPIRATORY THERAPY	589,360	9,986,733	0.059014	107,149	6,323	65.00
66.00	06600	PHYSICAL THERAPY	628,682	11,637,288	0.054023	654,668	35,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,830	3,745,758	0.029321	629,360	18,453	67.00
68.00	06800	SPEECH PATHOLOGY	116,026	1,572,372	0.073790	223,538	16,495	68.00
69.00	06900	ELECTROCARDIOLOGY	195,816	11,124,814	0.017602	28,956	510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,911	5,361,001	0.021808	3,090	67	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	224,909	19,802,952	0.011357	94,461	1,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,194	14,947,614	0.004428	99	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	964,591	64,868,818	0.014870	711,959	10,587	73.00
74.00	07400	RENAL DIALYSIS	3,823	1,287,605	0.002969	23,205	69	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	51,643	897,580	0.057536	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	261,323	4,391,302	0.059509	147	9	90.00
90.01	09001	DIABETES CENTER	38,836	101,077	0.384222	0	0	90.01
90.02	09002	NEUROPSYCH	9,054	205,496	0.044059	0	0	90.02
90.03	09003	WOUND CENTER	111,247	4,816,631	0.023096	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	284,919	1,644,848	0.173219	0	0	90.04
91.00	09100	EMERGENCY	981,904	53,647,924	0.018303	11,991	219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,157,766	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,702,863	422,013,430		2,806,632	101,353	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

Period: From 01/01/2014

Worksheet D

Component CCN: 15T112

To 12/31/2014

Part IV
Date/Time Prepared:
5/28/2015 3:32 pm

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	718,975	718,975	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	546,902	546,902	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	1,265,877	1,265,877	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 3:32 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	75,358,061	0.000000	0.000000	32,597	50.00
51.00	05100 RECOVERY ROOM	0	5,044,223	0.000000	0.000000	3,979	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	8,597,706	0.000000	0.000000	4,050	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	718,975	5,020,890	0.143197	0.143197	19,487	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	7,210,671	0.000000	0.000000	13,458	54.01
54.02	05404 ULTRA SOUND	0	4,660,058	0.000000	0.000000	13,761	54.02
54.03	05405 MAMMOGRAPHY	0	2,693,821	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,419,299	0.000000	0.000000	3,976	55.00
57.00	05700 CT SCAN	0	19,005,673	0.000000	0.000000	38,570	57.00
58.00	05800 MRI	0	7,249,975	0.000000	0.000000	17,199	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,420,973	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	33,298,342	0.000000	0.000000	156,874	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	4,581,382	0.000000	0.000000	4,580	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,254,777	0.000000	0.000000	9,478	62.00
65.00	06500 RESPIRATORY THERAPY	0	9,986,733	0.000000	0.000000	107,149	65.00
66.00	06600 PHYSICAL THERAPY	0	11,637,288	0.000000	0.000000	654,668	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,745,758	0.000000	0.000000	629,360	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,572,372	0.000000	0.000000	223,538	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,124,814	0.000000	0.000000	28,956	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,361,001	0.000000	0.000000	3,090	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,802,952	0.000000	0.000000	94,461	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,947,614	0.000000	0.000000	99	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	546,902	64,868,818	0.008431	0.008431	711,959	73.00
74.00	07400 RENAL DIALYSIS	0	1,287,605	0.000000	0.000000	23,205	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	897,580	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,391,302	0.000000	0.000000	147	90.00
90.01	09001 DIABETES CENTER	0	101,077	0.000000	0.000000	0	90.01
90.02	09002 NEUROPSYCH	0	205,496	0.000000	0.000000	0	90.02
90.03	09003 WOUND CENTER	0	4,816,631	0.000000	0.000000	0	90.03
90.04	09004 HYPERBARI C OXYGEN THERAPY	0	1,644,848	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	53,647,924	0.000000	0.000000	11,991	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,157,766	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	1,265,877	422,013,430			2,806,632	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 3:32 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,790	0	0	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	6,003	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	8,793	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 3:32 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
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	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	90.02
90.03	09003 WOUND CENTER	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	90.04
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			95.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 3:32 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,653	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,653	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)		26,090	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,628	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)		40,433,054	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)		40,433,054	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)		40,433,054	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,363.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,855,243	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)		15,855,243	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2015 3:32 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,977,746	2,491	2,399.74	1,106	2,654,112		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					23,125,181		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,634,536		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,444,701		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,116,829		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,561,530		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,073,006		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,563		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,363.54		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,858,293		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 3:32 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,299,829	40,433,054	0.131077	4,858,293	636,810	90.00
91.00	Nursing School cost	0	40,433,054	0.000000	4,858,293	0	91.00
92.00	Allied health cost	0	40,433,054	0.000000	4,858,293	0	92.00
93.00	All other Medical Education	0	40,433,054	0.000000	4,858,293	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T112		Date/Time Prepared: 5/28/2015 3:32 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,500	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,500	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)		3,500	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,015	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)		4,601,528	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)		4,601,528	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)		4,601,528	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,314.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,649,161	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)		2,649,161	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T112				Date/Time Prepared: 5/28/2015 3:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,322,669		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,971,830		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)				388,734		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				110,146		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				498,880		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,472,950		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112 Component CCN: 15T112		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 3:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	675,229	4,601,528	0.146740	0	0	90.00
91.00	Nursing School cost	0	4,601,528	0.000000	0	0	91.00
92.00	Allied health cost	0	4,601,528	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,601,528	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 3:32 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,920,659	30.00
31.00	03100	INTENSIVE CARE UNIT		3,903,766	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.319473	9,377,575	50.00
51.00	05100	RECOVERY ROOM	0.388318	814,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.061711	1,449,463	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.897522	704,378	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.299931	694,009	54.01
54.02	05404	ULTRA SOUND	0.230392	481,704	54.02
54.03	05405	MAMMOGRAPHY	0.743458	268	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.354349	64,146	55.00
57.00	05700	CT SCAN	0.100511	2,057,619	57.00
58.00	05800	MRI	0.111872	758,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.271392	4,624,314	59.00
60.00	06000	LABORATORY	0.408901	4,679,718	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.318899	240,076	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.467989	776,170	62.00
65.00	06500	RESPIRATORY THERAPY	0.483897	3,781,106	65.00
66.00	06600	PHYSICAL THERAPY	0.512934	1,143,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.543277	404,103	67.00
68.00	06800	SPEECH PATHOLOGY	0.743106	114,074	68.00
69.00	06900	ELECTROCARDIOLOGY	0.149241	2,466,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278983	95,089	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.446842	4,697,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.575678	5,092,620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.357288	13,281,049	73.00
74.00	07400	RENAL DIALYSIS	0.341730	766,722	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.336282	4,698	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.544068	14,235	90.00
90.01	09001	DIABETES CENTER	2.807078	0	90.01
90.02	09002	NEUROPSYCH	0.808240	786	90.02
90.03	09003	WOUND CENTER	0.370724	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.232092	23,192	90.04
91.00	09100	EMERGENCY	0.250132	6,719,066	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.595542	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		65,327,827	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)		65,327,827	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T112		Date/Time Prepared: 5/28/2015 3:32 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,982,339	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.319473	32,597	50.00
51.00	05100	RECOVERY ROOM	0.388318	3,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.061711	4,050	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.897522	19,487	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.299931	13,458	54.01
54.02	05404	ULTRA SOUND	0.230392	13,761	54.02
54.03	05405	MAMMOGRAPHY	0.743458	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.354349	3,976	55.00
57.00	05700	CT SCAN	0.100511	38,570	57.00
58.00	05800	MRI	0.111872	17,199	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.271392	0	59.00
60.00	06000	LABORATORY	0.408901	156,874	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.318899	4,580	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.467989	9,478	62.00
65.00	06500	RESPIRATORY THERAPY	0.483897	107,149	65.00
66.00	06600	PHYSICAL THERAPY	0.512934	654,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.543277	629,360	67.00
68.00	06800	SPEECH PATHOLOGY	0.743106	223,538	68.00
69.00	06900	ELECTROCARDIOLOGY	0.149241	28,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.278983	3,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.446842	94,461	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.575678	99	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.357288	711,959	73.00
74.00	07400	RENAL DIALYSIS	0.341730	23,205	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.336282	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.544068	147	90.00
90.01	09001	DIABETES CENTER	2.807078	0	90.01
90.02	09002	NEUROPSYCH	0.808240	0	90.02
90.03	09003	WOUND CENTER	0.370724	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0.232092	0	90.04
91.00	09100	EMERGENCY	0.250132	11,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.595542	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,806,632	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,806,632	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 3:32 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		21,144,703	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,677,275	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,080,249	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		140.24	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.88	31.00
32.00	Sum of lines 30 and 31		28.21	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.49	33.00
34.00	Disproportionate share adjustment (see instructions)		868,741	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 3:32 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000228110	0.000225986	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,063,570	1,728,258	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,543,437	435,616	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,979,053		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		31,750,021		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		31,750,021		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,579,592		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		12,812		53.00
54.00	Special add-on payments for new technologies		16,946		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		212,838		58.00
59.00	Total (sum of amounts on lines 49 through 58)		34,572,209		59.00
60.00	Primary payer payments		50,017		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		34,522,192		61.00
62.00	Deductibles billed to program beneficiaries		3,188,608		62.00
63.00	Coinurance billed to program beneficiaries		41,952		63.00
64.00	Allowable bad debts (see instructions)		164,350		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		106,828		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		77,306		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,398,460		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		18,827		70.93
70.94	HRR adjustment amount (see instructions)		-16,924		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 3:32 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31,400,363		71.00
71.01	Sequestration adjustment (see instructions)		628,007		71.01
72.00	Interim payments		30,493,653		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		278,703		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,963,011		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/28/2015 3:32 pm	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.33	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.88	0.00			21.88	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	28.21	0.00			21.88	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	140.24	0.00			140.24	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	12.49	0.00			7.27	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.33	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.49	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,074	0			3,074	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	755	0			755	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	3	0			3	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	3,099	0			3,099	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	55	0			55	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,986	0			6,986	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	31,929	0			31,929	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	31,929	0			31,929	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.88	0.00			21.88	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/28/2015 3:32 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	12.49		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		12.49		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		12.49		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/28/2015 3:32 pm
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.27	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	7.27	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.27	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 3:32 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41,216	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,593,265	2.00
3.00	PPS payments		22,196,519	3.00
4.00	Outlier payment (see instructions)		140,261	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		288,077	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		41,216	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		115,204	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		115,204	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)		115,204	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		73,988	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)		41,216	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)		22,624,857	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,723,040	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		17,943,033	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		17,943,033	30.00
31.00	Primary payer payments		10,925	31.00
32.00	Subtotal (line 30 minus line 31)		17,932,108	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		356,937	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		232,009	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		273,152	36.00
37.00	Subtotal (see instructions)		18,164,117	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,164,117	40.00
40.01	Sequestration adjustment (see instructions)		363,282	40.01
41.00	Interim payments		17,317,084	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		483,751	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		406,000	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		30,493,653		17,317,084	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		30,493,653		17,317,084	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		278,703		483,751	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		30,772,356		17,800,835	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112
Component CCN: 15T112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 3:32 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,189,540			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,189,540			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		5,985			0 6.02
7.00	Total Medicare program liability (see instructions)		3,183,555			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/28/2015 3:32 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		8,416	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		12,734	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,593	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		28,581	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		496,019,883	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		45,859,459	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,530,461	8.00
9.00	Sequestration adjustment amount (see instructions)		30,609	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,499,852	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,594,212	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-94,360	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/28/2015 3:32 pm
		Component CCN: 15T112	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,804,040	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0249	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		85,804	3.00
4.00	Outlier Payments		396,798	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		9.589041	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		3,286,642	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,286,642	17.00
18.00	Primary payer payments		10,611	18.00
19.00	Subtotal (line 17 less line 18).		3,276,031	19.00
20.00	Deductibles		32,832	20.00
21.00	Subtotal (line 19 minus line 20)		3,243,199	21.00
22.00	Coinsurance		4,256	22.00
23.00	Subtotal (line 21 minus line 22)		3,238,943	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,216	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		790	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,216	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,239,733	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		8,793	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,248,526	32.00
32.01	Sequestration adjustment (see instructions)		64,971	32.01
33.00	Interim payments		3,189,540	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-5,985	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		23,706	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		396,798	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 150112

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

Worksheet G

Date/Time Prepared:
5/28/2015 3:32 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	26,159,737	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	54,058,136	0	0	0	4.00
5.00	Other receivable	28,381,035	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-25,818,318	0	0	0	6.00
7.00	Inventory	3,102,713	0	0	0	7.00
8.00	Prepaid expenses	3,911,525	0	0	0	8.00
9.00	Other current assets	1,800,456	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)	91,595,284	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,786,052	0	0	0	12.00
13.00	Land improvements	17,419,747	0	0	0	13.00
14.00	Accumulated depreciation	-10,687,316	0	0	0	14.00
15.00	Buildings	184,503,106	0	0	0	15.00
16.00	Accumulated depreciation	-108,936,125	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	7,932,198	0	0	0	19.00
20.00	Accumulated depreciation	-4,700,708	0	0	0	20.00
21.00	Automobiles and trucks	1,641,079	0	0	0	21.00
22.00	Accumulated depreciation	-1,308,801	0	0	0	22.00
23.00	Major movable equipment	122,777,433	0	0	0	23.00
24.00	Accumulated depreciation	-90,619,595	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	119,807,070	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	14,701,406	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	173,380,608	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	188,082,014	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	399,484,368	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,069,121	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,015,298	0	0	0	38.00
39.00	Payroll taxes payable	911,688	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,070,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,298,072	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,364,179	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	73,228,673	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,000,030	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	81,228,703	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	116,592,882	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	282,891,486				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)	282,891,486	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	399,484,368	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150112

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

Worksheet G-1

Date/Time Prepared:
5/28/2015 3:32 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		255,696,652		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,194,834			2.00
3.00	Total (sum of line 1 and line 2)		282,891,486		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)		282,891,486		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		282,891,486		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			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: 150112

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2015 3:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,477,843		49,477,843	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,175,723		5,175,723	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	54,653,566		54,653,566	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,035,896		9,035,896	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,035,896		9,035,896	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,689,462		63,689,462	17.00
18.00	Ancillary services	128,480,763	241,366,552	369,847,315	18.00
19.00	Outpatient services	11,905,077	41,742,847	53,647,924	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	7,878,478	7,878,478	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL 11 NURSERY	2,378,457	0	2,378,457	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	206,453,759	290,987,877	497,441,636	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		221,764,602		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	12,455,438			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)		12,455,438		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)		234,220,040		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150112

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

Worksheet G-3

Date/Time Prepared:
5/28/2015 3:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	497,441,636	1.00
2.00	Less contractual allowances and discounts on patients' accounts	243,149,832	2.00
3.00	Net patient revenues (line 1 minus line 2)	254,291,804	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	234,220,040	4.00
5.00	Net income from service to patients (line 3 minus line 4)	20,071,764	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	408,582	6.00
7.00	Income from investments	5,264,154	7.00
8.00	Revenues from telephone and other miscellaneous communication services	37,508	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	135,152	10.00
11.00	Rebates and refunds of expenses	1,081	11.00
12.00	Parking lot receipts	95	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	981,399	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	54,875	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	20,391	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	21,109	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	3,395	20.00
21.00	Rental of vending machines	142	21.00
22.00	Rental of hospital space	90,051	22.00
23.00	Governmental appropriations	350,000	23.00
24.00	JOINT VENTURE	-199,061	24.00
24.01	WELLNESS REVENUE	271,175	24.01
24.02	EAP REVENUE	43,418	24.02
24.03	EHR REVENUE	1,781,013	24.03
24.04	UNREALIZED INVESTMENT GAINS	1,610,909	24.04
24.05	CHANGE IN RESTRICTED FUND BALANCES	2,369,801	24.05
24.06	OTHER OPERATING INCOME	257,151	24.06
25.00	Total other income (sum of lines 6-24)	13,502,340	25.00
26.00	Total (line 5 plus line 25)	33,574,104	26.00
27.00	LOSS ON DISPOSAL OF ASSET	46,489	27.00
27.01	OTHER NON-OPERATING EXPENSES	6,332,781	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	6,379,270	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	27,194,834	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150112	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 3:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,224,039	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		224,780	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)		78.30	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.88	8.00
9.00	Sum of lines 7 and 8		28.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.88	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		130,773	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,579,592	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