

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: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 3:14 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2015 Time: 3:14 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH TIPTON HOSPITAL ( 151311 ) 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)  
 \_\_\_\_\_  
 PRESIDENT & CHIEF EXECUTIVE OFFICER  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,949,836	-98,777	26,179	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	416,572	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	2,366,408	-98,777	26,179	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 151311		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 7:44 am			
1.00			2.00		3.00			4.00				
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1000 SOUTH MAIN STREET				PO Box:				1.00			
2.00	City: TIPTON				State: IN		Zip Code: 46072		County: TIPTON			
			Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
			1.00		2.00	3.00	4.00	5.00	6.00	7.00 8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital				IU HEALTH TIPTON HOSPITAL	151311	29020	1	11/12/2005	N 0 0	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF				IU HEALTH TIPTON HOSPITAL	15Z311	29020		11/12/2005	N 0 N	7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
								From:	To:			
								1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2014		12/31/2014		20.00
21.00	Type of Control (see instructions)							2				21.00
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							N		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		N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		N		23.00
					In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
					1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				0	0	0	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.				0	0	0	0	0	0	25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 7:44 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2			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.		2			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		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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
<b>Teaching Hospitals</b>						
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.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted 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	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0		71.00	
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0		76.00	
				1.00			
<b>Long Term Care Hospital PPS</b>							
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	
<b>TEFRA Providers</b>							
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				
<b>Title V and XIX Services</b>							
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		
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y			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	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00		
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		
				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	
<b>Miscellaneous Cost Reporting Information</b>							
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		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00		
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	64,794	0			118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02		
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00		
<b>Transplant Center Information</b>							
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: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 7:44 am	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 340 WEST 10TH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202	
		1.00	2.00	3.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y			145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
		1.00			
<b>Multi campus</b>					
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			
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>					
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)	380,662			168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00			169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 7:44 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			Y	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 7:44 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	03/26/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/24/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 7:44 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093		RUTTER@IUHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/24/2015	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	
<b>Cost Report Preparer Contact Information</b>			
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.	GOVERNMENT PROGRAMS MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151311

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	19	6,935	57,552.00	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)		19	6,935	57,552.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	14,424.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		25	9,125	71,976.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		25				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: 151311

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,562	116	2,398			1.00
2.00 HMO and other (see instructions)	273	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	1,270	0	1,270			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		41	180			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	2,832	157	3,848			7.00
8.00 INTENSIVE CARE UNIT	369	21	601			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)	3,201	178	4,449	0.00	192.59	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	192.59	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151311

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	528	36	1,058	1.00
2.00 HMO and other (see instructions)				60	1		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	528	36	1,058		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 7:44 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.402046		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		218,843		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		5,197,160		6.00
7.00	Medicaid cost (line 1 times line 6)		2,089,497		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,870,654		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		166,619		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		952,472		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		382,938		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)		216,319		16.00
<b>Uncompensated care (see instructions for each line)</b>					
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)		2,086,973		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	2,226,016	442,253	2,668,269	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	894,961	177,806	1,072,767	21.00
22.00	Partial payment by patients approved for charity care	3,902	3,088	6,990	22.00
23.00	Cost of charity care (line 21 minus line 22)	891,059	174,718	1,065,777	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?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,959,980	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			243,014	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			4,716,966	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,896,437	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,962,214	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,049,187	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/28/2015 7:44 am		
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		1,528,054	1,528,054	-809,790	718,264	1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - INTEREST		891,834	891,834	0	891,834	1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	809,790	809,790	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	209,126	3,066,991	3,276,117	31,053	3,307,170	4.00
5.01 01160	COMMUNICATIONS	277,344	501,600	778,944	17,727	796,671	5.01
5.02 00550	PATIENT ACCOUNTING	87,751	1,558,904	1,646,655	-764	1,645,891	5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL	1,343,615	2,949,832	4,293,447	-188,970	4,104,477	5.03
7.00 00700	OPERATION OF PLANT	400,718	4,340,543	4,741,261	4,005	4,745,266	7.00
7.01 00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	23,874	59,332	83,206	-126	83,080	8.00
9.00 00900	HOUSEKEEPING	283,741	64,150	347,891	-26,471	321,420	9.00
10.00 01000	DIETARY	363,950	275,294	639,244	-262,515	376,729	10.00
11.00 01100	CAFETERIA	0	0	0	262,011	262,011	11.00
13.00 01300	NURSING ADMINISTRATION	219,368	8,326	227,694	168,263	395,957	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	81,169	1,025,496	1,106,665	267,096	1,373,761	14.00
15.00 01500	PHARMACY	504,461	2,062,648	2,567,109	-1,066,646	1,500,463	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	1,475,516	109,331	1,584,847	-74,266	1,510,581	30.00
31.00 03100	INTENSIVE CARE UNIT	708,043	31,347	739,390	-18,914	720,476	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	1,078,327	2,160,153	3,238,480	-1,458,224	1,780,256	50.00
53.00 05300	ANESTHESIOLOGY	201,250	474,916	676,166	-3,325	672,841	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	893,992	467,091	1,361,083	-76,593	1,284,490	54.00
60.00 06000	LABORATORY	230,157	1,575,478	1,805,635	-119,738	1,685,897	60.00
64.00 06400	INTRAVENOUS THERAPY	0	5,315	5,315	-5,315	0	64.00
65.00 06500	RESPIRATORY THERAPY	386,191	18,381	404,572	-21,435	383,137	65.00
66.00 06600	PHYSICAL THERAPY	604,609	26,418	631,027	-36,306	594,721	66.00
67.00 06700	OCCUPATIONAL THERAPY	276,997	28,459	305,456	17,010	322,466	67.00
69.00 06900	ELECTROCARDIOLOGY	365,821	21,501	387,322	-3,828	383,494	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	224,007	224,007	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,411,531	1,411,531	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,120,055	1,120,055	73.00
73.01 03480	ONCOLOGY	161,283	101,388	262,671	-12,484	250,187	73.01
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	52,933	24,404	77,337	-2,699	74,638	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
91.00 09100	EMERGENCY	837,090	1,199,124	2,036,214	-52,715	1,983,499	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	59,926	186	60,112	-186	59,926	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,127,252	24,576,496	35,703,748	91,238	35,794,986	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001	MARKETING/PUBLIC RELATIONS	31,405	75,133	106,538	-1,235	105,303	190.01
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	MEALS ON WHEELS	0	0	0	0	0	191.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	-22,278	373,566	351,288	-45,256	306,032	192.00
192.01 19201	OCCUPATIONAL MEDICINE	30,871	42,980	73,851	-10,273	63,578	192.01
194.00 07950	COMMUNITY FITNESS CENTER	57,529	42,167	99,696	-34,474	65,222	194.00
194.01 07951	VACANT SPACE	0	0	0	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	11,224,779	25,110,342	36,335,121	0	36,335,121	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151311

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

Worksheet A  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	563,754	1,282,018	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST	-98,937	792,897	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	530,521	1,340,311	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,058,402	5,365,572	4.00
5.01	01160	COMMUNICATIONS	0	796,671	5.01
5.02	00550	PATIENT ACCOUNTING	-1,482	1,644,409	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	-146,011	3,958,466	5.03
7.00	00700	OPERATION OF PLANT	0	4,745,266	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	83,080	8.00
9.00	00900	HOUSEKEEPING	0	321,420	9.00
10.00	01000	DIETARY	0	376,729	10.00
11.00	01100	CAFETERIA	-77,068	184,943	11.00
13.00	01300	NURSING ADMINISTRATION	-2,049	393,908	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	160,974	1,534,735	14.00
15.00	01500	PHARMACY	-346,521	1,153,942	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	1,510,581	30.00
31.00	03100	INTENSIVE CARE UNIT	0	720,476	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	1,780,256	50.00
53.00	05300	ANESTHESIOLOGY	-224,602	448,239	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,995	1,280,495	54.00
60.00	06000	LABORATORY	-44,363	1,641,534	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	383,137	65.00
66.00	06600	PHYSICAL THERAPY	-94	594,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,610	317,856	67.00
69.00	06900	ELECTROCARDIOLOGY	-3,008	380,486	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	224,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,411,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,120,055	73.00
73.01	03480	ONCOLOGY	-81,000	169,187	73.01
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	74,638	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-721,807	1,261,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	59,926	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,558,104	37,353,090	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	105,303	190.01
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	306,032	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	63,578	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	65,222	194.00
194.01	07951	VACANT SPACE	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	1,558,104	37,893,225	200.00

RECLASSIFICATIONS

Provider CCN: 151311

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2015 7:44 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - DIETARY/CAFETERIA</b>					
1.00	CAFETERIA	11.00	149,292	112,719	1.00
	TOTALS		149,292	112,719	
<b>B - VICE PRESIDENT OF NURSING</b>					
1.00	NURSING ADMINISTRATION	13.00	169,880	0	1.00
	TOTALS		169,880	0	
<b>C - FITNESS CENTER</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	17,920	13,135	1.00
	TOTALS		17,920	13,135	
<b>D - SUPPLIES COSTS</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	835,686	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	224,007	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,411,531	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	TOTALS		0	2,471,224	
<b>E - DRUGS COSTS</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	3,723	1.00
2.00	PHARMACY	15.00	0	43,260	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,120,055	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	1,167,038	
<b>F - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	809,790	1.00
	TOTALS		0	809,790	
<b>G - ORTHOPEDIC CLERICAL STAFF</b>					
1.00	OCCUPATIONAL THERAPY	67.00	17,591	0	1.00
	TOTALS		17,591	0	
<b>H - UTILITIES COSTS</b>					
1.00	COMMUNICATIONS	5.01	0	17,735	1.00
2.00	OPERATION OF PLANT	7.00	0	28,130	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	45,865	

RECLASSIFICATIONS

Provider CCN: 151311

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

Worksheet A-6

Date/Time Prepared:  
5/28/2015 7:44 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	I - CARDIOVASCULAR MEDICAL DIRECTOR COST					
1.00	ELECTROCARDIOLOGY		69.00	0	7,273	1.00
	TOTALS			0	7,273	
500.00	Grand Total: Increases			354,683	4,627,044	500.00

RECLASSIFICATIONS

Provider CCN: 151311

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2015 7:44 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - DIETARY/CAFETERIA</b>							
1.00	DIETARY	10.00	149,292	112,719	0		1.00
	TOTALS		149,292	112,719			
<b>B - VICE PRESIDENT OF NURSING</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	169,880	0	0		1.00
	TOTALS		169,880	0			
<b>C - FITNESS CENTER</b>							
1.00	COMMUNITY FITNESS CENTER	194.00	17,920	13,135	0		1.00
	TOTALS		17,920	13,135			
<b>D - SUPPLIES COSTS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2	0		1.00
2.00	COMMUNICATIONS	5.01	0	8	0		2.00
3.00	PATIENT ACCOUNTING	5.02	0	764	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2,922	0		4.00
5.00	OPERATION OF PLANT	7.00	0	24,125	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	126	0		6.00
7.00	HOUSEKEEPING	9.00	0	26,471	0		7.00
8.00	DIETARY	10.00	0	498	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	1,617	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	568,590	0		10.00
11.00	PHARMACY	15.00	0	10,330	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	65,434	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	15,774	0		13.00
14.00	OPERATING ROOM	50.00	0	1,445,998	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,392	0		15.00
16.00	LABORATORY	60.00	0	119,732	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	5,315	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	21,374	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	18,458	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	521	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	10,968	0		21.00
22.00	ONCOLOGY	73.01	0	10,437	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	500	0		23.00
24.00	EMERGENCY	91.00	0	41,858	0		24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	186	0		25.00
26.00	MARKETING/PUBLIC RELATIONS	190.01	0	1,235	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,141	0		27.00
28.00	OCCUPATIONAL MEDICINE	192.01	0	2,029	0		28.00
29.00	COMMUNITY FITNESS CENTER	194.00	0	3,419	0		29.00
	TOTALS		0	2,471,224			
<b>E - DRUGS COSTS</b>							
1.00	DIETARY	10.00	0	6	0		1.00
2.00	PHARMACY	15.00	0	1,099,576	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	8,832	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	3,140	0		4.00
5.00	OPERATING ROOM	50.00	0	12,226	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	3,325	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,201	0		7.00
8.00	LABORATORY	60.00	0	6	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	61	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	65	0		10.00
11.00	OCCUPATIONAL THERAPY	67.00	0	60	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	133	0		12.00
13.00	ONCOLOGY	73.01	0	2,047	0		13.00
14.00	CARDIAC REHABILITATION	76.97	0	2,199	0		14.00
15.00	EMERGENCY	91.00	0	10,857	0		15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	60	0		16.00
17.00	OCCUPATIONAL MEDICINE	192.01	0	8,244	0		17.00
	TOTALS		0	1,167,038			
<b>F - EQUIPMENT DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	809,790	9		1.00
	TOTALS		0	809,790			
<b>G - ORTHOPEDIC CLERICAL STAFF</b>							
1.00	PHYSICAL THERAPY	66.00	17,591	0	0		1.00
	TOTALS		17,591	0			
<b>H - UTILITIES COSTS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	33,055	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	12,618	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	192	0		3.00
	TOTALS		0	45,865			

Provider CCN: 151311

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2015 7:44 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	I - CARDIOVASCULAR MEDICAL DIRECTOR COST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7,273	0	1.00
	TOTALS		0	7,273		
500.00	Grand Total: Decreases		354,683	4,627,044		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151311

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	3.00
4.00	Building Improvements	1,291,712	2,219,965	0	2,219,965	4.00
5.00	Fixed Equipment	1,486,974	0	0	0	5.00
6.00	Movable Equipment	6,730,459	1,244,080	0	1,244,080	6.00
7.00	HIT designated Assets	806,781	380,662	0	380,662	7.00
8.00	Subtotal (sum of lines 1-7)	10,315,926	3,844,707	0	3,844,707	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	10,315,926	3,844,707	0	3,844,707	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	0	0			3.00
4.00	Building Improvements	3,511,677	5,257			4.00
5.00	Fixed Equipment	1,460,398	237,749			5.00
6.00	Movable Equipment	7,903,454	505,096			6.00
7.00	HIT designated Assets	1,137,296	0			7.00
8.00	Subtotal (sum of lines 1-7)	14,012,825	748,102			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	14,012,825	748,102			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151311

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,419,413	94,462	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTEREST	0	0	891,834	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,419,413	94,462	891,834	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	14,179	1,528,054				1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTEREST	0	891,834				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	14,179	2,419,888				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151311

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,972,075	0	4,972,075	0.386165	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTEREST	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	7,903,454	0	7,903,454	0.613835	0	2.00
3.00	Total (sum of lines 1-2)	12,875,529	0	12,875,529	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,173,377	94,462	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTEREST	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,340,311	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,513,688	94,462	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,179	1,282,018	1.00
1.01	CAP REL COSTS-BLDG & FIXT - INTEREST	792,897	0	0	0	792,897	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,340,311	2.00
3.00	Total (sum of lines 1-2)	792,897	0	0	14,179	3,415,226	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151311

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

Worksheet A-8

Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - INTEREST (chapter 2)	B	-96,215		CAP REL COSTS-BLDG & FIXT - INTEREST	1.01		11	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-851,010					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	3,819,235					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-77,068		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	B	-27		CENTRAL SERVICES & SUPPLY	14.00		0	16.00
17.00 Sale of drugs to other than patients	B	-346,521		PHARMACY	15.00		0	17.00
18.00 Sale of medical records and abstracts	B	-4,400		PATIENT ACCOUNTING	5.02		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	554,615		CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - INTEREST			0	CAP REL COSTS-BLDG & FIXT - INTEREST	1.01		0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	701,356		CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99

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	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-276,894	CAP REL COSTS-MVBLE EQUIP		2.00	9	32.00
33.00	ASSISTED LIVING BLDG DEPRECIATION	A	-140,226	CAP REL COSTS-BLDG & FIXT		1.00	9	33.00
33.01	2014 HAF FEES	A	-808,931	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.01
33.02	2013 HAF FEES	A	-473,603	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.02
33.03	CRNA SALARY	A	-169,798	ANESTHESIOLOGY		53.00	0	33.03
33.04	CRNA BENEFITS	A	-56,177	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.04
33.05	MISCELLANEOUS REVENUE	B	-152,722	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.05
33.06	MISCELLANEOUS REVENUE	B	-2,930	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.06
33.07	MISCELLANEOUS REVENUE	B	-7,287	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.07
33.08	MISCELLANEOUS REVENUE - RADIOLOGY	B	-705	RADIOLOGY-DIAGNOSTIC		54.00	0	33.08
33.09	MISC REVENUE - SPORTS MEDICINE	B	-4,060	OCCUPATIONAL THERAPY		67.00	0	33.09
33.10	MISC REVENUE - PHYSICAL THERAPY	B	-94	PHYSICAL THERAPY		66.00	0	33.10
33.11	MISCELLANEOUS REVENUE - SLEEP LAB	B	-3,008	ELECTROCARDIOLOGY		69.00	0	33.11
33.12	EDUCATION SERVICES	B	-2,049	NURSING ADMINISTRATION		13.00	0	33.12
33.13	INVESTMENT FEES	A	8,136	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.13
33.14	VOLUNTEER SERVICES	B	-1,198	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.14
33.15	BAD DEBT EXPENSE - A&G	A	8,380	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.15
33.16	BAD DEBT EXPENSE - ANESTHESIA	A	-54,804	ANESTHESIOLOGY		53.00	0	33.16
33.17	COSTS OF EMPLOYEE PHYSICALS	A	4,734	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.17
33.18	PATIENT PHONES - SALARY	A	-6,481	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	33.18
33.19	PATIENT PHONES - BENEFITS	A	-2,144	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.19
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,558,104					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

- A. Costs - if cost, including applicable overhead, can be determined.
- B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 151311

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2015 7:44 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	BUILDING DEPRECIATION (HO)	107,329	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPRECIATION (HO)	106,059	0
3.00	1.01	CAP REL COSTS-BLDG & FIXT -	INTEREST EXPENSE (HO)	880,731	883,453
4.00	1.00	CAP REL COSTS-BLDG & FIXT	ARRA DEPRECIATION (HO)	42,036	0
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	2,111,989	0
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES (SLA)	17,528	17,528
4.03	5.02	PATIENT ACCOUNTING	BILLING/REVENUE CYCLE	1,640,346	1,640,346
4.04	5.02	PATIENT ACCOUNTING	DATA PROCESSING (HO)	2,918	0
4.05	5.03	OTHER ADMINISTRATIVE AND GEN	OTHER A&G (HO)	11,744	0
4.06	5.03	OTHER ADMINISTRATIVE AND GEN	IUH CHARGEBACKS (SLA)	238,995	238,995
4.07	5.03	OTHER ADMINISTRATIVE AND GEN	OTHER A&G	1,653,293	374,412
4.08	7.00	OPERATION OF PLANT	FACILITIES (SLA)	62,597	62,597
4.09	14.00	CENTRAL SERVICES & SUPPLY	PURCHASING	161,001	0
4.10	14.00	CENTRAL SERVICES & SUPPLY	MATERIALS MANAGEMENT (SLA)	2,544	2,544
4.11	50.00	OPERATING ROOM	OPERATING ROOM (SLA)	51,750	51,750
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY (SLA)	3,290	3,290
4.13	60.00	LABORATORY	LABORATORY (SLA)	1,302,236	1,302,236
4.14	69.00	ELECTROCARDIOLOGY	SLEEP LAB (SLA)	155,157	155,157
4.15	73.01	ONCOLOGY	ONCOLOGY (SLA)	81,000	81,000
4.16	91.00	EMERGENCY	EMERGENCY (SLA)	1,215,945	1,215,945
4.17	190.01	MARKETING/PUBLIC RELATIONS	MARKETING (SLA)	24,606	24,606
4.18	192.00	PHYSICIANS' PRIVATE OFFICES	PHYSICIAN SERVICES (SLA)	47,857	47,857
4.19	192.01	OCCUPATIONAL MEDICINE	OCCUPATIONAL HEALTH (SLA)	10,812	10,812
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,931,763	6,112,528

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	IU HEALTH	100.00	0.00	6.00
7.00	B	IUH NORTH HOSP	1.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 151311

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2015 7:44 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	107,329	9		1.00
2.00	106,059	9		2.00
3.00	-2,722	11		3.00
4.00	42,036	9		4.00
4.01	2,111,989	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	2,918	0		4.04
4.05	11,744	0		4.05
4.06	0	0		4.06
4.07	1,278,881	0		4.07
4.08	0	0		4.08
4.09	161,001	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	3,819,235			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151311

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2015 7:44 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	50.00	OPERATING ROOM	78,000	0	78,000	0	0	1.00
2.00	50.00	OPERATING ROOM	51,750	0	51,750	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	2,015	2,015	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	1,275	1,275	0	0	0	4.00
5.00	60.00	LABORATORY	44,363	44,363	0	0	0	5.00
6.00	67.00	OCCUPATIONAL THERAPY	550	550	0	0	0	6.00
7.00	67.00	OCCUPATIONAL THERAPY	6,500	0	6,500	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	7,273	0	7,273	0	0	8.00
9.00	73.01	ONCOLOGY	81,000	81,000	0	0	0	9.00
10.00	91.00	EMERGENCY	5,304	5,304	0	0	0	10.00
11.00	91.00	EMERGENCY	1,123,122	716,503	406,619	0	0	11.00
200.00			1,401,152	851,010	550,142	0	0	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	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	6.00
7.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	73.01	ONCOLOGY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			0	0	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	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,015	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,275	0	4.00
5.00	60.00	LABORATORY	0	0	0	44,363	0	5.00
6.00	67.00	OCCUPATIONAL THERAPY	0	0	0	550	0	6.00
7.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	73.01	ONCOLOGY	0	0	0	81,000	0	9.00
10.00	91.00	EMERGENCY	0	0	0	5,304	0	10.00
11.00	91.00	EMERGENCY	0	0	0	716,503	0	11.00
200.00			0	0	0	851,010	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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	
		BLDG & FIXT	BLDG & FIXT - INTEREST	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,282,018	1,282,018			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - INTEREST	792,897	0	792,897		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,340,311			1,340,311	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,365,572	7,710	6,788	10,403	5,390,473
5.01 01160	COMMUNICATIONS	796,671	13,817	12,165	18,643	137,787
5.02 00550	PATIENT ACCOUNTING	1,644,409	35,897	31,602	48,432	43,595
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL	3,958,466	33,121	29,159	44,687	583,121
7.00 00700	OPERATION OF PLANT	4,745,266	203,206	146,548	274,164	199,080
7.01 00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	83,080	14,355	12,638	19,368	11,861
9.00 00900	HOUSEKEEPING	321,420	7,635	6,722	10,302	140,965
10.00 01000	DIETARY	376,729	23,327	20,536	31,472	106,644
11.00 01100	CAFETERIA	184,943	16,224	14,283	21,889	74,169
13.00 01300	NURSING ADMINISTRATION	393,908	35,303	27,081	47,631	193,382
14.00 01400	CENTRAL SERVICES & SUPPLY	1,534,735	23,556	20,738	31,781	40,325
15.00 01500	PHARMACY	1,153,942	7,182	6,323	9,690	250,620
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	1,510,581	71,667	63,094	96,693	733,048
31.00 03100	INTENSIVE CARE UNIT	720,476	18,845	16,591	25,426	351,761
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,780,256	108,708	95,704	146,669	535,721
53.00 05300	ANESTHESIOLOGY	448,239	1,995	1,757	2,692	15,626
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,280,495	58,527	51,526	78,965	444,142
60.00 06000	LABORATORY	1,641,534	22,901	20,162	30,899	114,344
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	383,137	1,341	1,181	1,809	191,863
66.00 06600	PHYSICAL THERAPY	594,627	22,046	19,409	29,745	291,635
67.00 06700	OCCUPATIONAL THERAPY	317,856	827	728	1,116	146,354
69.00 06900	ELECTROCARDIOLOGY	380,486	39,854	35,087	53,772	181,743
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	224,007	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,411,531	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,120,055	0	0	0	0
73.01 03480	ONCOLOGY	169,187	8,883	7,820	11,985	80,127
76.00 03160	CARDIOPULMONARY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	74,638	8,215	7,232	11,083	26,298
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	1,261,692	53,667	47,247	72,408	415,873
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	59,926	11,009	9,692	14,854	29,772
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,353,090	849,818	711,813	1,146,578	5,339,856
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01 19001	MARKETING/PUBLIC RELATIONS	105,303	5,762	5,072	7,774	15,602
191.00 19100	RESEARCH	0	0	0	0	0
191.01 19101	MEALS ON WHEELS	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	306,032	131,353	27,024	177,221	0
192.01 19201	OCCUPATIONAL MEDICINE	63,578	6,477	5,702	8,738	15,337
194.00 07950	COMMUNITY FITNESS CENTER	65,222	0	0	0	19,678
194.01 07951	VACANT SPACE	0	288,608	43,286	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	37,893,225	1,282,018	792,897	1,340,311	5,390,473

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151311

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

Worksheet B Part I Date/Time Prepared: 5/28/2015 7:44 am

Cost Center Description		COMMUNICATIONS	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.02	5A.02	5.03	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	979,083					5.01
5.02	00550	96,249	1,900,184				5.02
5.03	00591	109,525	0	4,758,079	4,758,079		5.03
7.00	00700	63,060	0	5,631,324	808,641	6,439,965	7.00
7.01	00701	0	0	0	0	374,870	7.01
8.00	00800	0	0	141,302	20,290	146,458	8.00
9.00	00900	0	0	487,044	69,938	77,901	9.00
10.00	01000	9,957	0	568,665	81,658	237,995	10.00
11.00	01100	6,638	0	318,146	45,684	165,528	11.00
13.00	01300	69,697	0	767,002	110,138	313,846	13.00
14.00	01400	13,276	0	1,664,411	239,003	240,331	14.00
15.00	01500	16,595	0	1,444,352	207,403	73,277	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	53,103	49,952	2,578,138	370,210	731,194	30.00
31.00	03100	29,870	12,132	1,175,101	168,740	192,274	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	76,335	453,887	3,197,280	459,117	1,109,113	50.00
53.00	05300	0	82,864	553,173	79,433	20,357	53.00
54.00	05400	43,146	269,794	2,226,595	319,730	597,132	54.00
60.00	06000	43,146	207,304	2,080,290	298,721	233,656	60.00
64.00	06400	0	4,455	4,455	640	0	64.00
65.00	06500	16,595	25,094	621,020	89,176	13,683	65.00
66.00	06600	49,784	44,840	1,052,086	151,075	224,932	66.00
67.00	06700	16,595	16,628	500,104	71,813	8,439	67.00
69.00	06900	46,465	65,888	803,295	115,350	406,622	69.00
71.00	07100	0	27,705	251,712	36,145	0	71.00
72.00	07200	0	105,064	1,516,595	217,777	0	72.00
73.00	07300	0	214,705	1,334,760	191,666	0	73.00
73.01	03480	19,914	16,624	314,540	45,167	90,631	73.01
76.00	03160	0	0	0	0	0	76.00
76.97	07697	0	6,450	133,916	19,230	83,813	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	39,827	285,921	2,176,635	312,556	547,550	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	10,877	136,130	19,548	112,323	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		819,777	1,900,184	36,436,150	4,548,849	6,001,925	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	6,638	0	6,638	953	0	190.00
190.01	19001	9,957	0	149,470	21,463	58,784	190.01
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	0	0	0	191.01
192.00	19200	129,435	0	771,065	110,722	313,178	192.00
192.01	19201	13,276	0	113,108	16,242	66,078	192.01
194.00	07950	0	0	84,900	12,191	0	194.00
194.01	07951	0	0	331,894	47,659	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		979,083	1,900,184	37,893,225	4,758,079	6,439,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 151311		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/28/2015 7:44 am	
Cost Center Description			OPERATION OF PLANT- OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	374,870					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	308,050				8.00
9.00	00900	HOUSEKEEPING	0	0	634,883			9.00
10.00	01000	DIETARY	0	0	23,930	912,248		10.00
11.00	01100	CAFETERIA	0	0	16,643	0	546,001	11.00
13.00	01300	NURSING ADMINISTRATION	16,186	0	31,556	0	14,774	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	24,165	0	6,516	14.00
15.00	01500	PHARMACY	0	0	7,368	0	24,356	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	117,895	73,519	718,357	112,300	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,617	19,333	112,171	40,663	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	54,736	111,517	0	61,813	50.00
53.00	05300	ANESTHESIOLOGY	0	0	2,047	0	3,380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,498	60,040	0	51,604	54.00
60.00	06000	LABORATORY	0	448	23,493	0	43,346	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	469	1,376	0	23,136	65.00
66.00	06600	PHYSICAL THERAPY	0	13,506	22,616	0	34,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	848	0	17,282	67.00
69.00	06900	ELECTROCARDIOLOGY	0	10,507	40,885	0	14,356	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	984	9,113	0	9,234	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	8,427	0	2,613	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	39,559	55,054	0	61,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	11,699	11,294	0	6,585	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,186	298,918	543,224	830,528	527,325	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	0	5,911	0	3,345	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	81,720	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	358,684	0	79,104	0	6,690	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	0	6,644	0	3,380	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	9,132	0	0	5,261	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
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)	374,870	308,050	634,883	912,248	546,001	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151311		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/28/2015 7:44 am	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		13.00	14.00	15.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	PATIENT ACCOUNTING					5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- OFFSITE					7.01
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	1,253,502				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,174,426			14.00
15.00	01500	PHARMACY	0	5,093	1,761,849		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	386,942	52,636	0	5,141,191	0 30.00
31.00	03100	INTENSIVE CARE UNIT	140,176	11,906	0	1,879,981	0 31.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	212,951	365,021	0	5,571,548	0 50.00
53.00	05300	ANESTHESIOLOGY	11,645	0	0	670,035	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	177,849	48,230	0	3,510,678	0 54.00
60.00	06000	LABORATORY	0	225,179	0	2,905,133	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,465	0	9,560	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	17,422	0	766,282	0 65.00
66.00	06600	PHYSICAL THERAPY	0	15,038	0	1,513,365	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	425	0	598,911	0 67.00
69.00	06900	ELECTROCARDIOLOGY	49,516	6,850	0	1,447,381	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	188,196	0	476,053	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,185,874	0	2,920,246	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,761,849	3,288,275	0 73.00
73.01	03480	ONCOLOGY	31,787	8,008	0	509,464	0 73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	8,976	351	0	257,326	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	211,020	31,093	0	3,434,722	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22,640	70	0	320,289	0 92.01
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,253,502	2,165,857	1,761,849	35,220,440	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	7,591	0 190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	1,038	0	240,011	0 190.01
191.00	19100	RESEARCH	0	0	0	0	0 191.00
191.01	19101	MEALS ON WHEELS	0	0	0	81,720	0 191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,427	0	1,645,870	0 192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	964	0	206,416	0 192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	140	0	111,624	0 194.00
194.01	07951	VACANT SPACE	0	0	0	379,553	0 194.01
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	1,253,502	2,174,426	1,761,849	37,893,225	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 7:44 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	PATIENT ACCOUNTING	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	5.03
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	7.01
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	03480	ONCOLOGY	73.01
76.00	03160	CARDIOPULMONARY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	190.01
191.00	19100	RESEARCH	191.00
191.01	19101	MEALS ON WHEELS	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	OCCUPATIONAL MEDICINE	192.01
194.00	07950	COMMUNITY FITNESS CENTER	194.00
194.01	07951	VACANT SPACE	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 7:44 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal			
		BLDG & FIXT	BLDG & FIXT - INTEREST	MVBLE EQUIP				
		0	1. 00	2. 00			2A	
<b>GENERAL SERVICE COST CENTERS</b>								
1. 00	00100	CAP REL COSTS-BLDG & FIXT				1. 00		
1. 01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST				1. 01		
2. 00	00200	CAP REL COSTS-MVBLE EQUIP				2. 00		
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,710	6,788	10,403	24,901	4. 00
5. 01	01160	COMMUNICATIONS	0	13,817	12,165	18,643	44,625	5. 01
5. 02	00550	PATIENT ACCOUNTING	0	35,897	31,602	48,432	115,931	5. 02
5. 03	00591	OTHER ADMINISTRATIVE AND GENERAL	0	33,121	29,159	44,687	106,967	5. 03
7. 00	00700	OPERATION OF PLANT	0	203,206	146,548	274,164	623,918	7. 00
7. 01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0	7. 01
8. 00	00800	LAUNDRY & LINEN SERVICE	0	14,355	12,638	19,368	46,361	8. 00
9. 00	00900	HOUSEKEEPING	0	7,635	6,722	10,302	24,659	9. 00
10. 00	01000	DIETARY	0	23,327	20,536	31,472	75,335	10. 00
11. 00	01100	CAFETERIA	0	16,224	14,283	21,889	52,396	11. 00
13. 00	01300	NURSING ADMINISTRATION	0	35,303	27,081	47,631	110,015	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	0	23,556	20,738	31,781	76,075	14. 00
15. 00	01500	PHARMACY	0	7,182	6,323	9,690	23,195	15. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30. 00	03000	ADULTS & PEDIATRICS	0	71,667	63,094	96,693	231,454	30. 00
31. 00	03100	INTENSIVE CARE UNIT	0	18,845	16,591	25,426	60,862	31. 00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50. 00	05000	OPERATING ROOM	0	108,708	95,704	146,669	351,081	50. 00
53. 00	05300	ANESTHESIOLOGY	0	1,995	1,757	2,692	6,444	53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	0	58,527	51,526	78,965	189,018	54. 00
60. 00	06000	LABORATORY	0	22,901	20,162	30,899	73,962	60. 00
64. 00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64. 00
65. 00	06500	RESPIRATORY THERAPY	0	1,341	1,181	1,809	4,331	65. 00
66. 00	06600	PHYSICAL THERAPY	0	22,046	19,409	29,745	71,200	66. 00
67. 00	06700	OCCUPATIONAL THERAPY	0	827	728	1,116	2,671	67. 00
69. 00	06900	ELECTROCARDIOLOGY	0	39,854	35,087	53,772	128,713	69. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	03480	ONCOLOGY	0	8,883	7,820	11,985	28,688	73. 01
76. 00	03160	CARDIOPULMONARY	0	0	0	0	0	76. 00
76. 97	07697	CARDIAC REHABILITATION	0	8,215	7,232	11,083	26,530	76. 97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90. 00	09000	CLINIC	0	0	0	0	0	90. 00
91. 00	09100	EMERGENCY	0	53,667	47,247	72,408	173,322	91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92. 00
92. 01	09201	OBSERVATION BEDS (DISTINCT PART)	0	11,009	9,692	14,854	35,555	92. 01
<b>SPECIAL PURPOSE COST CENTERS</b>								
118. 00		SUBTOTALS (SUM OF LINES 1-117)	0	849,818	711,813	1,146,578	2,708,209	118. 00
<b>NONREIMBURSABLE COST CENTERS</b>								
190. 00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
190. 01	19001	MARKETING/PUBLIC RELATIONS	0	5,762	5,072	7,774	18,608	190. 01
191. 00	19100	RESEARCH	0	0	0	0	0	191. 00
191. 01	19101	MEALS ON WHEELS	0	0	0	0	0	191. 01
192. 00	19200	PHYSICIANS' PRIVATE OFFICES	0	131,353	27,024	177,221	335,598	192. 00
192. 01	19201	OCCUPATIONAL MEDICINE	0	6,477	5,702	8,738	20,917	192. 01
194. 00	07950	COMMUNITY FITNESS CENTER	0	0	0	0	0	194. 00
194. 01	07951	VACANT SPACE	0	288,608	43,286	0	331,894	194. 01
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)	0	1,282,018	792,897	1,340,311	3,415,226	202. 00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 7:44 am		
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	COMMUNICATIONS 5.01	PATIENT ACCOUNTING 5.02	OTHER ADMINISTRATIVE AND GENERAL 5.03	OPERATION OF PLANT 7.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,901			4.00
5.01	01160	COMMUNICATIONS	637	45,262		5.01
5.02	00550	PATIENT ACCOUNTING	201	4,449	120,581	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	2,694	5,063	0	5.03
7.00	00700	OPERATION OF PLANT	920	2,915	0	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	55	0	0	8.00
9.00	00900	HOUSEKEEPING	651	0	0	9.00
10.00	01000	DIETARY	493	460	0	10.00
11.00	01100	CAFETERIA	343	307	0	11.00
13.00	01300	NURSING ADMINISTRATION	893	3,222	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	186	614	0	14.00
15.00	01500	PHARMACY	1,158	767	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	3,385	2,455	3,169	30.00
31.00	03100	INTENSIVE CARE UNIT	1,625	1,381	770	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	2,475	3,529	28,830	50.00
53.00	05300	ANESTHESIOLOGY	72	0	5,257	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,052	1,995	17,115	54.00
60.00	06000	LABORATORY	528	1,995	13,151	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	283	64.00
65.00	06500	RESPIRATORY THERAPY	886	767	1,592	65.00
66.00	06600	PHYSICAL THERAPY	1,347	2,301	2,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	676	767	1,055	67.00
69.00	06900	ELECTROCARDIOLOGY	840	2,148	4,180	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,620	73.00
73.01	03480	ONCOLOGY	370	921	1,055	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	121	0	409	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	1,921	1,841	18,138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	138	0	690	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,667	37,897	120,581	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	307	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	72	460	0	190.01
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,984	0	192.00
192.01	19201	OCCUPATIONAL MEDICINE	71	614	0	192.01
194.00	07950	COMMUNITY FITNESS CENTER	91	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	194.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,901	45,262	120,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 151311		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 7:44 am	
Cost Center Description			OPERATION OF PLANT- OFFSITE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	PATIENT ACCOUNTING						5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	37,677					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	61,625				8.00
9.00	00900	HOUSEKEEPING	0	0	34,826			9.00
10.00	01000	DIETARY	0	0	1,313	103,490		10.00
11.00	01100	CAFETERIA	0	0	913	0	71,697	11.00
13.00	01300	NURSING ADMINISTRATION	1,627	0	1,731	0	1,940	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,326	0	856	14.00
15.00	01500	PHARMACY	0	0	404	0	3,198	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	23,584	4,033	81,494	14,747	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,924	1,060	12,725	5,340	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	10,950	6,117	0	8,117	50.00
53.00	05300	ANESTHESIOLOGY	0	0	112	0	444	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,901	3,293	0	6,776	54.00
60.00	06000	LABORATORY	0	90	1,289	0	5,692	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	94	75	0	3,038	65.00
66.00	06600	PHYSICAL THERAPY	0	2,702	1,241	0	4,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	47	0	2,269	67.00
69.00	06900	ELECTROCARDIOLOGY	0	2,102	2,243	0	1,885	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	197	500	0	1,212	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	462	0	343	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	7,914	3,020	0	8,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,340	620	0	865	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,627	59,798	29,799	94,219	69,245	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	0	0	324	0	439	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	MEALS ON WHEELS	0	0	0	9,271	0	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,050	0	4,339	0	878	192.00
192.01	19201	OCCUPATIONAL MEDICINE	0	0	364	0	444	192.01
194.00	07950	COMMUNITY FITNESS CENTER	0	1,827	0	0	691	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
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)	37,677	61,625	34,826	103,490	71,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151311		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 7:44 am	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		13.00	14.00	15.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	153,627					13.00
14.00	01400		108,974				14.00
15.00	01500			41,342			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	47,426	2,638	0	496,801	0	30.00
31.00	03100	17,179	597	0	128,856	0	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	26,098	18,293	0	578,033	0	50.00
53.00	05300	1,427	0	0	17,717	0	53.00
54.00	05400	21,796	2,417	0	318,087	0	54.00
60.00	06000	0	11,285	0	138,678	0	60.00
64.00	06400	0	224	0	522	0	64.00
65.00	06500	0	873	0	15,181	0	65.00
66.00	06600	0	754	0	113,118	0	66.00
67.00	06700	0	21	0	10,085	0	67.00
69.00	06900	6,068	343	0	192,171	0	69.00
71.00	07100	0	9,432	0	12,060	0	71.00
72.00	07200	0	59,433	0	71,348	0	72.00
73.00	07300	0	0	41,342	59,583	0	73.00
73.01	03480	3,896	401	0	47,438	0	73.01
76.00	03160	0	0	0	0	0	76.00
76.97	07697	1,100	18	0	37,871	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	25,862	1,558	0	304,189	0	91.00
92.00	09200						92.00
92.01	09201	2,775	3	0	54,746	0	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		153,627	108,545	41,342	2,596,484	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	330	0	190.00
190.01	19001	0	52	0	26,380	0	190.01
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	0	9,271	0	191.01
192.00	19200	0	322	0	417,317	0	192.00
192.01	19201	0	48	0	29,491	0	192.01
194.00	07950	0	7	0	2,910	0	194.00
194.01	07951	0	0	0	333,043	0	194.01
200.00					0		200.00
201.00		0	0	0	0		201.00
202.00		153,627	108,974	41,342	3,415,226		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 7:44 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	PATIENT ACCOUNTING	5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	5.03
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	7.01
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	03480	ONCOLOGY	73.01
76.00	03160	CARDIOPULMONARY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	MARKETING/PUBLIC RELATIONS	190.01
191.00	19100	RESEARCH	191.00
191.01	19101	MEALS ON WHEELS	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	OCCUPATIONAL MEDICINE	192.01
194.00	07950	COMMUNITY FITNESS CENTER	194.00
194.01	07951	VACANT SPACE	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NON-PATIENT TELEPHONES)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - INTEREST (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	274,357				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - INTEREST	0	192,740			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			212,594		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,650	1,650	1,650	10,850,213	4.00
5.01 01160	COMMUNICATIONS	2,957	2,957	2,957	277,344	295 5.01
5.02 00550	PATIENT ACCOUNTING	7,682	7,682	7,682	87,751	29 5.02
5.03 00591	OTHER ADMINISTRATIVE AND GENERAL	7,088	7,088	7,088	1,173,735	33 5.03
7.00 00700	OPERATION OF PLANT	43,487	35,624	43,487	400,718	19 7.00
7.01 00701	OPERATION OF PLANT- OFFSITE	0	0	0	0	0 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	3,072	3,072	3,072	23,874	0 8.00
9.00 00900	HOUSEKEEPING	1,634	1,634	1,634	283,741	0 9.00
10.00 01000	DIETARY	4,992	4,992	4,992	214,658	3 10.00
11.00 01100	CAFETERIA	3,472	3,472	3,472	149,292	2 11.00
13.00 01300	NURSING ADMINISTRATION	7,555	6,583	7,555	389,248	21 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,041	5,041	5,041	81,169	4 14.00
15.00 01500	PHARMACY	1,537	1,537	1,537	504,461	5 15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,337	15,337	15,337	1,475,516	16 30.00
31.00 03100	INTENSIVE CARE UNIT	4,033	4,033	4,033	708,043	9 31.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	23,264	23,264	23,264	1,078,327	23 50.00
53.00 05300	ANESTHESIOLOGY	427	427	427	31,452	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,525	12,525	12,525	893,992	13 54.00
60.00 06000	LABORATORY	4,901	4,901	4,901	230,157	13 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	287	287	287	386,191	5 65.00
66.00 06600	PHYSICAL THERAPY	4,718	4,718	4,718	587,018	15 66.00
67.00 06700	OCCUPATIONAL THERAPY	177	177	177	294,588	5 67.00
69.00 06900	ELECTROCARDIOLOGY	8,529	8,529	8,529	365,821	14 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01 03480	ONCOLOGY	1,901	1,901	1,901	161,283	6 73.01
76.00 03160	CARDIOPULMONARY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	1,758	1,758	1,758	52,933	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	11,485	11,485	11,485	837,090	12 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	2,356	2,356	2,356	59,926	0 92.01
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	181,865	173,030	181,865	10,748,328	247 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2 190.00
190.01 19001	MARKETING/PUBLIC RELATIONS	1,233	1,233	1,233	31,405	3 190.01
191.00 19100	RESEARCH	0	0	0	0	0 191.00
191.01 19101	MEALS ON WHEELS	0	0	0	0	0 191.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	28,110	6,569	28,110	0	39 192.00
192.01 19201	OCCUPATIONAL MEDICINE	1,386	1,386	1,386	30,871	4 192.01
194.00 07950	COMMUNITY FITNESS CENTER	0	0	0	39,609	0 194.00
194.01 07951	VACANT SPACE	61,763	10,522	0	0	0 194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,282,018	792,897	1,340,311	5,390,473	979,083 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.672810	4.113817	6.304557	0.496808	3,318.925424 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				24,901	45,262 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.002295	153.430508 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- OFFSITE (SQUARE FEET)	
		5.02	5A.03	5.03	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - INTEREST					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	PATIENT ACCOUNTING	87,602,919				5.02
5.03	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-4,758,079	33,135,146		5.03
7.00	00700	OPERATION OF PLANT	0	0	5,631,324	135,080	7.00
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	7,863	22,512
7.01	00701	OPERATION OF PLANT- OFFSITE	0	0	0	7,863	22,512
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	141,302	3,072	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	141,302	3,072	0
9.00	00900	HOUSEKEEPING	0	0	487,044	1,634	0
9.00	00900	HOUSEKEEPING	0	0	487,044	1,634	0
10.00	01000	DIETARY	0	0	568,665	4,992	0
10.00	01000	DIETARY	0	0	568,665	4,992	0
11.00	01100	CAFETERIA	0	0	318,146	3,472	0
11.00	01100	CAFETERIA	0	0	318,146	3,472	0
13.00	01300	NURSING ADMINISTRATION	0	0	767,002	6,583	972
13.00	01300	NURSING ADMINISTRATION	0	0	767,002	6,583	972
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,664,411	5,041	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,664,411	5,041	0
15.00	01500	PHARMACY	0	0	1,444,352	1,537	0
15.00	01500	PHARMACY	0	0	1,444,352	1,537	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,302,881	0	2,578,138	15,337	0
30.00	03000	ADULTS & PEDIATRICS	2,302,881	0	2,578,138	15,337	0
31.00	03100	INTENSIVE CARE UNIT	559,318	0	1,175,101	4,033	0
31.00	03100	INTENSIVE CARE UNIT	559,318	0	1,175,101	4,033	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	20,925,662	0	3,197,280	23,264	0
50.00	05000	OPERATING ROOM	20,925,662	0	3,197,280	23,264	0
53.00	05300	ANESTHESIOLOGY	3,820,187	0	553,173	427	0
53.00	05300	ANESTHESIOLOGY	3,820,187	0	553,173	427	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,438,068	0	2,226,595	12,525	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,438,068	0	2,226,595	12,525	0
60.00	06000	LABORATORY	9,557,138	0	2,080,290	4,901	0
60.00	06000	LABORATORY	9,557,138	0	2,080,290	4,901	0
64.00	06400	INTRAVENOUS THERAPY	205,382	0	4,455	0	0
64.00	06400	INTRAVENOUS THERAPY	205,382	0	4,455	0	0
65.00	06500	RESPIRATORY THERAPY	1,156,883	0	621,020	287	0
65.00	06500	RESPIRATORY THERAPY	1,156,883	0	621,020	287	0
66.00	06600	PHYSICAL THERAPY	2,067,224	0	1,052,086	4,718	0
66.00	06600	PHYSICAL THERAPY	2,067,224	0	1,052,086	4,718	0
67.00	06700	OCCUPATIONAL THERAPY	766,581	0	500,104	177	0
67.00	06700	OCCUPATIONAL THERAPY	766,581	0	500,104	177	0
69.00	06900	ELECTROCARDIOLOGY	3,037,556	0	803,295	8,529	0
69.00	06900	ELECTROCARDIOLOGY	3,037,556	0	803,295	8,529	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,240	0	251,712	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,277,240	0	251,712	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,843,663	0	1,516,595	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,843,663	0	1,516,595	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,898,363	0	1,334,760	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,898,363	0	1,334,760	0	0
73.01	03480	ONCOLOGY	766,379	0	314,540	1,901	0
73.01	03480	ONCOLOGY	766,379	0	314,540	1,901	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	297,377	0	133,916	1,758	0
76.97	07697	CARDIAC REHABILITATION	297,377	0	133,916	1,758	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	13,181,547	0	2,176,635	11,485	0
91.00	09100	EMERGENCY	13,181,547	0	2,176,635	11,485	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	501,470	0	136,130	2,356	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	501,470	0	136,130	2,356	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,602,919	-4,758,079	31,678,071	125,892	972
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,602,919	-4,758,079	31,678,071	125,892	972
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,638	0	0
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,638	0	0
190.01	19001	MARKETING/PUBLIC RELATIONS	0	0	149,470	1,233	0
190.01	19001	MARKETING/PUBLIC RELATIONS	0	0	149,470	1,233	0
191.00	19100	RESEARCH	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	MEALS ON WHEELS	0	0	0	0	0
191.01	19101	MEALS ON WHEELS	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	771,065	6,569	21,540
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	771,065	6,569	21,540
192.01	19201	OCCUPATIONAL MEDICINE	0	0	113,108	1,386	0
192.01	19201	OCCUPATIONAL MEDICINE	0	0	113,108	1,386	0
194.00	07950	COMMUNITY FITNESS CENTER	0	0	84,900	0	0
194.00	07950	COMMUNITY FITNESS CENTER	0	0	84,900	0	0
194.01	07951	VACANT SPACE	0	0	331,894	0	0
194.01	07951	VACANT SPACE	0	0	331,894	0	0
200.00		Cross Foot Adjustments					200.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,900,184		4,758,079	6,439,965	374,870
202.00		Cost to be allocated (per Wkst. B, Part I)	1,900,184		4,758,079	6,439,965	374,870
203.00		Unit cost multiplier (Wkst. B, Part I)	0.021691		0.143596	47.675192	16.652008
203.00		Unit cost multiplier (Wkst. B, Part I)	0.021691		0.143596	47.675192	16.652008
204.00		Cost to be allocated (per Wkst. B, Part II)	120,581		114,724	647,262	37,677
204.00		Cost to be allocated (per Wkst. B, Part II)	120,581		114,724	647,262	37,677
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001376		0.003462	4.791694	1.673641
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001376		0.003462	4.791694	1.673641

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING HOURS)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591						5.03
7.00	00700						7.00
7.01	00701						7.01
8.00	00800	146,539					8.00
9.00	00900	0	132,444				9.00
10.00	01000	0	4,992	17,046			10.00
11.00	01100	0	3,472	0	15,670		11.00
13.00	01300	0	6,583	0	424	21,774,922	13.00
14.00	01400	0	5,041	0	187	0	14.00
15.00	01500	0	1,537	0	699	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	56,083	15,337	13,423	3,223	6,721,578	30.00
31.00	03100	9,332	4,033	2,096	1,167	2,435,057	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	26,038	23,264	0	1,774	3,699,250	50.00
53.00	05300	0	427	0	97	202,286	53.00
54.00	05400	14,032	12,525	0	1,481	3,089,486	54.00
60.00	06000	213	4,901	0	1,244	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	223	287	0	664	0	65.00
66.00	06600	6,425	4,718	0	979	0	66.00
67.00	06700	0	177	0	496	0	67.00
69.00	06900	4,998	8,529	0	412	860,152	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	03480	468	1,901	0	265	552,182	73.01
76.00	03160	0	0	0	0	0	76.00
76.97	07697	0	1,758	0	75	155,921	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	18,818	11,485	0	1,758	3,665,714	91.00
92.00	09200						92.00
92.01	09201	5,565	2,356	0	189	393,296	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		142,195	113,323	15,519	15,134	21,774,922	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	1,233	0	96	0	190.01
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	1,527	0	0	191.01
192.00	19200	0	16,502	0	192	0	192.00
192.01	19201	0	1,386	0	97	0	192.01
194.00	07950	4,344	0	0	151	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		308,050	634,883	912,248	546,001	1,253,502	202.00
203.00		2.102171	4.793596	53.516837	34.843714	0.057566	203.00
204.00		61,625	34,826	103,490	71,697	153,627	204.00
205.00		0.420537	0.262949	6.071219	4.575431	0.007055	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151311

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
1.01	00101			1.01
2.00	00200			2.00
4.00	00400			4.00
5.01	01160			5.01
5.02	00550			5.02
5.03	00591			5.03
7.00	00700			7.00
7.01	00701			7.01
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400	2,588,191		14.00
15.00	01500	6,062	100	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	62,652	0	30.00
31.00	03100	14,171	0	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	434,480	0	50.00
53.00	05300	0	0	53.00
54.00	05400	57,408	0	54.00
60.00	06000	268,027	0	60.00
64.00	06400	5,315	0	64.00
65.00	06500	20,737	0	65.00
66.00	06600	17,900	0	66.00
67.00	06700	506	0	67.00
69.00	06900	8,154	0	69.00
71.00	07100	224,007	0	71.00
72.00	07200	1,411,531	0	72.00
73.00	07300	0	100	73.00
73.01	03480	9,532	0	73.01
76.00	03160	0	0	76.00
76.97	07697	418	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	0	0	90.00
91.00	09100	37,009	0	91.00
92.00	09200			92.00
92.01	09201	83	0	92.01
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		2,577,992	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	0	0	190.00
190.01	19001	1,235	0	190.01
191.00	19100	0	0	191.00
191.01	19101	0	0	191.01
192.00	19200	7,650	0	192.00
192.01	19201	1,147	0	192.01
194.00	07950	167	0	194.00
194.01	07951	0	0	194.01
200.00				200.00
201.00				201.00
202.00		2,174,426	1,761,849	202.00
203.00		0.840134	17,618.490000	203.00
204.00		108,974	41,342	204.00
205.00		0.042104	413.420000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151311

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

		Title XVIII		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		5,141,191	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT		1,879,981	0	0	31.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		5,571,548	0	0	50.00	
53.00	05300 ANESTHESIOLOGY		670,035	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,510,678	0	0	54.00	
60.00	06000 LABORATORY		2,905,133	0	0	60.00	
64.00	06400 INTRAVENOUS THERAPY		9,560	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	766,282	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,513,365	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	598,911	0	0	67.00	
69.00	06900 ELECTROCARDIOLOGY		1,447,381	0	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		476,053	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,920,246	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		3,288,275	0	0	73.00	
73.01	03480 ONCOLOGY		509,464	0	0	73.01	
76.00	03160 CARDIOPULMONARY		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		257,326	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		0	0	0	90.00	
91.00	09100 EMERGENCY		3,434,722	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		320,289	0	0	92.01	
200.00	Subtotal (see instructions)	0	35,220,440	0	0	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)	0	35,220,440	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151311

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

		Title XVIII			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,302,881		2,302,881		30.00
31.00	03100	INTENSIVE CARE UNIT	559,318		559,318		31.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,936,438	13,989,224	20,925,662	0.266254	50.00
53.00	05300	ANESTHESIOLOGY	838,562	2,981,625	3,820,187	0.175393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,438	11,594,630	12,438,068	0.282253	54.00
60.00	06000	LABORATORY	1,977,139	7,579,999	9,557,138	0.303975	60.00
64.00	06400	INTRAVENOUS THERAPY	165,856	39,526	205,382	0.046547	64.00
65.00	06500	RESPIRATORY THERAPY	613,814	543,069	1,156,883	0.662368	65.00
66.00	06600	PHYSICAL THERAPY	670,543	1,396,681	2,067,224	0.732076	66.00
67.00	06700	OCCUPATIONAL THERAPY	351,592	414,989	766,581	0.781276	67.00
69.00	06900	ELECTROCARDIOLOGY	282,290	2,755,266	3,037,556	0.476495	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	709,836	567,404	1,277,240	0.372720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,237,686	605,977	4,843,663	0.602900	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,308,454	6,589,909	9,898,363	0.332204	73.00
73.01	03480	ONCOLOGY	24,536	741,843	766,379	0.664768	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	297,377	297,377	0.865319	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	421,886	12,759,661	13,181,547	0.260570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,163	496,307	501,470	0.638700	92.01
200.00		Subtotal (see instructions)	24,249,432	63,353,487	87,602,919		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	24,249,432	63,353,487	87,602,919		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 7:44 am
		Title XVIII	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	03480 ONCOLOGY	0.000000		73.01
76.00	03160 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151311

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	5,141,191	5,141,191	0	5,141,191	30.00
31.00	03100 INTENSIVE CARE UNIT	1,879,981	1,879,981	0	1,879,981	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	5,571,548	5,571,548	0	5,571,548	50.00
53.00	05300 ANESTHESIOLOGY	670,035	670,035	0	670,035	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,510,678	3,510,678	0	3,510,678	54.00
60.00	06000 LABORATORY	2,905,133	2,905,133	0	2,905,133	60.00
64.00	06400 INTRAVENOUS THERAPY	9,560	9,560	0	9,560	64.00
65.00	06500 RESPIRATORY THERAPY	766,282	766,282	0	766,282	65.00
66.00	06600 PHYSICAL THERAPY	1,513,365	1,513,365	0	1,513,365	66.00
67.00	06700 OCCUPATIONAL THERAPY	598,911	598,911	0	598,911	67.00
69.00	06900 ELECTROCARDIOLOGY	1,447,381	1,447,381	0	1,447,381	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	476,053	476,053	0	476,053	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,920,246	2,920,246	0	2,920,246	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,288,275	3,288,275	0	3,288,275	73.00
73.01	03480 ONCOLOGY	509,464	509,464	0	509,464	73.01
76.00	03160 CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	257,326	257,326	0	257,326	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0	0	90.00
91.00	09100 EMERGENCY	3,434,722	3,434,722	0	3,434,722	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	320,289	320,289	0	320,289	92.01
200.00	Subtotal (see instructions)	35,220,440	35,220,440	0	35,220,440	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	35,220,440	35,220,440	0	35,220,440	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151311

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,302,881		2,302,881		30.00
31.00	03100	INTENSIVE CARE UNIT	559,318		559,318		31.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,936,438	13,989,224	20,925,662	0.266254	50.00
53.00	05300	ANESTHESIOLOGY	838,562	2,981,625	3,820,187	0.175393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,438	11,594,630	12,438,068	0.282253	54.00
60.00	06000	LABORATORY	1,977,139	7,579,999	9,557,138	0.303975	60.00
64.00	06400	INTRAVENOUS THERAPY	165,856	39,526	205,382	0.046547	64.00
65.00	06500	RESPIRATORY THERAPY	613,814	543,069	1,156,883	0.662368	65.00
66.00	06600	PHYSICAL THERAPY	670,543	1,396,681	2,067,224	0.732076	66.00
67.00	06700	OCCUPATIONAL THERAPY	351,592	414,989	766,581	0.781276	67.00
69.00	06900	ELECTROCARDIOLOGY	282,290	2,755,266	3,037,556	0.476495	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	709,836	567,404	1,277,240	0.372720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,237,686	605,977	4,843,663	0.602900	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,308,454	6,589,909	9,898,363	0.332204	73.00
73.01	03480	ONCOLOGY	24,536	741,843	766,379	0.664768	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	297,377	297,377	0.865319	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	421,886	12,759,661	13,181,547	0.260570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,163	496,307	501,470	0.638700	92.01
200.00		Subtotal (see instructions)	24,249,432	63,353,487	87,602,919		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	24,249,432	63,353,487	87,602,919		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 7:44 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	03480 ONCOLOGY	0.000000		73.01
76.00	03160 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/28/2015 7:44 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	578,033	20,925,662	0.027623	2,548,281	70,391	50.00
53.00	05300 ANESTHESIOLOGY	17,717	3,820,187	0.004638	245,723	1,140	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	318,087	12,438,068	0.025574	394,847	10,098	54.00
60.00	06000 LABORATORY	138,678	9,557,138	0.014510	1,025,536	14,881	60.00
64.00	06400 INTRAVENOUS THERAPY	522	205,382	0.002542	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	15,181	1,156,883	0.013122	250,399	3,286	65.00
66.00	06600 PHYSICAL THERAPY	113,118	2,067,224	0.054720	240,692	13,171	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,085	766,581	0.013156	134,972	1,776	67.00
69.00	06900 ELECTROCARDIOLOGY	192,171	3,037,556	0.063265	179,157	11,334	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,060	1,277,240	0.009442	636,417	6,009	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	71,348	4,843,663	0.014730	2,604,814	38,369	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,583	9,898,363	0.006019	1,540,658	9,273	73.00
73.01	03480 ONCOLOGY	47,438	766,379	0.061899	6,807	421	73.01
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	37,871	297,377	0.127350	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	304,189	13,181,547	0.023077	47,931	1,106	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	54,746	501,470	0.109171	1,008	110	92.01
200.00	Total (lines 50-199)	1,970,827	84,740,720		9,857,242	181,365	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151311

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		Title XVIII				Hospital		Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	03480	ONCOLOGY	0	0	0	0	0	0	73.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151311

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 7:44 am

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	Cost
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,925,662	0.000000	0.000000	2,548,281	50.00
53.00	05300	ANESTHESIOLOGY	0	3,820,187	0.000000	0.000000	245,723	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,438,068	0.000000	0.000000	394,847	54.00
60.00	06000	LABORATORY	0	9,557,138	0.000000	0.000000	1,025,536	60.00
64.00	06400	INTRAVENOUS THERAPY	0	205,382	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,156,883	0.000000	0.000000	250,399	65.00
66.00	06600	PHYSICAL THERAPY	0	2,067,224	0.000000	0.000000	240,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	766,581	0.000000	0.000000	134,972	67.00
69.00	06900	ELECTROCARDIOLOGY	0	3,037,556	0.000000	0.000000	179,157	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,277,240	0.000000	0.000000	636,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,843,663	0.000000	0.000000	2,604,814	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,898,363	0.000000	0.000000	1,540,658	73.00
73.01	03480	ONCOLOGY	0	766,379	0.000000	0.000000	6,807	73.01
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	297,377	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	13,181,547	0.000000	0.000000	47,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	501,470	0.000000	0.000000	1,008	92.01
200.00		Total (lines 50-199)	0	84,740,720			9,857,242	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151311

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost
		11.00	12.00	13.00	
Title XVIII Hospital					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01	03480 ONCOLOGY	0	0	0	73.01
76.00	03160 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 7:44 am
	Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.266254	0	3,990,044	0	0
53.00 05300 ANESTHESIOLOGY	0.175393	0	130,311	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.282253	0	4,541,121	0	0
60.00 06000 LABORATORY	0.303975	0	1,883,898	0	0
64.00 06400 INTRAVENOUS THERAPY	0.046547	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.662368	0	275,595	0	0
66.00 06600 PHYSICAL THERAPY	0.732076	0	488,639	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.781276	0	163,891	0	0
69.00 06900 ELECTROCARDIOLOGY	0.476495	0	1,080,197	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372720	0	312,663	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.602900	0	118,786	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.332204	0	4,044,355	2,822	0
73.01 03480 ONCOLOGY	0.664768	0	455,854	0	0
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.865319	0	149,651	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.260570	0	4,170,549	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.638700	0	193,748	0	0
200.00 Subtotal (see instructions)		0	21,999,302	2,822	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	21,999,302	2,822	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 7:44 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	1,062,365	0		50.00
53.00 05300 ANESTHESIOLOGY	22,856	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,281,745	0		54.00
60.00 06000 LABORATORY	572,658	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	182,545	0		65.00
66.00 06600 PHYSICAL THERAPY	357,721	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	128,044	0		67.00
69.00 06900 ELECTROCARDIOLOGY	514,708	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	116,536	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	71,616	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,343,551	937		73.00
73.01 03480 ONCOLOGY	303,037	0		73.01
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	129,496	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	1,086,720	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	123,747	0		92.01
200.00 Subtotal (see instructions)	7,297,345	937		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	7,297,345	937		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 151311

Period:

Worksheet D

Component CCN: 15Z311

From 01/01/2014

Part V

To 12/31/2014

Date/Time Prepared:

5/28/2015 7:44 am

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.266254	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.175393	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.282253	0	0	0	0
60.00 06000 LABORATORY	0.303975	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.046547	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.662368	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.732076	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.781276	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.476495	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372720	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.602900	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.332204	0	0	0	0
73.01 03480 ONCOLOGY	0.664768	0	0	0	0
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.865319	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.260570	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.638700	0	0	0	0
200.00	Subtotal (see instructions)	0	0	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)		0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311 Component CCN: 15Z311	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 7:44 am
	Title XVIII	Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01 03480 ONCOLOGY	0	0		73.01
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 7:44 am
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.266254	0	332,478	0	0
53.00 05300 ANESTHESIOLOGY	0.175393	0	13,832	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.282253	0	251,362	0	0
60.00 06000 LABORATORY	0.303975	0	192,328	0	0
64.00 06400 INTRAVENOUS THERAPY	0.046547	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.662368	0	11,030	0	0
66.00 06600 PHYSICAL THERAPY	0.732076	0	15,925	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.781276	0	4,963	0	0
69.00 06900 ELECTROCARDIOLOGY	0.476495	0	41,370	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372720	0	14,341	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.602900	0	658	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.332204	0	58,170	0	0
73.01 03480 ONCOLOGY	0.664768	0	6,122	0	0
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.865319	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.260570	0	685,804	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.638700	0	6,322	0	0
200.00 Subtotal (see instructions)		0	1,634,705	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	1,634,705	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 7:44 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	88,524	0		50.00
53.00 05300 ANESTHESIOLOGY	2,426	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	70,948	0		54.00
60.00 06000 LABORATORY	58,463	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	7,306	0		65.00
66.00 06600 PHYSICAL THERAPY	11,658	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	3,877	0		67.00
69.00 06900 ELECTROCARDIOLOGY	19,713	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,345	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	397	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19,324	0		73.00
73.01 03480 ONCOLOGY	4,070	0		73.01
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	178,700	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	4,038	0		92.01
200.00 Subtotal (see instructions)	474,789	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	474,789	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII		Hospital
				Date/Time Prepared: 5/28/2015 7:44 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,848	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,398	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)		2,398	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		1,270	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		180	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,562	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)		1,270	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		132.15	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)		5,141,191	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)		23,787	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)		1,795,627	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,345,564	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,345,564	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,395.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,179,224	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)		2,179,224	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 7:44 am		
Cost Center Description			Title XVIII		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	1,879,981	601	3,128.09	369	1,154,265	43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,014,768	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,348,257	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					1,771,841	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)					1,771,841	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: 151311		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 7:44 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	496,801	3,345,564	0.148495	0	0	90.00
91.00	Nursing School cost	0	3,345,564	0.000000	0	0	91.00
92.00	Allied health cost	0	3,345,564	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,345,564	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 7:44 am	
Cost Center Description		Title XVIII	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,017,833	30.00
31.00	03100	INTENSIVE CARE UNIT		370,356	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.266254	2,548,281	50.00
53.00	05300	ANESTHESIOLOGY	0.175393	245,723	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282253	394,847	54.00
60.00	06000	LABORATORY	0.303975	1,025,536	60.00
64.00	06400	INTRAVENOUS THERAPY	0.046547	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.662368	250,399	65.00
66.00	06600	PHYSICAL THERAPY	0.732076	240,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.781276	134,972	67.00
69.00	06900	ELECTROCARDIOLOGY	0.476495	179,157	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372720	636,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.602900	2,604,814	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332204	1,540,658	73.00
73.01	03480	ONCOLOGY	0.664768	6,807	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.865319	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.260570	47,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.638700	1,008	92.01
200.00		Total (sum of lines 50-94 and 96-98)		9,857,242	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)		9,857,242	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15Z311		Date/Time Prepared: 5/28/2015 7:44 am	
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.266254	25,726	50.00
53.00	05300	ANESTHESIOLOGY	0.175393	562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.282253	97,165	54.00
60.00	06000	LABORATORY	0.303975	354,439	60.00
64.00	06400	INTRAVENOUS THERAPY	0.046547	165,856	64.00
65.00	06500	RESPIRATORY THERAPY	0.662368	214,605	65.00
66.00	06600	PHYSICAL THERAPY	0.732076	114,808	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.781276	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.476495	23,049	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372720	71,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.602900	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.332204	739,248	73.00
73.01	03480	ONCOLOGY	0.664768	6,218	73.01
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.865319	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.260570	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.638700	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		1,813,541	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,813,541	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 7:44 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		59,305		30.00
31.00	03100 INTENSIVE CARE UNIT		15,986		31.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.266254	286,969	76,407	50.00
53.00	05300 ANESTHESIOLOGY	0.175393	6,738	1,182	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.282253	46,905	13,239	54.00
60.00	06000 LABORATORY	0.303975	82,226	24,995	60.00
64.00	06400 INTRAVENOUS THERAPY	0.046547	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.662368	6,893	4,566	65.00
66.00	06600 PHYSICAL THERAPY	0.732076	6,067	4,442	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.781276	3,331	2,602	67.00
69.00	06900 ELECTROCARDIOLOGY	0.476495	6,001	2,859	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372720	1,554	579	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.602900	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.332204	124,692	41,423	73.00
73.01	03480 ONCOLOGY	0.664768	0	0	73.01
76.00	03160 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.865319	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.260570	76,595	19,958	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.638700	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		647,971	192,252	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		647,971		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 7:44 am
		Title XVIII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			7,298,282 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			7,298,282 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 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)			0 14.00
<b>Customary charges</b>				
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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 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)			7,371,265 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)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			32,835 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,124,341 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)			3,214,089 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)			3,214,089 30.00
31.00	Primary payer payments			1,510 31.00
32.00	Subtotal (line 30 minus line 31)			3,212,579 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			301,892 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			229,438 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			236,189 36.00
37.00	Subtotal (see instructions)			3,442,017 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)			3,442,017 40.00
40.01	Sequestration adjustment (see instructions)			68,840 40.01
41.00	Interim payments			3,471,954 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-98,777 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			244,497 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151311

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

		Title XVIII		Hospital		Cost	
		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		4,633,692		3,471,954	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/05/2014	219,200		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)		219,200		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)		4,852,892		3,471,954	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,949,836		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		98,777	6.02	
7.00	Total Medicare program liability (see instructions)		6,802,728		3,373,177	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: 151311  
Component CCN: 15Z311

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2015 7:44 am

Title XVIII Swing Beds - SNF Cost

		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		1,878,851		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/05/2014	63,700		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)		63,700		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)		1,942,551		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		416,572		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,359,123		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/28/2015 7:44 am
		Title XVIII	Hospital	Cost
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1,058 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			1,931 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			273 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			2,999 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			87,602,919 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			2,668,269 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			380,662 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			364,674 8.00
9.00	Sequestration adjustment amount (see instructions)			7,293 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			357,381 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			331,202 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)			26,179 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet E-2	
		Component CCN: 15Z311		Date/Time Prepared: 5/28/2015 7:44 am	
		Title XVIII	Swing Beds - SNF	Cost	
			Part A	Part B	
			1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		1,789,559	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200 for Pt. A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202 for Pt. B) (For CAH, see instructions)		670,149	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		1,270	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		2,459,708	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		2,459,708	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		2,459,708	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		52,440	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		2,407,268	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT		0		16.55
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		2,407,268	0	19.00
19.01	Sequestration adjustment (see instructions)		48,145	0	19.01
20.00	Interim payments		1,942,551	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		416,572	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		81,858	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151311	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part V Date/Time Prepared: 5/28/2015 7:44 am
		Title XVIII	Hospital	Cost
				1.00
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT</b>				
1.00	Inpatient services			7,348,257 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			7,348,257 4.00
5.00	Primary payer payments			10,841 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			7,410,899 6.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
<b>Customary charges</b>				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			7,410,899 19.00
20.00	Deductibles (exclude professional component)			482,916 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			6,927,983 22.00
23.00	Coinsurance			0 23.00
24.00	Subtotal (line 22 minus line 23)			6,927,983 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			17,863 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			13,576 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			11,006 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			6,941,559 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (see instructions)			6,941,559 30.00
30.01	Sequestration adjustment (see instructions)			138,831 30.01
31.00	Interim payments			4,852,892 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)			1,949,836 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			246,513 34.00

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

Provider CCN: 151311

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

Worksheet G

Date/Time Prepared:  
5/28/2015 7:44 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	2,189,000	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	5,504,000	0	0	0	4.00
5.00	Other receivable	-186,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	752,000	0	0	0	7.00
8.00	Prepaid expenses	203,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	8,462,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,821,000	0	0	0	17.00
18.00	Accumulated depreciation	-659,000	0	0	0	18.00
19.00	Fixed equipment	1,457,000	0	0	0	19.00
20.00	Accumulated depreciation	-1,002,000	0	0	0	20.00
21.00	Automobiles and trucks	6,000	0	0	0	21.00
22.00	Accumulated depreciation	-6,000	0	0	0	22.00
23.00	Major movable equipment	8,058,704	0	0	0	23.00
24.00	Accumulated depreciation	-5,158,877	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	1,137,296	0	0	0	27.00
28.00	Accumulated depreciation	-555,123	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)	5,099,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	5,170,000	0	0	0	31.00
32.00	Deposits on leases	11,445,000	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,753,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	25,368,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	38,929,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,811,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,275,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	759,000	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	1,523,000	0	0	0	43.00
44.00	Other current liabilities	-1,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,367,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	18,547,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	51,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,598,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	24,965,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	13,964,000				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)	13,964,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	38,929,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151311

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

Worksheet G-1

Date/Time Prepared:  
5/28/2015 7:44 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		15,743,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,154,000			2.00
3.00	Total (sum of line 1 and line 2)		14,589,000		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)		14,589,000		0	11.00
12.00	RECONCILING DIFFERENCE	625,000		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)		625,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		13,964,000		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	RECONCILING DIFFERENCE		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: 151311

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2015 7:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	2,302,881		2,302,881	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	2,302,881		2,302,881	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	559,318		559,318	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	559,318		559,318	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	2,862,199		2,862,199	17.00
18.00	Ancillary services	21,188,071	63,552,649	84,740,720	18.00
19.00	Outpatient services	0	216,081	216,081	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	24,050,270	63,768,730	87,819,000	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		36,335,121		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	RECONCILING DIFFERENCE	47,121			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)		47,121		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		36,288,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 151311

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

Worksheet G-3

Date/Time Prepared:  
5/28/2015 7:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	87,819,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	53,748,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	34,071,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	36,288,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,217,000	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	-188,000	6.00
7.00	Income from investments	88,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	220,000	22.00
23.00	Governmental appropriations	224,000	23.00
24.00	OTHER OPERATING REVENUE	719,000	24.00
25.00	Total other income (sum of lines 6-24)	1,063,000	25.00
26.00	Total (line 5 plus line 25)	-1,154,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,154,000	29.00