

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: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 3:50 pm
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PART I - COST REPORT STATUS

Provider use only
1. Electronically filed cost report
2. Manually submitted cost report
3. If this is an amended report enter the number of times the provider resubmitted this cost report
4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. 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. Initial Report for this Provider CCN
9. Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/20/2015 Time: 3:50 pm

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 SCHNECK MEDICAL CENTER (150065) 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.

Encryption Information

ECR: Date: 5/20/2015 Time: 3:50 pm
QDynt5Bc9hfxEd6354waJ6Ny.DIKQ0
YpMN40dn4qOXAQJ:X.VDUNY2Sj6ZCz
8g9m1lcGVH026oA:
PI: Date: 5/20/2015 Time: 3:50 pm
6KrdC3oXUjVoKvfyTTsw5Fa1zvasN0
aPhD40liu15kgpzWxnQyaa6XCLUDuB
Gy4g0s0s020Qafh2

(Signed) *[Signature]*
Officer or Administrator of Provider(s)
V.P. FISCAL SERVICES
Title
5.27.15
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	29,408	51,603	-169,664	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	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-68		0	9.00
200.00 Total	0	29,408	51,535	-169,664	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: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:48 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 47274-		4.00 County: JACKSON				
1.00 Street: 411 WEST TIPTON STREET		2.00 City: SEYMOUR								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital		SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00
4.00 Subprovider - IPF										4.00
5.00 Subprovider - IRF										5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF		SCHNECK MEDICAL CENTER	150065	99915		03/04/1999	N	P	N	7.00
8.00 Swing Beds - NF		SCHNECK MEDICAL CENTER	150065	99915		03/04/1999	N		O	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		JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00 Separately Certified ASC										13.00
14.00 Hospital-Based Hospice		HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				14.00
15.00 Hospital-Based Health Clinic - RHC										15.00
16.00 Hospital-Based Health Clinic - FOHC										16.00
17.00 Hospital-Based (CMHC) I										17.00
18.00 Renal Dialysis										18.00
19.00 Other										19.00
					From:	To:				
					1.00	2.00				
20.00 Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		20.00		
21.00 Type of Control (see instructions)					8		21.00			
Inpatient PPS Information										
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,159	276	0	0	1,693	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: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:48 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	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)	Y		Y		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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 Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:48 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:		Zip Code:	
143.00	City:	State:		Zip Code:	
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				
					0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 3:48 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014 170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 3:48 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/12/2015	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: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 3:48 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCOC.OM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/12/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	86	31,390	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		93	33,945	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		93				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: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,888	911	11,271			1.00
2.00 HMO and other (see instructions)	74	1,965				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	269	0	269			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	209			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,157	911	11,749			7.00
8.00 INTENSIVE CARE UNIT	553	107	1,322			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		141	1,746			13.00
14.00 Total (see instructions)	5,710	1,159	14,817	0.00	668.14	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	5,083	418	8,532	0.00	23.63	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	8,474	306	9,274			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	691.77	27.00
28.00 Observation Bed Days		235	1,617			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			146			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	4	10			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: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,241	368	3,416	1.00
2.00 HMO and other (see instructions)			20	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,241	368	3,416	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	48,302,765	0	48,302,765	1,513,469.54	31.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	696,001	696,001	8,817.00	78.94
4.00	Physician-Part A - Administrative		202,412	0	202,412	1,230.00	164.56
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		6,151,498	0	6,151,498	35,513.00	173.22
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,862,944	937	5,863,881	140,669.51	41.69
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		345,207	0	345,207	5,764.98	59.88
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		393,270	0	393,270	2,456.98	160.06
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,066,335	0	11,066,335		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,620,996	0	1,620,996		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		115,929	0	115,929		
22.00	Physician Part A - Administrative		9,336	0	9,336		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		542,228	0	542,228		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	480,016	0	480,016	14,925.89	32.16
27.00	Administrative & General	5.00	6,716,374	0	6,716,374	198,319.23	33.87
28.00	Administrative & General under contract (see inst.)		615,668	0	615,668	2,528.77	243.47
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,028,685	0	1,028,685	49,745.00	20.68
31.00	Laundry & Linen Service	8.00	49,001	0	49,001	3,939.42	12.44
32.00	Housekeeping	9.00	800,676	0	800,676	63,314.70	12.65
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	661,980	-406,559	255,421	16,133.79	15.83
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	406,559	406,559	25,749.00	15.79
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,608,792	-937	2,607,855	71,631.99	36.41
39.00	Central Services and Supply	14.00	419,512	0	419,512	25,582.40	16.40
40.00	Pharmacy	15.00	1,072,199	0	1,072,199	29,026.63	36.94

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 916,230	0	916,230	44,573.84	20.56	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 212,570	0	212,570	5,536.00	38.40	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2015 3:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	42,766,935	-696,001	42,070,934	1,471,668.31	28.59	1.00
2.00	Excluded area salaries (see instructions)	5,862,944	937	5,863,881	140,669.51	41.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,903,991	-696,938	36,207,053	1,330,998.80	27.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	738,477	0	738,477	8,221.96	89.82	4.00
5.00	Subtotal wage-related costs (see inst.)	11,075,671	0	11,075,671	0.00	30.59	5.00
6.00	Total (sum of lines 3 thru 5)	48,718,139	-696,938	48,021,201	1,339,220.76	35.86	6.00
7.00	Total overhead cost (see instructions)	15,581,703	-937	15,580,766	551,006.66	28.28	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150065

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/20/2015 3:48 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,207,748	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	7,954,930	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	77,730	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	404,479	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	10,937	14.00
15.00	'Workers' Compensation Insurance	343,483	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,021,775	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	333,742	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,354,824	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150065

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

Worksheet S-3
Part V
Date/Time Prepared:
5/20/2015 3:48 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150065 Component CCN: 157155		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/20/2015 3:48 pm		
				Home Health Agency I		PPS		
							1.00	
0.00	County							0.00
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	307.00	0.00	0.00	0.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0	1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	0.00					3.00	
4.00	Director(s) and Assistant Director(s)	0.00					4.00	
5.00	Other Administrative Personnel	0.00					5.00	
6.00	Direct Nursing Service	0.00					6.00	
7.00	Nursing Supervisor	0.00					7.00	
8.00	Physical Therapy Service	0.00					8.00	
9.00	Physical Therapy Supervisor	0.00					9.00	
10.00	Occupational Therapy Service	0.00					10.00	
11.00	Occupational Therapy Supervisor	0.00					11.00	
12.00	Speech Pathology Service	0.00					12.00	
13.00	Speech Pathology Supervisor	0.00					13.00	
14.00	Medical Social Service	0.00					14.00	
15.00	Medical Social Service Supervisor	0.00					15.00	
16.00	Home Health Aide	0.00					16.00	
17.00	Home Health Aide Supervisor	0.00					17.00	
18.00	Other (specify)	0.00					18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	18020					20.00	
20.01		99915					20.01	
20.02		31140					20.02	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	1,626	4	126	38	1,794	21.00	
22.00	Skilled Nursing Visit Charges	351,978	735	21,757	8,025	382,495	22.00	
23.00	Physical Therapy Visits	1,407	12	35	18	1,472	23.00	
24.00	Physical Therapy Visit Charges	376,482	3,420	7,695	5,074	392,671	24.00	
25.00	Occupational Therapy Visits	1,107	18	10	21	1,156	25.00	
26.00	Occupational Therapy Visit Charges	313,445	5,130	2,850	5,957	327,382	26.00	
27.00	Speech Pathology Visits	70	14	2	5	91	27.00	
28.00	Speech Pathology Visit Charges	19,950	3,990	570	1,383	25,893	28.00	
29.00	Medical Social Service Visits	13	1	0	0	14	29.00	
30.00	Medical Social Service Visit Charges	4,559	352	0	0	4,911	30.00	
31.00	Home Health Aide Visits	552	0	0	4	556	31.00	
32.00	Home Health Aide Visit Charges	72,399	0	0	540	72,939	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,775	49	173	86	5,083	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,138,813	13,627	32,872	20,979	1,206,291	35.00	
36.00	Total Number of Episodes (standard/non outlier)	285		45	5	335	36.00	
37.00	Total Number of Outlier Episodes		1		0	1	37.00	
38.00	Total Non-Routine Medical Supply Charges	18,797	0	1,559	48	20,404	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7
Date/Time Prepared:
5/20/2015 3:48 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7

Date/Time Prepared:
5/20/2015 3:48 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	269	269	199.00
200.00	TOTAL		0	269	269	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99915	99915	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)			0		207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150065
Component CCN: 151529

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/20/2015 3:48 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	8,410	289	641	154	161	8,860	2.00
3.00	Inpatient Respite Care	21	3	0	3	8	32	3.00
4.00	General Inpatient Care	67	14	0	0	5	86	4.00
5.00	Total Hospice Days	8,498	306	641	157	174	8,978	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	193	6	18	2	20	219	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	44.03	51.00	35.61	78.50	8.70	41.00	8.00
9.00	Unduplicated Census Count	180	6	16	2	20	206	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/20/2015 3:48 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.344259	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			11,165,081	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			2,158,643	5.00	
6.00	Medicaid charges			37,478,815	6.00	
7.00	Medicaid cost (line 1 times line 6)			12,902,419	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			35,203	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			28,500	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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			2,549,764	1,694,603	4,244,367
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			877,779	583,382	1,461,161
22.00	Partial payment by patients approved for charity care			16,516	150,005	166,521
23.00	Cost of charity care (line 21 minus line 22)			861,263	433,377	1,294,640
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					0
27.00	Medicare bad debts for the entire hospital complex (see instructions)					53,794
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					-53,794
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					-18,519
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					1,276,121
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					1,276,121

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150065

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

Worksheet A
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
	1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS								
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		8,432,995	8,432,995	-2,782,523	5,650,472	1.00		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,517,610	4,517,610	2.00		
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00		
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	480,016	13,599,885	14,079,901	-77	14,079,824	4.00		
5.00 00500 ADMIN STRATIVE & GENERAL	6,716,374	12,963,031	19,679,405	-168,364	19,511,041	5.00		
7.00 00700 OPERATION OF PLANT	1,028,685	1,998,982	3,027,667	-389,250	2,638,417	7.00		
8.00 00800 LAUNDRY & LINEN SERVICE	49,001	262,865	311,866	0	311,866	8.00		
9.00 00900 HOUSEKEEPING	800,676	258,929	1,059,605	68	1,059,673	9.00		
10.00 01000 DIETARY	661,980	568,336	1,230,316	-757,625	472,691	10.00		
11.00 01100 CAFETERIA	0	0	0	755,606	755,606	11.00		
13.00 01300 NURSING ADMINISTRATION	2,608,792	572,988	3,181,780	-937	3,180,843	13.00		
14.00 01400 CENTRAL SERVICES & SUPPLY	419,512	5,428,121	5,847,633	-5,340,364	507,269	14.00		
15.00 01500 PHARMACY	1,072,199	7,610,438	8,682,637	-6,019,200	2,663,437	15.00		
16.00 01600 MEDICAL RECORDS & LIBRARY	916,230	226,582	1,142,812	203	1,143,015	16.00		
18.00 01850 PHYSICIAN PRIVATE PRACTICE	212,570	531	213,101	0	213,101	18.00		
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	696,001	696,001	19.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	5,948,514	1,441,136	7,389,650	-1,866,755	5,522,895	30.00		
31.00 03100 INTENSIVE CARE UNIT	885,130	166,665	1,051,795	-100,323	951,472	31.00		
43.00 04300 NURSERY	0	331	331	258,027	258,358	43.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	2,488,162	2,706,755	5,194,917	-1,025,932	4,168,985	50.00		
51.00 05100 RECOVERY ROOM	408,330	23,501	431,831	-4,141	427,690	51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,123,556	1,123,556	52.00		
53.00 05300 ANESTHESIOLOGY	2,777,777	181,105	2,958,882	-679,640	2,279,242	53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,162,948	1,317,017	3,479,965	-61,155	3,418,810	54.00		
54.01 03630 ULTRA SOUND	247,253	42,912	290,165	-17,825	272,340	54.01		
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	95,528	170,936	266,464	-118,290	148,174	54.02		
57.00 05700 CT SCAN	231,670	440,173	671,843	-127,255	544,588	57.00		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	114,679	199,772	314,451	-30,166	284,285	58.00		
60.00 06000 LABORATORY	1,414,192	2,855,880	4,270,072	-1,416,233	2,853,839	60.00		
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	378,653	378,653	0	378,653	63.00		
64.00 06400 INTRAVENOUS THERAPY	211,799	18,762	230,561	-8,724	221,837	64.00		
65.00 06500 RESPIRATORY THERAPY	788,320	209,277	997,597	-150,565	847,032	65.00		
66.00 06600 PHYSICAL THERAPY	935,250	32,922	968,172	-9,141	959,031	66.00		
67.00 06700 OCCUPATIONAL THERAPY	269,870	6,723	276,593	-4,512	272,081	67.00		
68.00 06800 SPEECH PATHOLOGY	193,370	3,978	197,348	-1,634	195,714	68.00		
69.00 06900 ELECTROCARDIOLOGY	90,452	153,247	243,699	-52,663	191,036	69.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,131,876	7,131,876	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,671,823	2,671,823	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	6,183,104	6,183,104	73.00		
76.00 03952 WOUND CARE	157,177	50,006	207,183	-2,020	205,163	76.00		
76.02 03951 CASE MANAGEMENT	366,676	9,158	375,834	7,098	382,932	76.02		
76.03 03950 PAIN MANAGEMENT	1,120,083	113,000	1,233,083	-4,956	1,228,127	76.03		
76.97 07697 CARDIAC REHABILITATION	381,250	13,240	394,490	-1,994	392,496	76.97		
OUTPATIENT SERVICE COST CENTERS								
90.00 04953 OTHER OUTPATIENT SERVICE COST CENTER	41,758	3,676	45,434	-514	44,920	90.00		
90.01 04951 PALLIATIVE HEALTH	96,382	3,584	99,966	0	99,966	90.01		
90.02 09000 VEIN CENTER	273,781	55,236	329,017	3,373	332,390	90.02		
90.03 09001 OB GYN	2,131,404	350,200	2,481,604	-259,568	2,222,036	90.03		
91.00 09100 EMERGENCY	3,484,208	525,214	4,009,422	-74,257	3,935,165	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
93.00 04952 BEHAVIOURAL HEALTH	157,823	11,378	169,201	3,635	172,836	93.00		
OTHER REIMBURSABLE COST CENTERS								
101.00 10100 HOME HEALTH AGENCY	919,312	149,709	1,069,021	3,034	1,072,055	101.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE		1,564,137	1,564,137	-1,564,137	0	113.00		
116.00 11600 HOSPICE	576,596	212,281	788,877	-27,306	761,571	116.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		43,935,729	65,334,247	109,269,976	286,968	109,556,944	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,814,776	271,936	3,086,712	-131,121	2,955,591	192.00		
194.00 07950 WELLNESS	41,008	20,574	61,582	-2,958	58,624	194.00		
194.01 07951 PAIN MANAGEMENT	0	0	0	0	0	194.01		
194.02 07952 EXTERNAL SVCS MARKETING	164,918	675,918	840,836	0	840,836	194.02		
194.03 07953 WASHINGTON CLINIC	170,743	1,394	172,137	0	172,137	194.03		
194.04 07954 PHYSICIAN OFFICES	697,540	160,359	857,899	-29,197	828,702	194.04		
194.05 07955 INTEGRATED MEDICINE	285,613	165,076	450,689	-119,429	331,260	194.05		
194.06 07956 SURGICAL PROFESSIONAL	192,438	47,860	240,298	-4,263	236,035	194.06		
200.00	TOTAL (SUM OF LINES 118-199)		48,302,765	66,677,364	114,980,129	0	114,980,129	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150065

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

Worksheet A
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-527,644	5,122,828	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	4,517,610	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-547	14,079,277	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,010,392	17,500,649	5.00
7.00	00700	OPERATION OF PLANT	0	2,638,417	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	311,866	8.00
9.00	00900	HOUSEKEEPING	0	1,059,673	9.00
10.00	01000	DIETARY	-394	472,297	10.00
11.00	01100	CAFETERIA	-398,180	357,426	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,180,843	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	507,269	14.00
15.00	01500	PHARMACY	0	2,663,437	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-38,198	1,104,817	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	213,101	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-696,001	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,022	5,521,873	30.00
31.00	03100	INTENSIVE CARE UNIT	0	951,472	31.00
43.00	04300	NURSERY	0	258,358	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-649,100	3,519,885	50.00
51.00	05100	RECOVERY ROOM	0	427,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,123,556	52.00
53.00	05300	ANESTHESIOLOGY	-2,081,776	197,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-377,353	3,041,457	54.00
54.01	03630	ULTRA SOUND	0	272,340	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	148,174	54.02
57.00	05700	CT SCAN	0	544,588	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	284,285	58.00
60.00	06000	LABORATORY	-69,700	2,784,139	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	378,653	63.00
64.00	06400	INTRAVENOUS THERAPY	0	221,837	64.00
65.00	06500	RESPIRATORY THERAPY	-119	846,913	65.00
66.00	06600	PHYSICAL THERAPY	0	959,031	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	272,081	67.00
68.00	06800	SPEECH PATHOLOGY	0	195,714	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,469	187,567	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,131,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,671,823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,183,104	73.00
76.00	03952	WOUND CARE	0	205,163	76.00
76.02	03951	CASE MANAGEMENT	-366,435	16,497	76.02
76.03	03950	PAIN MANAGEMENT	-483,269	744,858	76.03
76.97	07697	CARDIAC REHABILITATION	0	392,496	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0	44,920	90.00
90.01	04951	PALLIATIVE HEALTH	-1,938	98,028	90.01
90.02	09000	VEIN CENTER	-154,443	177,947	90.02
90.03	09001	OB GYN	-1,612,745	609,291	90.03
91.00	09100	EMERGENCY	-1,621,526	2,313,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04952	BEHAVIOURAL HEALTH	0	172,836	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-200	1,071,855	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-140	761,431	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,094,591	98,462,353	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,955,591	192.00
194.00	07950	WELLNESS	0	58,624	194.00
194.01	07951	PAIN MANAGEMENT	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	840,836	194.02
194.03	07953	WASHINGTON CLINIC	0	172,137	194.03
194.04	07954	PHYSICIAN OFFICES	0	828,702	194.04
194.05	07955	INTEGRATED MEDICINE	0	331,260	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	236,035	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-11,094,591	103,885,538	200.00

		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	406,559	349,047	1.00
	0		406,559	349,047	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,349,260	1.00
	0		0	5,349,260	
C - BILLIABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,454,439	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	0		0	4,454,439	
E - DRUGS CHG PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,183,104	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	0		0	6,183,104	
F - CAP LEASE - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,036	1.00
	0		0	2,036	
H - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	110,622	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	58,292	2.00
	0		0	168,914	

RECLASSIFICATIONS

Provider CCN: 150065

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 3:48 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
I - BIO-MED						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	122	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	825	2.00	
3.00	HOUSEKEEPING	9.00	0	68	3.00	
4.00	DIETARY	10.00	0	662	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,896	5.00	
6.00	PHARMACY	15.00	0	1,352	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	203	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	108,707	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	22,154	9.00	
10.00	NURSERY	43.00	0	8,304	10.00	
11.00	OPERATING ROOM	50.00	0	97,123	11.00	
12.00	ANESTHESIOLOGY	53.00	0	16,763	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,425	13.00	
14.00	ULTRA SOUND	54.01	0	1,324	14.00	
15.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	404	15.00	
16.00	CT SCAN	57.00	0	662	16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,646	17.00	
18.00	LABORATORY	60.00	0	11,550	18.00	
19.00	INTRAVENOUS THERAPY	64.00	0	4,655	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	25,676	20.00	
21.00	PHYSICAL THERAPY	66.00	0	10,435	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	1,352	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	2,177	23.00	
24.00	WOUND CARE	76.00	0	297	24.00	
25.00	CASE MANAGEMENT	76.02	0	8,747	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	2,987	26.00	
27.00	VEIN CENTER	90.02	0	6,384	27.00	
28.00	OB GYN	90.03	0	25,973	28.00	
29.00	BEHAVIOURAL HEALTH	93.00	0	3,645	29.00	
30.00	HOME HEALTH AGENCY	101.00	0	2,097	30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	487	31.00	
32.00	WELLNESS	194.00	0	1,428	32.00	
33.00	PHYSICIAN OFFICES	194.04	0	136	33.00	
34.00	INTEGRATED MEDICINE	194.05	0	584	34.00	
	O			389,250		
J - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,459,318	1.00	
	O			4,459,318		
K - BOND INTEREST EXP						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,564,137	1.00	
	O			1,564,137		
N - NURSERY						
1.00	NURSERY	43.00	249,723	0	1.00	
	O		249,723	0		
O - LABOR AND DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,123,556	0	1.00	
	O		1,123,556	0		
P - CRNA						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	696,001	0	1.00	
	O		696,001	0		
Q - HHA MSW						
1.00	HOME HEALTH AGENCY	101.00	937	0	1.00	
	O		937	0		
R - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,671,823	1.00	
	O			2,671,823		
500.00	Grand Total: Increases		2,476,776	25,591,328	500.00	

RECLASSIFICATIONS

Provider CCN: 150065

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 3:48 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	406,559	349,047	0	1.00
	O		406,559	349,047		
B - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,349,260	0	1.00
	O		0	5,349,260		
C - BILLIABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	199	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	275	0	2.00
3.00	DIETARY	10.00	0	2,681	0	3.00
4.00	PHARMACY	15.00	0	141,628	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	602,183	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	122,477	0	6.00
7.00	OPERATING ROOM	50.00	0	1,123,055	0	7.00
8.00	RECOVERY ROOM	51.00	0	4,141	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	402	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,497	0	10.00
11.00	ULTRA SOUND	54.01	0	19,149	0	11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	186	0	12.00
13.00	CT SCAN	57.00	0	78,651	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,879	0	14.00
15.00	LABORATORY	60.00	0	1,427,783	0	15.00
16.00	INTRAVENOUS THERAPY	64.00	0	13,379	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	165,908	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	19,576	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	5,864	0	19.00
20.00	SPEECH PATHOLOGY	68.00	0	1,634	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	19,732	0	21.00
22.00	WOUND CARE	76.00	0	2,317	0	22.00
23.00	CASE MANAGEMENT	76.02	0	1,649	0	23.00
24.00	PAIN MANAGEMENT	76.03	0	4,956	0	24.00
25.00	CARDIAC REHABILITATION	76.97	0	4,981	0	25.00
26.00	OTHER OUTPATIENT SERVICE COST CENTER	90.00	0	514	0	26.00
27.00	VEIN CENTER	90.02	0	3,011	0	27.00
28.00	OB GYN	90.03	0	265,409	0	28.00
29.00	EMERGENCY	91.00	0	74,257	0	29.00
30.00	BEHAVOURAL HEALTH	93.00	0	10	0	30.00
31.00	HOSPICE	116.00	0	9,382	0	31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	121,679	0	32.00
33.00	WELLNESS	194.00	0	637	0	33.00
34.00	PHYSICIAN OFFICES	194.04	0	29,309	0	34.00
35.00	INTEGRATED MEDICINE	194.05	0	118,050	0	35.00
36.00	SURGICAL PROFESSIONAL	194.06	0	3,999	0	36.00
	O		0	4,454,439		
E - DRUGS CHG PATIENTS						
1.00	PHARMACY	15.00	0	5,878,924	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,083	0	2.00
3.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	118,508	0	3.00
4.00	CT SCAN	57.00	0	47,230	0	4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27,933	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	10,333	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	35,108	0	7.00
8.00	OB GYN	90.03	0	20,132	0	8.00
9.00	HOSPICE	116.00	0	17,924	0	9.00
10.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,929	0	10.00
11.00	WELLNESS	194.00	0	3,749	0	11.00
12.00	PHYSICIAN OFFICES	194.04	0	24	0	12.00
13.00	INTEGRATED MEDICINE	194.05	0	1,963	0	13.00
14.00	SURGICAL PROFESSIONAL	194.06	0	264	0	14.00
	O		0	6,183,104		
F - CAP LEASE - INTEREST						
1.00	CT SCAN	57.00	0	2,036	11	1.00
	O		0	2,036		
H - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	168,914	12	1.00
2.00		0.00	0	0	12	2.00
	O		0	168,914		

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
I - BIO-MED						
1.00	OPERATION OF PLANT	7.00	0	389,250	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
0			0	389,250		
J - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,459,318	9	1.00
0			0	4,459,318		
K - BOND INTEREST EXP						
1.00	INTEREST EXPENSE	113.00	0	1,564,137	11	1.00
0			0	1,564,137		
N - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	249,723	0	0	1.00
0			249,723	0		
O - LABOR AND DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	1,123,556	0	0	1.00
0			1,123,556	0		
P - CRNA						
1.00	ANESTHESIOLOGY	53.00	696,001	0	0	1.00
0			696,001	0		
Q - HHA MSW						
1.00	NURSING ADMINISTRATION	13.00	937	0	0	1.00
0			937	0		
R - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,671,823	0	1.00
0			0	2,671,823		
500.00	Grand Total: Decreases		2,476,776	25,591,328		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,311,797	8,320	0	8,320	1.00
2.00	Land Improvements	3,988,678	30,750	0	30,750	2.00
3.00	Buildings and Fixtures	78,286,932	1,799,856	0	1,799,856	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	6,326,943	46,725	0	46,725	5.00
6.00	Movable Equipment	48,582,255	4,487,958	0	4,487,958	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	143,496,605	6,373,609	0	6,373,609	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	143,496,605	6,373,609	0	6,373,609	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,320,117	0			1.00
2.00	Land Improvements	4,019,428	0			2.00
3.00	Buildings and Fixtures	80,031,280	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	6,369,578	0			5.00
6.00	Movable Equipment	50,976,893	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	147,717,296	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	147,717,296	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	8,432,995	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,432,995	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	8,432,995				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,432,995				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part III
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	96,740,403	0	96,740,403	0.654902	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	50,976,893	0	50,976,893	0.345098	0	2.00
3.00	Total (sum of lines 1-2)	147,717,296	0	147,717,296	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,973,677	-8,050	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,459,318	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,432,995	-8,050	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,046,579	110,622	0	0	5,122,828	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	58,292	0	0	4,517,610	2.00
3.00	Total (sum of lines 1-2)	1,046,579	168,914	0	0	9,640,438	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150065

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

Worksheet A-8

Date/Time Prepared:
5/20/2015 3:48 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-354,013	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-116,624	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-8,050	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-5,706	ADMINISTRATIVE & GENERAL	5.00	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	-7,257,923			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-398,180	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-38,198	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-8,379	ADMINISTRATIVE & GENERAL	5.00	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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-696,001	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 150065

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

Worksheet A-8

Date/Time Prepared:
 5/20/2015 3:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 EMPLOYEE SICK CHILD	B	-196	ADMINISTRATIVE & GENERAL	5.00	0 33.00
34.00 MISC INCOME	B	-210,329	ADMINISTRATIVE & GENERAL	5.00	0 34.00
35.00 PHYSICIAN RECRUITMENT	A	-1,660,000	ADMINISTRATIVE & GENERAL	5.00	0 35.00
36.00 IHA DUES	A	-1,735	ADMINISTRATIVE & GENERAL	5.00	0 36.00
36.01 PAIN LOBBYING EXPENSE	A	-21	ADMINISTRATIVE & GENERAL	5.00	0 36.01
37.00 AHA DUES	A	-5,018	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00 TELEPHONE BENEFITS	A	-547	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
39.00 NEROMODULATION LOBBYING EXPENSE	A	-43	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00		0		0.00	0 40.00
41.00 DEVELOPMENT MARKETING	A	-2,341	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00 NURTITION MARKETING	A	-394	DIETARY	10.00	0 42.00
43.00		0		0.00	0 43.00
44.00		0		0.00	0 44.00
45.00 4N MEDICAL NRSNG MARKETING	A	-1,022	ADULTS & PEDIATRICS	30.00	0 45.00
45.01 OB/GYN MARKETING	A	-1,500	OB GYN	90.03	0 45.01
45.02 HOSPICE MARKETING	A	-140	HOSPICE	116.00	0 45.02
45.03 HOME HEALTH MARKETING	A	-200	HOME HEALTH AGENCY	101.00	0 45.03
45.04 RESPIRATORY THERAPY MARKETING	A	-119	RESPIRATORY THERAPY	65.00	0 45.04
45.06 HOSPITALIST MARKETING	A	-265	EMERGENCY	91.00	0 45.06
45.07		0		0.00	0 45.07
45.08		0		0.00	0 45.08
45.09		0		0.00	0 45.09
45.10		0		0.00	0 45.10
45.11		0		0.00	0 45.11
45.12 UNNECESSARY BORROWING	A	-165,581	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.12
45.13 BARIATRIC NP	A	-162,066	CASE MANAGEMENT	76.02	0 45.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,094,591			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150065

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 3:48 pm

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	54.00	RADIOLOGY-DIAGNOSTIC	506,030	303,618	202,412	217,600	1,230	1.00
2.00	60.00	LABORATORY	230,000	0	230,000	208,000	1,603	2.00
3.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	159,800	72	3.00
4.00	90.03	OB GYN	1,611,245	1,611,245	0	159,800	0	4.00
5.00	76.02	CASE MANAGEMENT	204,369	204,369	0	159,800	0	5.00
6.00	76.03	PAIN MANAGEMENT	483,269	483,269	0	159,800	0	6.00
7.00	90.01	PALLIATIVE HEALTH	1,938	1,938	0	159,800	0	7.00
8.00	90.02	VEIN CENTER	154,443	154,443	0	159,800	0	8.00
9.00	91.00	EMERGENCY	310,421	310,421	0	159,800	0	9.00
10.00	91.00	EMERGENCY	1,310,840	1,310,840	0	159,800	0	10.00
11.00	50.00	OPERATING ROOM	649,100	649,100	0	182,900	0	11.00
12.00	53.00	ANESTHESIOLOGY	2,081,776	2,081,776	0	182,900	0	12.00
200.00			7,552,431	7,111,019	441,412		2,905	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	54.00	RADIOLOGY-DIAGNOSTIC	128,677	6,434	0	0	0	1.00
2.00	60.00	LABORATORY	160,300	8,015	0	0	0	2.00
3.00	69.00	ELECTROCARDIOLOGY	5,531	277	0	0	0	3.00
4.00	90.03	OB GYN	0	0	0	0	0	4.00
5.00	76.02	CASE MANAGEMENT	0	0	0	0	0	5.00
6.00	76.03	PAIN MANAGEMENT	0	0	0	0	0	6.00
7.00	90.01	PALLIATIVE HEALTH	0	0	0	0	0	7.00
8.00	90.02	VEIN CENTER	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
200.00			294,508	14,726	0	0	0	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	54.00	RADIOLOGY-DIAGNOSTIC	0	128,677	73,735	377,353	1.00
2.00	60.00	LABORATORY	0	160,300	69,700	69,700	2.00
3.00	69.00	ELECTROCARDIOLOGY	0	5,531	3,469	3,469	3.00
4.00	90.03	OB GYN	0	0	0	1,611,245	4.00
5.00	76.02	CASE MANAGEMENT	0	0	0	204,369	5.00
6.00	76.03	PAIN MANAGEMENT	0	0	0	483,269	6.00
7.00	90.01	PALLIATIVE HEALTH	0	0	0	1,938	7.00
8.00	90.02	VEIN CENTER	0	0	0	154,443	8.00
9.00	91.00	EMERGENCY	0	0	0	310,421	9.00
10.00	91.00	EMERGENCY	0	0	0	1,310,840	10.00
11.00	50.00	OPERATING ROOM	0	0	0	649,100	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	2,081,776	12.00
200.00			0	294,508	146,904	7,257,923	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,122,828	5,122,828			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,517,610		4,517,610		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,079,277	19,588	2,803	14,101,668	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,500,649	427,675	566,402	1,980,456	5.00
7.00 00700	OPERATION OF PLANT	2,638,417	758,135	1,653,812	303,327	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	311,866	27,025	1,050	14,449	8.00
9.00 00900	HOUSEKEEPING	1,059,673	39,160	6,042	236,095	9.00
10.00 01000	DIETARY	472,297	104,909	22,338	75,485	10.00
11.00 01100	CAFETERIA	357,426	0	0	119,882	11.00
13.00 01300	NURSING ADMINISTRATION	3,180,843	123,443	98,792	769,025	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	507,269	80,609	40,584	123,701	14.00
15.00 01500	PHARMACY	2,663,437	45,694	147,895	316,158	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,104,817	35,938	2,527	270,168	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	213,101	5,435	0	62,680	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	205,229	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,521,873	1,125,483	252,156	1,349,095	30.00
31.00 03100	INTENSIVE CARE UNIT	951,472	87,354	107,977	260,997	31.00
43.00 04300	NURSERY	258,358	0	0	73,636	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,519,885	627,451	562,380	528,453	50.00
51.00 05100	RECOVERY ROOM	427,690	0	6,768	120,404	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,123,556	0	0	331,302	52.00
53.00 05300	ANESTHESIOLOGY	197,466	0	27,677	819,080	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,041,457	437,702	489,802	637,786	54.00
54.01 03630	ULTRA SOUND	272,340	0	13,946	72,907	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	148,174	0	860	28,168	54.02
57.00 05700	CT SCAN	544,588	0	46,934	68,312	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	284,285	0	4,851	33,815	58.00
60.00 06000	LABORATORY	2,784,139	85,562	48,183	417,001	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	378,653	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	221,837	67,841	51,680	62,453	64.00
65.00 06500	RESPIRATORY THERAPY	846,913	39,190	33,406	232,451	65.00
66.00 06600	PHYSICAL THERAPY	959,031	109,200	19,892	275,776	66.00
67.00 06700	OCCUPATIONAL THERAPY	272,081	7,483	1,046	79,576	67.00
68.00 06800	SPEECH PATHOLOGY	195,714	0	0	57,019	68.00
69.00 06900	ELECTROCARDIOLOGY	187,567	75,941	57,144	26,671	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,131,876	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,671,823	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,183,104	0	0	0	73.00
76.00 03952	WOUND CARE	205,163	0	328	46,347	76.00
76.02 03951	CASE MANAGEMENT	16,497	16,727	455	108,121	76.02
76.03 03950	PAIN MANAGEMENT	744,858	79,570	6,299	330,278	76.03
76.97 07697	CARDIAC REHABILITATION	392,496	0	370	112,419	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04953	OTHER OUTPATIENT SERVICE COST CENTER	44,920	0	1,470	12,313	90.00
90.01 04951	PALLIATIVE HEALTH	98,028	0	0	28,420	90.01
90.02 09000	VEIN CENTER	177,947	0	1,475	80,730	90.02
90.03 09001	OB GYN	609,291	0	94,620	628,485	90.03
91.00 09100	EMERGENCY	2,313,639	167,150	34,747	1,027,385	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIOURAL HEALTH	172,836	17,043	15,249	46,537	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,071,855	57,965	9,172	271,353	1,410,345
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	761,431	2,258	8,639	170,020	942,348
118.00	SUBTOTALS (SUM OF LINES 1-117)	98,462,353	4,671,531	4,439,771	12,813,965	96,645,514
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,886	0	0	17,886
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,955,591	345,320	67,980	829,990	4,198,881
194.00 07950	WELLNESS	58,624	0	0	12,092	70,716
194.01 07951	PAIN MANAGEMENT	0	0	222	48,629	48,851
194.02 07952	EXTERNAL SVCS MARKETING	840,836	3,312	572	0	844,720
194.03 07953	WASHINGTON CLINIC	172,137	75,294	0	50,347	297,778
194.04 07954	PHYSICIAN OFFICES	828,702	0	6,429	205,683	1,040,814
194.05 07955	INTEGRATED MEDICINE	331,260	9,485	1,951	84,218	426,914
194.06 07956	SURGICAL PROFESSIONAL	236,035	0	685	56,744	293,464

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	103,885,538	5,122,828	4,517,610	14,101,668	103,885,538	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,475,182					5.00
7.00	00700	OPERATION OF PLANT	1,314,197	6,667,888				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,994	46,000	487,384			8.00
9.00	00900	HOUSEKEEPING	329,175	66,655	2,726	1,739,526		9.00
10.00	01000	DIETARY	165,703	178,566	0	47,385	1,066,683	10.00
11.00	01100	CAFETERIA	117,167	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,024,147	210,113	0	55,756	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	184,637	137,205	0	36,409	0	14.00
15.00	01500	PHARMACY	778,937	77,777	0	20,639	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	346,967	61,171	0	16,233	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	69,031	9,251	0	2,455	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	50,379	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,024,849	1,915,688	265,425	508,357	954,495	30.00
31.00	03100	INTENSIVE CARE UNIT	345,580	148,686	23,672	39,456	112,188	31.00
43.00	04300	NURSERY	81,496	0	11,085	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,285,840	1,067,989	50,146	283,406	0	50.00
51.00	05100	RECOVERY ROOM	136,205	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	357,131	0	3,964	0	0	52.00
53.00	05300	ANESTHESIOLOGY	256,331	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,130,841	745,017	41,522	197,701	0	54.00
54.01	03630	ULTRA SOUND	88,173	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	43,499	0	0	0	0	54.02
57.00	05700	CT SCAN	161,973	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79,276	0	0	0	0	58.00
60.00	06000	LABORATORY	818,631	145,636	0	38,647	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	92,950	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	99,126	115,473	0	30,643	0	64.00
65.00	06500	RESPIRATORY THERAPY	282,777	66,706	0	17,701	0	65.00
66.00	06600	PHYSICAL THERAPY	334,803	185,870	23,953	49,323	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	88,417	12,736	0	3,380	0	67.00
68.00	06800	SPEECH PATHOLOGY	62,040	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	85,259	129,261	21,770	34,301	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,750,697	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	655,866	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,517,797	0	0	0	0	73.00
76.00	03952	WOUND CARE	61,820	0	0	0	0	76.00
76.02	03951	CASE MANAGEMENT	34,808	28,471	0	7,555	0	76.02
76.03	03950	PAIN MANAGEMENT	284,998	135,437	0	35,940	0	76.03
76.97	07697	CARDIAC REHABILITATION	124,035	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	14,410	0	0	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	31,040	0	0	0	0	90.01
90.02	09000	VEIN CENTER	63,861	0	0	0	0	90.02
90.03	09001	OB GYN	327,070	0	0	0	0	90.03
91.00	09100	EMERGENCY	869,699	284,507	43,121	75,498	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	61,777	29,009	0	7,698	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	346,204	98,662	0	26,181	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	231,323	3,844	0	1,020	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,697,936	5,899,730	487,384	1,535,684	1,066,683	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,391	30,444	0	8,079	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,030,720	587,772	0	155,974	0	192.00
194.00	07950	WELLNESS	17,359	0	0	0	0	194.00
194.01	07951	PAIN MANAGEMENT	11,992	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	207,358	5,638	0	1,496	0	194.02
194.03	07953	WASHINGTON CLINIC	73,097	128,159	0	34,009	0	194.03
194.04	07954	PHYSICIAN OFFICES	255,494	0	0	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	104,797	16,145	0	4,284	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	72,038	0	0	0	0	194.06
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)	20,475,182	6,667,888	487,384	1,739,526	1,066,683	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/20/2015 3:48 pm		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA	594,475				11.00	
13.00	01300	NURSING ADMINISTRATION	37,491	5,499,610			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	13,497	0	1,123,911		14.00	
15.00	01500	PHARMACY	15,351	244,867	1,841	4,312,596	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	23,320	0	1,573	0	1,862,714	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	2,896	0	57	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	4,604	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,282	1,456,019	10,800	0	86,678	30.00
31.00	03100	INTENSIVE CARE UNIT	15,915	253,862	1,018	0	11,961	31.00
43.00	04300	NURSERY	5,581	89,029	36	0	9,960	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,063	750,697	18,532	0	415,322	50.00
51.00	05100	RECOVERY ROOM	6,826	0	1,826	0	37,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,759	315,164	0	0	46,333	52.00
53.00	05300	ANESTHESIOLOGY	10,786	0	218	0	29,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,068	543,410	4,571	0	106,433	54.00
54.01	03630	ULTRA SOUND	3,640	0	384	0	25,346	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,467	0	226	0	12,884	54.02
57.00	05700	CT SCAN	3,823	0	193	0	202,098	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,703	0	172	0	69,359	58.00
60.00	06000	LABORATORY	34,844	555,784	3,714	0	304,601	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	5,643	63.00
64.00	06400	INTRAVENOUS THERAPY	4,286	0	367	0	8,702	64.00
65.00	06500	RESPIRATORY THERAPY	16,959	0	594	0	31,205	65.00
66.00	06600	PHYSICAL THERAPY	16,262	259,385	1,072	0	29,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,194	0	52	0	11,218	67.00
68.00	06800	SPEECH PATHOLOGY	3,007	0	38	0	3,015	68.00
69.00	06900	ELECTROCARDIOLOGY	1,617	25,791	414	0	43,395	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	769,608	0	58,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	288,319	0	31,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,312,596	109,064	73.00
76.00	03952	WOUND CARE	2,608	0	18	0	4,098	76.00
76.02	03951	CASE MANAGEMENT	0	0	571	0	1,284	76.02
76.03	03950	PAIN MANAGEMENT	13,303	0	1,239	0	13,337	76.03
76.97	07697	CARDIAC REHABILITATION	6,491	0	506	0	1,068	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	624	0	338	0	921	90.00
90.01	04951	PALLIATIVE HEALTH	1,124	0	1	0	1,065	90.01
90.02	09000	VEIN CENTER	3,129	0	326	0	9,674	90.02
90.03	09001	OB GYN	19,159	0	3,185	0	11,517	90.03
91.00	09100	EMERGENCY	47,800	762,445	3,317	0	102,077	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	2,919	0	373	0	1,441	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	15,244	243,157	1,351	0	14,228	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,467	0	879	0	12,900	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	543,109	5,499,610	1,117,729	4,312,596	1,862,714	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,477	0	1,555	0	0	192.00
194.00	07950	WELLNESS	794	0	210	0	0	194.00
194.01	07951	PAIN MANAGEMENT	3,042	0	817	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	819	0	0	0	0	194.02
194.03	07953	WASHINGTON CLINIC	6,229	0	146	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	7,411	0	844	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	3,211	0	485	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	1,383	0	2,125	0	0	194.06
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)	594,475	5,499,610	1,123,911	4,312,596	1,862,714	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN PRIVATE PRACTICE	ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE						
	18.00	19.00		24.00		25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	364,906					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	260,212				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	0	15,562,200	0	15,562,200	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	2,360,138	0	2,360,138	31.00
43.00 04300	NURSERY	0	0	529,181	0	529,181	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	9,157,164	0	9,157,164	50.00
51.00 05100	RECOVERY ROOM	0	0	737,069	0	737,069	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,197,209	0	2,197,209	52.00
53.00 05300	ANESTHESIOLOGY	0	260,212	1,601,141	0	1,601,141	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	7,410,310	0	7,410,310	54.00
54.01 03630	ULTRA SOUND	0	0	476,736	0	476,736	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	235,278	0	235,278	54.02
57.00 05700	CT SCAN	0	0	1,027,921	0	1,027,921	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	473,461	0	473,461	58.00
60.00 06000	LABORATORY	0	0	5,236,742	0	5,236,742	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	477,246	0	477,246	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	662,408	0	662,408	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	1,567,902	0	1,567,902	65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,263,590	0	2,263,590	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	480,183	0	480,183	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	320,833	0	320,833	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	689,131	0	689,131	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,710,429	0	9,710,429	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	3,647,903	0	3,647,903	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	12,122,561	0	12,122,561	73.00
76.00 03952	WOUND CARE	0	0	320,382	0	320,382	76.00
76.02 03951	CASE MANAGEMENT	0	0	214,489	0	214,489	76.02
76.03 03950	PAIN MANAGEMENT	0	0	1,645,259	0	1,645,259	76.03
76.97 07697	CARDIAC REHABILITATION	0	0	637,385	0	637,385	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04953	OTHER OUTPATIENT SERVICE COST CENTER	3,182	0	78,178	0	78,178	90.00
90.01 04951	PALLIATIVE HEALTH	5,729	0	165,407	0	165,407	90.01
90.02 09000	VEIN CENTER	15,956	0	353,098	0	353,098	90.02
90.03 09001	OB GYN	97,689	0	1,791,016	0	1,791,016	90.03
91.00 09100	EMERGENCY	0	0	5,731,385	0	5,731,385	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04952	BEHAVIOURAL HEALTH	0	0	354,882	0	354,882	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	0	2,155,372	0	2,155,372	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	1,202,781	0	1,202,781	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	122,556	260,212	93,596,370	0	93,596,370	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	60,800	0	60,800	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	145,205	0	6,148,584	0	6,148,584	192.00
194.00 07950	WELLNESS	0	0	89,079	0	89,079	194.00
194.01 07951	PAIN MANAGEMENT	0	0	64,702	0	64,702	194.01
194.02 07952	EXTERNAL SVCS MARKETING	4,174	0	1,064,205	0	1,064,205	194.02
194.03 07953	WASHINGTON CLINIC	31,762	0	571,180	0	571,180	194.03
194.04 07954	PHYSICIAN OFFICES	37,787	0	1,342,350	0	1,342,350	194.04
194.05 07955	INTEGRATED MEDICINE	16,372	0	572,208	0	572,208	194.05
194.06 07956	SURGICAL PROFESSIONAL	7,050	0	376,060	0	376,060	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	364,906	260,212	103,885,538	0	103,885,538	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,588	2,803	22,391	22,391 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,456	427,675	566,402	1,003,533	3,153 5.00
7.00 00700	OPERATION OF PLANT	11,733	758,135	1,653,812	2,423,680	481 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	27,025	1,050	28,075	23 8.00
9.00 00900	HOUSEKEEPING	5,144	39,160	6,042	50,346	375 9.00
10.00 01000	DIETARY	3,954	104,909	22,338	131,201	120 10.00
11.00 01100	CAFETERIA	0	0	0	0	190 11.00
13.00 01300	NURSING ADMINISTRATION	0	123,443	98,792	222,235	1,221 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	80,609	40,584	121,193	196 14.00
15.00 01500	PHARMACY	16,870	45,694	147,895	210,459	502 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	35,938	2,527	38,465	429 16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	5,435	0	5,435	99 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	326 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,659	1,125,483	252,156	1,384,298	2,141 30.00
31.00 03100	INTENSIVE CARE UNIT	1,814	87,354	107,977	197,145	414 31.00
43.00 04300	NURSERY	0	0	0	0	117 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	146,433	627,451	562,380	1,336,264	839 50.00
51.00 05100	RECOVERY ROOM	0	0	6,768	6,768	191 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	526 52.00
53.00 05300	ANESTHESIOLOGY	0	0	27,677	27,677	1,300 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	437,702	489,802	927,504	1,012 54.00
54.01 03630	ULTRA SOUND	0	0	13,946	13,946	116 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	860	860	45 54.02
57.00 05700	CT SCAN	51,000	0	46,934	97,934	108 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,851	4,851	54 58.00
60.00 06000	LABORATORY	101,189	85,562	48,183	234,934	662 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	67,841	51,680	119,521	99 64.00
65.00 06500	RESPIRATORY THERAPY	5,150	39,190	33,406	77,746	369 65.00
66.00 06600	PHYSICAL THERAPY	0	109,200	19,892	129,092	438 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,483	1,046	8,529	126 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	90 68.00
69.00 06900	ELECTROCARDIOLOGY	7,943	75,941	57,144	141,028	42 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03952	WOUND CARE	41,069	0	328	41,397	74 76.00
76.02 03951	CASE MANAGEMENT	0	16,727	455	17,182	172 76.02
76.03 03950	PAIN MANAGEMENT	0	79,570	6,299	85,869	524 76.03
76.97 07697	CARDIAC REHABILITATION	0	0	370	370	178 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04953	OTHER OUTPATIENT SERVICE COST CENTER	0	0	1,470	1,470	20 90.00
90.01 04951	PALLIATIVE HEALTH	0	0	0	0	45 90.01
90.02 09000	VEIN CENTER	0	0	1,475	1,475	128 90.02
90.03 09001	OB GYN	0	0	94,620	94,620	997 90.03
91.00 09100	EMERGENCY	0	167,150	34,747	201,897	1,631 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIOURAL HEALTH	0	17,043	15,249	32,292	74 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	57,965	9,172	67,137	431 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	88,214	2,258	8,639	99,111	270 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	496,628	4,671,531	4,439,771	9,607,930	20,348 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,886	0	17,886	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	150	345,320	67,980	413,450	1,317 192.00
194.00 07950	WELLNESS	878	0	0	878	19 194.00
194.01 07951	PAIN MANAGEMENT	0	0	222	222	77 194.01
194.02 07952	EXTERNAL SVCS MARKETING	0	3,312	572	3,884	0 194.02
194.03 07953	WASHINGTON CLINIC	0	75,294	0	75,294	80 194.03
194.04 07954	PHYSICIAN OFFICES	0	0	6,429	6,429	326 194.04
194.05 07955	INTEGRATED MEDICINE	0	9,485	1,951	11,436	134 194.05
194.06 07956	SURGICAL PROFESSIONAL	0	0	685	685	90 194.06
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	497,656	5,122,828	4,517,610	10,138,094	22,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 3:48 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,006,686				5.00
7.00	00700	OPERATION OF PLANT	64,614	2,488,775			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,277	17,169	49,544		8.00
9.00	00900	HOUSEKEEPING	16,184	24,879	277	92,061	9.00
10.00	01000	DIETARY	8,147	66,649	0	2,508	208,625
11.00	01100	CAFETERIA	5,761	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	50,353	78,424	0	2,951	0
14.00	01400	CENTRAL SERVICES & SUPPLY	9,078	51,211	0	1,927	0
15.00	01500	PHARMACY	38,297	29,030	0	1,092	0
16.00	01600	MEDICAL RECORDS & LIBRARY	17,059	22,832	0	859	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	3,394	3,453	0	130	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,477	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	99,557	715,028	26,982	26,902	186,683
31.00	03100	INTENSIVE CARE UNIT	16,991	55,497	2,406	2,088	21,942
43.00	04300	NURSERY	4,007	0	1,127	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,219	398,625	5,097	14,999	0
51.00	05100	RECOVERY ROOM	6,697	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,559	0	403	0	0
53.00	05300	ANESTHESIOLOGY	12,603	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,599	278,076	4,221	10,463	0
54.01	03630	ULTRA SOUND	4,335	0	0	0	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,139	0	0	0	0
57.00	05700	CT SCAN	7,964	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,898	0	0	0	0
60.00	06000	LABORATORY	40,249	54,358	0	2,045	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,570	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	4,874	43,100	0	1,622	0
65.00	06500	RESPIRATORY THERAPY	13,903	24,898	0	937	0
66.00	06600	PHYSICAL THERAPY	16,461	69,375	2,435	2,610	0
67.00	06700	OCCUPATIONAL THERAPY	4,347	4,754	0	179	0
68.00	06800	SPEECH PATHOLOGY	3,050	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	4,192	48,246	2,213	1,815	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,075	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,246	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	74,624	0	0	0	0
76.00	03952	WOUND CARE	3,039	0	0	0	0
76.02	03951	CASE MANAGEMENT	1,711	10,627	0	400	0
76.03	03950	PAIN MANAGEMENT	14,012	50,551	0	1,902	0
76.97	07697	CARDIAC REHABILITATION	6,098	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	708	0	0	0	0
90.01	04951	PALLIATIVE HEALTH	1,526	0	0	0	0
90.02	09000	VEIN CENTER	3,140	0	0	0	0
90.03	09001	OB GYN	16,081	0	0	0	0
91.00	09100	EMERGENCY	42,760	106,191	4,383	3,996	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04952	BEHAVIOURAL HEALTH	3,037	10,828	0	407	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	17,021	36,826	0	1,386	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	11,373	1,435	0	54	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	919,306	2,202,062	49,544	81,272	208,625
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	216	11,363	0	428	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	50,676	219,385	0	8,255	0
194.00	07950	WELLNESS	853	0	0	0	0
194.01	07951	PAIN MANAGEMENT	590	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	10,195	2,104	0	79	0
194.03	07953	WASHINGTON CLINIC	3,594	47,835	0	1,800	0
194.04	07954	PHYSICIAN OFFICES	12,562	0	0	0	0
194.05	07955	INTEGRATED MEDICINE	5,152	6,026	0	227	0
194.06	07956	SURGICAL PROFESSIONAL	3,542	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,006,686	2,488,775	49,544	92,061	208,625

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	5,951					11.00
13.00	01300	NURSING ADMINISTRATION	375	355,559				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	135	0	183,740			14.00
15.00	01500	PHARMACY	154	15,831	301	295,666		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	233	0	257	0	80,134	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	29	0	9	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	46	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	916	94,135	1,766	0	3,732	30.00
31.00	03100	INTENSIVE CARE UNIT	159	16,413	166	0	515	31.00
43.00	04300	NURSERY	56	5,756	6	0	429	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	471	48,534	3,030	0	17,810	50.00
51.00	05100	RECOVERY ROOM	68	0	299	0	1,608	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	198	20,376	0	0	1,995	52.00
53.00	05300	ANESTHESIOLOGY	108	0	36	0	1,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	341	35,132	747	0	4,583	54.00
54.01	03630	ULTRA SOUND	36	0	63	0	1,091	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	15	0	37	0	555	54.02
57.00	05700	CT SCAN	38	0	32	0	8,702	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17	0	28	0	2,987	58.00
60.00	06000	LABORATORY	349	35,932	607	0	13,116	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	243	63.00
64.00	06400	INTRAVENOUS THERAPY	43	0	60	0	375	64.00
65.00	06500	RESPIRATORY THERAPY	170	0	97	0	1,344	65.00
66.00	06600	PHYSICAL THERAPY	163	16,770	175	0	1,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	42	0	9	0	483	67.00
68.00	06800	SPEECH PATHOLOGY	30	0	6	0	130	68.00
69.00	06900	ELECTROCARDIOLOGY	16	1,667	68	0	1,869	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	125,816	0	2,508	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	47,136	0	1,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	295,666	4,696	73.00
76.00	03952	WOUND CARE	26	0	3	0	176	76.00
76.02	03951	CASE MANAGEMENT	0	0	93	0	55	76.02
76.03	03950	PAIN MANAGEMENT	133	0	203	0	574	76.03
76.97	07697	CARDIAC REHABILITATION	65	0	83	0	46	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	6	0	55	0	40	90.00
90.01	04951	PALLIATIVE HEALTH	11	0	0	0	46	90.01
90.02	09000	VEIN CENTER	31	0	53	0	417	90.02
90.03	09001	OB GYN	192	0	521	0	496	90.03
91.00	09100	EMERGENCY	479	49,293	542	0	4,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	29	0	61	0	62	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	153	15,720	221	0	613	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	105	0	144	0	555	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,438	355,559	182,730	295,666	80,134	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	285	0	254	0	0	192.00
194.00	07950	WELLNESS	8	0	34	0	0	194.00
194.01	07951	PAIN MANAGEMENT	30	0	134	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	8	0	0	0	0	194.02
194.03	07953	WASHINGTON CLINIC	62	0	24	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	74	0	138	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	32	0	79	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	14	0	347	0	0	194.06
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)	5,951	355,559	183,740	295,666	80,134	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN PRIVATE PRACTICE	ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE						
	18.00	19.00		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	12,549					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	2,849				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0		2,542,140	0	2,542,140	30.00
31.00 03100	INTENSIVE CARE UNIT	0		313,736	0	313,736	31.00
43.00 04300	NURSERY	0		11,498	0	11,498	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0		1,888,888	0	1,888,888	50.00
51.00 05100	RECOVERY ROOM	0		15,631	0	15,631	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		41,057	0	41,057	52.00
53.00 05300	ANESTHESIOLOGY	0		42,989	0	42,989	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		1,317,678	0	1,317,678	54.00
54.01 03630	ULTRA SOUND	0		19,587	0	19,587	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		3,651	0	3,651	54.02
57.00 05700	CT SCAN	0		114,778	0	114,778	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0		11,835	0	11,835	58.00
60.00 06000	LABORATORY	0		382,252	0	382,252	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0		4,813	0	4,813	63.00
64.00 06400	INTRAVENOUS THERAPY	0		169,694	0	169,694	64.00
65.00 06500	RESPIRATORY THERAPY	0		119,464	0	119,464	65.00
66.00 06600	PHYSICAL THERAPY	0		238,769	0	238,769	66.00
67.00 06700	OCCUPATIONAL THERAPY	0		18,469	0	18,469	67.00
68.00 06800	SPEECH PATHOLOGY	0		3,306	0	3,306	68.00
69.00 06900	ELECTROCARDIOLOGY	0		201,156	0	201,156	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		214,399	0	214,399	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0		80,755	0	80,755	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		374,986	0	374,986	73.00
76.00 03952	WOUND CARE	0		44,715	0	44,715	76.00
76.02 03951	CASE MANAGEMENT	0		30,240	0	30,240	76.02
76.03 03950	PAIN MANAGEMENT	0		153,768	0	153,768	76.03
76.97 07697	CARDIAC REHABILITATION	0		6,840	0	6,840	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04953	OTHER OUTPATIENT SERVICE COST CENTER	109		2,408	0	2,408	90.00
90.01 04951	PALLIATIVE HEALTH	197		1,825	0	1,825	90.01
90.02 09000	VEIN CENTER	549		5,793	0	5,793	90.02
90.03 09001	OB GYN	3,360		116,267	0	116,267	90.03
91.00 09100	EMERGENCY	0		415,567	0	415,567	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
93.00 04952	BEHAVIOURAL HEALTH	0		46,790	0	46,790	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0		139,508	0	139,508	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00 11600	HOSPICE	0		113,047	0	113,047	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,215	0	9,208,299	0	9,208,299	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		29,893	0	29,893	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,994		698,616	0	698,616	192.00
194.00 07950	WELLNESS	0		1,792	0	1,792	194.00
194.01 07951	PAIN MANAGEMENT	0		1,053	0	1,053	194.01
194.02 07952	EXTERNAL SVCS MARKETING	144		16,414	0	16,414	194.02
194.03 07953	WASHINGTON CLINIC	1,092		129,781	0	129,781	194.03
194.04 07954	PHYSICIAN OFFICES	1,299		20,828	0	20,828	194.04
194.05 07955	INTEGRATED MEDICINE	563		23,649	0	23,649	194.05
194.06 07956	SURGICAL PROFESSIONAL	242		4,920	0	4,920	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
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Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments		2,849	2,849	0	2,849	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,549	2,849	10,138,094	0	10,138,094	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared: 5/20/2015 3:48 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	340,256					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		8,431,985				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,301	5,232	47,823,490			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	28,406	1,057,172	6,716,374	-20,475,182	83,410,356	5.00
7.00 00700	OPERATION OF PLANT	50,355	3,086,796	1,028,685	0	5,353,691	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,795	1,959	49,001	0	354,390	8.00
9.00 00900	HOUSEKEEPING	2,601	11,278	800,676	0	1,340,970	9.00
10.00 01000	DIETARY	6,968	41,693	255,995	0	675,029	10.00
11.00 01100	CAFETERIA	0	0	406,559	0	477,308	11.00
13.00 01300	NURSING ADMINISTRATION	8,199	184,393	2,608,022	0	4,172,103	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,354	75,748	419,512	0	752,163	14.00
15.00 01500	PHARMACY	3,035	276,041	1,072,199	0	3,173,184	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,387	4,716	916,230	0	1,413,450	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	361	0	212,570	0	281,216	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	696,001	0	205,229	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	74,754	470,641	4,575,235	0	8,248,607	30.00
31.00 03100	INTENSIVE CARE UNIT	5,802	201,536	885,130	0	1,407,800	31.00
43.00 04300	NURSERY	0	0	249,723	0	331,994	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	41,675	1,049,664	1,792,161	0	5,238,169	50.00
51.00 05100	RECOVERY ROOM	0	12,633	408,330	0	554,862	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,123,556	0	1,454,858	52.00
53.00 05300	ANESTHESIOLOGY	0	51,658	2,777,777	0	1,044,223	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	29,072	914,200	2,162,948	0	4,606,747	54.00
54.01 03630	ULTRA SOUND	0	26,030	247,253	0	359,193	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,605	95,528	0	177,202	54.02
57.00 05700	CT SCAN	0	87,601	231,670	0	659,834	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,054	114,679	0	322,951	58.00
60.00 06000	LABORATORY	5,683	89,933	1,414,192	0	3,334,885	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	378,653	63.00
64.00 06400	INTRAVENOUS THERAPY	4,506	96,459	211,799	0	403,811	64.00
65.00 06500	RESPIRATORY THERAPY	2,603	62,352	788,320	0	1,151,960	65.00
66.00 06600	PHYSICAL THERAPY	7,253	37,127	935,250	0	1,363,899	66.00
67.00 06700	OCCUPATIONAL THERAPY	497	1,953	269,870	0	360,186	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	193,370	0	252,733	68.00
69.00 06900	ELECTROCARDIOLOGY	5,044	106,657	90,452	0	347,323	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,131,876	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,671,823	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,183,104	73.00
76.00 03952	WOUND CARE	0	613	157,177	0	251,838	76.00
76.02 03951	CASE MANAGEMENT	1,111	850	366,676	0	141,800	76.02
76.03 03950	PAIN MANAGEMENT	5,285	11,757	1,120,083	0	1,161,005	76.03
76.97 07697	CARDIAC REHABILITATION	0	690	381,250	0	505,285	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04953	OTHER OUTPATIENT SERVICE COST CENTER	0	2,743	41,758	0	58,703	90.00
90.01 04951	PALLIATIVE HEALTH	0	0	96,382	0	126,448	90.01
90.02 09000	VEIN CENTER	0	2,753	273,781	0	260,152	90.02
90.03 09001	OB GYN	0	176,606	2,131,404	0	1,332,396	90.03
91.00 09100	EMERGENCY	11,102	64,854	3,484,208	0	3,542,921	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04952	BEHAVIOURAL HEALTH	1,132	28,461	157,823	0	251,665	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	3,850	17,120	920,249	0	1,410,345	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	150	16,124	576,596	0	942,348	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	310,281	8,286,702	43,456,454	-20,475,182	76,170,332	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	0	0	17,886	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	22,936	126,882	2,814,776	0	4,198,881	192.00
194.00 07950	WELLNESS	0	0	41,008	0	70,716	194.00
194.01 07951	PAIN MANAGEMENT	0	414	164,918	0	48,851	194.01
194.02 07952	EXTERNAL SVCS MARKETING	220	1,067	0	0	844,720	194.02
194.03 07953	WASHINGTON CLINIC	5,001	0	170,743	0	297,778	194.03
194.04 07954	PHYSICIAN OFFICES	0	11,999	697,540	0	1,040,814	194.04
194.05 07955	INTEGRATED MEDICINE	630	3,642	285,613	0	426,914	194.05
194.06 07956	SURGICAL PROFESSIONAL	0	1,279	192,438	0	293,464	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,122,828	4,517,610	14,101,668		20,475,182	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.055805	0.535771	0.294869		0.245475	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			22,391		1,006,686	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000468		0.012069	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	260,194				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,795	471,544			8.00	
9.00	00900	HOUSEKEEPING	2,601	2,637	255,798		9.00	
10.00	01000	DIETARY	6,968	0	6,968	40,485	10.00	
11.00	01100	CAFETERIA	0	0	0	1,136,441	11.00	
13.00	01300	NURSING ADMINISTRATION	8,199	0	8,199	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,354	0	5,354	0	14.00	
15.00	01500	PHARMACY	3,035	0	3,035	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,387	0	2,387	0	16.00	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	361	0	361	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,754	256,798	74,754	36,227	174,502	30.00
31.00	03100	INTENSIVE CARE UNIT	5,802	22,903	5,802	4,258	30,425	31.00
43.00	04300	NURSERY	0	10,725	0	0	10,670	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,675	48,516	41,675	0	89,970	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	13,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,835	0	0	37,772	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	20,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,072	40,173	29,072	0	65,127	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	6,959	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	2,805	54.02
57.00	05700	CT SCAN	0	0	0	0	7,308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,255	58.00
60.00	06000	LABORATORY	5,683	0	5,683	0	66,610	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,506	0	4,506	0	8,193	64.00
65.00	06500	RESPIRATORY THERAPY	2,603	0	2,603	0	32,420	65.00
66.00	06600	PHYSICAL THERAPY	7,253	23,175	7,253	0	31,087	66.00
67.00	06700	OCCUPATIONAL THERAPY	497	0	497	0	8,017	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	5,748	68.00
69.00	06900	ELECTROCARDIOLOGY	5,044	21,062	5,044	0	3,091	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE	0	0	0	0	4,985	76.00
76.02	03951	CASE MANAGEMENT	1,111	0	1,111	0	0	76.02
76.03	03950	PAIN MANAGEMENT	5,285	0	5,285	0	25,431	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	12,409	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	1,193	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	0	0	2,148	90.01
90.02	09000	VEIN CENTER	0	0	0	0	5,982	90.02
90.03	09001	OB GYN	0	0	0	0	36,625	90.03
91.00	09100	EMERGENCY	11,102	41,720	11,102	0	91,378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIOURAL HEALTH	1,132	0	1,132	0	5,580	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,850	0	3,850	0	29,142	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	150	0	150	0	20,010	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	230,219	471,544	225,823	40,485	1,038,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,188	0	1,188	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,936	0	22,936	0	54,439	192.00
194.00	07950	WELLNESS	0	0	0	0	1,517	194.00
194.01	07951	PAIN MANAGEMENT	0	0	0	0	5,815	194.01
194.02	07952	EXTERNAL SVCS MARKETING	220	0	220	0	1,565	194.02
194.03	07953	WASHINGTON CLINIC	5,001	0	5,001	0	11,908	194.03
194.04	07954	PHYSICIAN OFFICES	0	0	0	0	14,167	194.04
194.05	07955	INTEGRATED MEDICINE	630	0	630	0	6,138	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	2,643	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	6,667,888	487,384	1,739,526	1,066,683	594,475	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.626602	1.033592	6.800389	26.347610	0.523102	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,488,775	49,544	92,061	208,625	5,951	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.565075	0.105068	0.359897	5.153143	0.005237	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00		18.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	659,121						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	10,415,179					14.00
15.00 01500 PHARMACY	29,347	17,060	1,000				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	14,578	0	271,877,663			16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	0	531	0	0		136,808	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	174,502	100,085	0	12,651,868		0	30.00
31.00 03100 INTENSIVE CARE UNIT	30,425	9,431	0	1,745,843		0	31.00
43.00 04300 NURSERY	10,670	331	0	1,453,875		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	89,970	171,730	0	60,610,138		0	50.00
51.00 05100 RECOVERY ROOM	0	16,920	0	5,451,791		0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	37,772	0	0	6,762,994		0	52.00
53.00 05300 ANESTHESIOLOGY	0	2,023	0	4,287,071		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	65,127	42,362	0	15,535,458		0	54.00
54.01 03630 ULTRA SOUND	0	3,558	0	3,699,567		0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	2,096	0	1,880,651		0	54.02
57.00 05700 CT SCAN	0	1,791	0	29,499,070		0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,592	0	10,123,876		0	58.00
60.00 06000 LABORATORY	66,610	34,419	0	44,460,835		0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	823,604		0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	3,397	0	1,270,215		0	64.00
65.00 06500 RESPIRATORY THERAPY	0	5,506	0	4,554,742		0	65.00
66.00 06600 PHYSICAL THERAPY	31,087	9,937	0	4,236,285		0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	483	0	1,637,475		0	67.00
68.00 06800 SPEECH PATHOLOGY	0	355	0	440,046		0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,091	3,832	0	6,334,146		0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,131,876	0	8,502,170		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	2,671,823	0	4,655,539		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	15,919,443		0	73.00
76.00 03952 WOUND CARE	0	169	0	598,163		0	76.00
76.02 03951 CASE MANAGEMENT	0	5,290	0	187,467		0	76.02
76.03 03950 PAIN MANAGEMENT	0	11,481	0	1,946,774		0	76.03
76.97 07697 CARDIAC REHABILITATION	0	4,688	0	155,958		0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04953 OTHER OUTPATIENT SERVICE COST CENTER	0	3,131	0	134,403		1,193	90.00
90.01 04951 PALLIATIVE HEALTH	0	12	0	155,422		2,148	90.01
90.02 09000 VEIN CENTER	0	3,020	0	1,412,082		5,982	90.02
90.03 09001 OB GYN	0	29,516	0	1,681,089		36,625	90.03
91.00 09100 EMERGENCY	91,378	30,739	0	14,899,631		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 04952 BEHAVIOURAL HEALTH	0	3,453	0	210,312		0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	29,142	12,516	0	2,076,764		0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	0	8,150	0	1,882,896		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	659,121	10,357,881	1,000	271,877,663		45,948	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	14,406	0	0		54,439	192.00
194.00 07950 WELLNESS	0	1,948	0	0		0	194.00
194.01 07951 PAIN MANAGEMENT	0	7,574	0	0		0	194.01
194.02 07952 EXTERNAL SVCS MARKETING	0	0	0	0		1,565	194.02
194.03 07953 WASHINGTON CLINIC	0	1,357	0	0		11,908	194.03
194.04 07954 PHYSICIAN OFFICES	0	7,825	0	0		14,167	194.04
194.05 07955 INTEGRATED MEDICINE	0	4,492	0	0		6,138	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	19,696	0	0		2,643	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,499,610	1,123,911	4,312,596	1,862,714	364,906	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.343855	0.107911	4,312.596000	0.006851	2.667286	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	355,559	183,740	295,666	80,134	12,549	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.539444	0.017642	295.666000	0.000295	0.091727	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
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
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03952	WOUND CARE	76.00
76.02	03951	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	90.00
90.01	04951	PALLIATIVE HEALTH	90.01
90.02	09000	VEIN CENTER	90.02
90.03	09001	OB GYN	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04952	BEHAVOURAL HEALTH	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	WELLNESS	194.00
194.01	07951	PAIN MANAGEMENT	194.01
194.02	07952	EXTERNAL SVCS MARKETING	194.02
194.03	07953	WASHINGTON CLINIC	194.03
194.04	07954	PHYSICIAN OFFICES	194.04
194.05	07955	INTEGRATED MEDICINE	194.05
194.06	07956	SURGICAL PROFESSIONAL	194.06
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	260,212	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	260.212000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,849	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.849000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,562,200		15,562,200	0	15,562,200	30.00
31.00	03100	INTENSIVE CARE UNIT	2,360,138		2,360,138	0	2,360,138	31.00
43.00	04300	NURSERY	529,181		529,181	0	529,181	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,157,164		9,157,164	0	9,157,164	50.00
51.00	05100	RECOVERY ROOM	737,069		737,069	0	737,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,197,209		2,197,209	0	2,197,209	52.00
53.00	05300	ANESTHESIOLOGY	1,601,141		1,601,141	0	1,601,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,410,310		7,410,310	73,735	7,484,045	54.00
54.01	03630	ULTRA SOUND	476,736		476,736	0	476,736	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	235,278		235,278	0	235,278	54.02
57.00	05700	CT SCAN	1,027,921		1,027,921	0	1,027,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	473,461		473,461	0	473,461	58.00
60.00	06000	LABORATORY	5,236,742		5,236,742	69,700	5,306,442	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	477,246		477,246	0	477,246	63.00
64.00	06400	INTRAVENOUS THERAPY	662,408		662,408	0	662,408	64.00
65.00	06500	RESPIRATORY THERAPY	1,567,902	0	1,567,902	0	1,567,902	65.00
66.00	06600	PHYSICAL THERAPY	2,263,590	0	2,263,590	0	2,263,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,183	0	480,183	0	480,183	67.00
68.00	06800	SPEECH PATHOLOGY	320,833	0	320,833	0	320,833	68.00
69.00	06900	ELECTROCARDIOLOGY	689,131		689,131	3,469	692,600	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,710,429		9,710,429	0	9,710,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,647,903		3,647,903	0	3,647,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,122,561		12,122,561	0	12,122,561	73.00
76.00	03952	WOUND CARE	320,382		320,382	0	320,382	76.00
76.02	03951	CASE MANAGEMENT	214,489		214,489	0	214,489	76.02
76.03	03950	PAIN MANAGEMENT	1,645,259		1,645,259	0	1,645,259	76.03
76.97	07697	CARDIAC REHABILITATION	637,385		637,385	0	637,385	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	78,178		78,178	0	78,178	90.00
90.01	04951	PALLIATIVE HEALTH	165,407		165,407	0	165,407	90.01
90.02	09000	VEIN CENTER	353,098		353,098	0	353,098	90.02
90.03	09001	OB GYN	1,791,016		1,791,016	0	1,791,016	90.03
91.00	09100	EMERGENCY	5,731,385		5,731,385	0	5,731,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,952,528		1,952,528	0	1,952,528	92.00
93.00	04952	BEHAVOURAL HEALTH	354,882		354,882	0	354,882	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,155,372		2,155,372		2,155,372	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,202,781		1,202,781		1,202,781	116.00
200.00		Subtotal (see instructions)	95,548,898	0	95,548,898	146,904	95,695,802	200.00
201.00		Less Observation Beds	1,952,528		1,952,528		1,952,528	201.00
202.00		Total (see instructions)	93,596,370	0	93,596,370	146,904	93,743,274	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:48 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,412,659		11,412,659			30.00
31.00	03100	INTENSIVE CARE UNIT	1,745,843		1,745,843			31.00
43.00	04300	NURSERY	1,453,875		1,453,875			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,712,677	47,897,461	60,610,138	0.151083	0.000000	50.00
51.00	05100	RECOVERY ROOM	898,934	4,552,857	5,451,791	0.135198	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,326,999	435,995	6,762,994	0.324887	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,006,929	3,280,142	4,287,071	0.373481	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,080,078	14,455,380	15,535,458	0.476993	0.000000	54.00
54.01	03630	ULTRA SOUND	453,775	3,245,792	3,699,567	0.128863	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	91,438	1,789,213	1,880,651	0.125105	0.000000	54.02
57.00	05700	CT SCAN	3,635,269	25,863,801	29,499,070	0.034846	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	779,727	9,344,149	10,123,876	0.046767	0.000000	58.00
60.00	06000	LABORATORY	10,289,312	34,171,523	44,460,835	0.117783	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527,177	296,427	823,604	0.579461	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	340,514	929,701	1,270,215	0.521493	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,531,574	1,023,168	4,554,742	0.344235	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	731,144	3,505,141	4,236,285	0.534334	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	442,773	1,194,702	1,637,475	0.293246	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	71,848	368,198	440,046	0.729090	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,205,721	5,128,425	6,334,146	0.108796	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,816,531	5,685,639	8,502,170	1.142112	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,480,720	2,174,819	4,655,539	0.783562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,753,317	11,166,126	15,919,443	0.761494	0.000000	73.00
76.00	03952	WOUND CARE	34,988	563,175	598,163	0.535610	0.000000	76.00
76.02	03951	CASE MANAGEMENT	24,625	162,842	187,467	1.144143	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	2,516	1,944,258	1,946,774	0.845121	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	246	155,712	155,958	4.086902	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0	134,403	134,403	0.581669	0.000000	90.00
90.01	04951	PALLIATIVE HEALTH	23,895	131,527	155,422	1.064244	0.000000	90.01
90.02	09000	VEIN CENTER	0	1,412,082	1,412,082	0.250055	0.000000	90.02
90.03	09001	OB GYN	10,208	1,670,881	1,681,089	1.065390	0.000000	90.03
91.00	09100	EMERGENCY	1,557,806	13,341,825	14,899,631	0.384666	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,000	1,224,209	1,239,209	1.575624	0.000000	92.00
93.00	04952	BEHAVIOURAL HEALTH	5,762	204,550	210,312	1.687407	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,076,764	2,076,764			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,882,896	1,882,896			116.00
200.00		Subtotal (see instructions)	70,463,880	201,413,783	271,877,663			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	70,463,880	201,413,783	271,877,663			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVII I	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.151083		50.00
51.00	05100 RECOVERY ROOM	0.135198		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.324887		52.00
53.00	05300 ANESTHESIOLOGY	0.373481		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.481740		54.00
54.01	03630 ULTRA SOUND	0.128863		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.125105		54.02
57.00	05700 CT SCAN	0.034846		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.046767		58.00
60.00	06000 LABORATORY	0.119351		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.579461		63.00
64.00	06400 INTRAVENOUS THERAPY	0.521493		64.00
65.00	06500 RESPIRATORY THERAPY	0.344235		65.00
66.00	06600 PHYSICAL THERAPY	0.534334		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293246		67.00
68.00	06800 SPEECH PATHOLOGY	0.729090		68.00
69.00	06900 ELECTROCARDIOLOGY	0.109344		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142112		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.783562		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.761494		73.00
76.00	03952 WOUND CARE	0.535610		76.00
76.02	03951 CASE MANAGEMENT	1.144143		76.02
76.03	03950 PAIN MANAGEMENT	0.845121		76.03
76.97	07697 CARDIAC REHABILITATION	4.086902		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	04953 OTHER OUTPATIENT SERVICE COST CENTER	0.581669		90.00
90.01	04951 PALLIATIVE HEALTH	1.064244		90.01
90.02	09000 VEIN CENTER	0.250055		90.02
90.03	09001 OB GYN	1.065390		90.03
91.00	09100 EMERGENCY	0.384666		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.575624		92.00
93.00	04952 BEHAVOURAL HEALTH	1.687407		93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,562,200		15,562,200	0	15,562,200	30.00
31.00	03100 INTENSIVE CARE UNIT	2,360,138		2,360,138	0	2,360,138	31.00
43.00	04300 NURSERY	529,181		529,181	0	529,181	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,157,164		9,157,164	0	9,157,164	50.00
51.00	05100 RECOVERY ROOM	737,069		737,069	0	737,069	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,197,209		2,197,209	0	2,197,209	52.00
53.00	05300 ANESTHESIOLOGY	1,601,141		1,601,141	0	1,601,141	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,410,310		7,410,310	73,735	7,484,045	54.00
54.01	03630 ULTRA SOUND	476,736		476,736	0	476,736	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	235,278		235,278	0	235,278	54.02
57.00	05700 CT SCAN	1,027,921		1,027,921	0	1,027,921	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	473,461		473,461	0	473,461	58.00
60.00	06000 LABORATORY	5,236,742		5,236,742	69,700	5,306,442	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	477,246		477,246	0	477,246	63.00
64.00	06400 INTRAVENOUS THERAPY	662,408		662,408	0	662,408	64.00
65.00	06500 RESPIRATORY THERAPY	1,567,902	0	1,567,902	0	1,567,902	65.00
66.00	06600 PHYSICAL THERAPY	2,263,590	0	2,263,590	0	2,263,590	66.00
67.00	06700 OCCUPATIONAL THERAPY	480,183	0	480,183	0	480,183	67.00
68.00	06800 SPEECH PATHOLOGY	320,833	0	320,833	0	320,833	68.00
69.00	06900 ELECTROCARDIOLOGY	689,131		689,131	3,469	692,600	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,710,429		9,710,429	0	9,710,429	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	3,647,903		3,647,903	0	3,647,903	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,122,561		12,122,561	0	12,122,561	73.00
76.00	03952 WOUND CARE	320,382		320,382	0	320,382	76.00
76.02	03951 CASE MANAGEMENT	214,489		214,489	0	214,489	76.02
76.03	03950 PAIN MANAGEMENT	1,645,259		1,645,259	0	1,645,259	76.03
76.97	07697 CARDIAC REHABILITATION	637,385		637,385	0	637,385	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04953 OTHER OUTPATIENT SERVICE COST CENTER	78,178		78,178	0	78,178	90.00
90.01	04951 PALLIATIVE HEALTH	165,407		165,407	0	165,407	90.01
90.02	09000 VEIN CENTER	353,098		353,098	0	353,098	90.02
90.03	09001 OB GYN	1,791,016		1,791,016	0	1,791,016	90.03
91.00	09100 EMERGENCY	5,731,385		5,731,385	0	5,731,385	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,952,528		1,952,528	0	1,952,528	92.00
93.00	04952 BEHAVIOURAL HEALTH	354,882		354,882	0	354,882	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,155,372		2,155,372		2,155,372	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,202,781		1,202,781		1,202,781	116.00
200.00	Subtotal (see instructions)	95,548,898	0	95,548,898	146,904	95,695,802	200.00
201.00	Less Observation Beds	1,952,528		1,952,528		1,952,528	201.00
202.00	Total (see instructions)	93,596,370	0	93,596,370	146,904	93,743,274	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 3:48 pm	
			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	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,412,659		11,412,659			30.00
31.00	03100	INTENSIVE CARE UNIT	1,745,843		1,745,843			31.00
43.00	04300	NURSERY	1,453,875		1,453,875			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,712,677	47,897,461	60,610,138	0.151083	0.000000	50.00
51.00	05100	RECOVERY ROOM	898,934	4,552,857	5,451,791	0.135198	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,326,999	435,995	6,762,994	0.324887	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,006,929	3,280,142	4,287,071	0.373481	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,080,078	14,455,380	15,535,458	0.476993	0.000000	54.00
54.01	03630	ULTRA SOUND	453,775	3,245,792	3,699,567	0.128863	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	91,438	1,789,213	1,880,651	0.125105	0.000000	54.02
57.00	05700	CT SCAN	3,635,269	25,863,801	29,499,070	0.034846	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	779,727	9,344,149	10,123,876	0.046767	0.000000	58.00
60.00	06000	LABORATORY	10,289,312	34,171,523	44,460,835	0.117783	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527,177	296,427	823,604	0.579461	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	340,514	929,701	1,270,215	0.521493	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,531,574	1,023,168	4,554,742	0.344235	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	731,144	3,505,141	4,236,285	0.534334	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	442,773	1,194,702	1,637,475	0.293246	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	71,848	368,198	440,046	0.729090	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,205,721	5,128,425	6,334,146	0.108796	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,816,531	5,685,639	8,502,170	1.142112	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,480,720	2,174,819	4,655,539	0.783562	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,753,317	11,166,126	15,919,443	0.761494	0.000000	73.00
76.00	03952	WOUND CARE	34,988	563,175	598,163	0.535610	0.000000	76.00
76.02	03951	CASE MANAGEMENT	24,625	162,842	187,467	1.144143	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	2,516	1,944,258	1,946,774	0.845121	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	246	155,712	155,958	4.086902	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0	134,403	134,403	0.581669	0.000000	90.00
90.01	04951	PALLIATIVE HEALTH	23,895	131,527	155,422	1.064244	0.000000	90.01
90.02	09000	VEIN CENTER	0	1,412,082	1,412,082	0.250055	0.000000	90.02
90.03	09001	OB GYN	10,208	1,670,881	1,681,089	1.065390	0.000000	90.03
91.00	09100	EMERGENCY	1,557,806	13,341,825	14,899,631	0.384666	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,000	1,224,209	1,239,209	1.575624	0.000000	92.00
93.00	04952	BEHAVIOURAL HEALTH	5,762	204,550	210,312	1.687407	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,076,764	2,076,764			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,882,896	1,882,896			116.00
200.00		Subtotal (see instructions)	70,463,880	201,413,783	271,877,663			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	70,463,880	201,413,783	271,877,663			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 ULTRA SOUND	0.000000			54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
60.00	06000 LABORATORY	0.000000			60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000			63.00
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
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
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 PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03952 WOUND CARE	0.000000			76.00
76.02	03951 CASE MANAGEMENT	0.000000			76.02
76.03	03950 PAIN MANAGEMENT	0.000000			76.03
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04953 OTHER OUTPATIENT SERVICE COST CENTER	0.000000			90.00
90.01	04951 PALLIATIVE HEALTH	0.000000			90.01
90.02	09000 VEIN CENTER	0.000000			90.02
90.03	09001 OB GYN	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04952 BEHAVIOURAL HEALTH	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,542,140	0	2,542,140	12,888	197.25	30.00
31.00	INTENSIVE CARE UNIT	313,736		313,736	1,322	237.32	31.00
43.00	NURSERY	11,498		11,498	1,746	6.59	43.00
200.00	Total (Lines 30-199)	2,867,374		2,867,374	15,956		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,888	964,158				
31.00	INTENSIVE CARE UNIT	553	131,238				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	5,441	1,095,396				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 3:48 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,888,888	60,610,138	0.031165	6,285,450	195,886	50.00
51.00	05100	RECOVERY ROOM	15,631	5,451,791	0.002867	415,545	1,191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,057	6,762,994	0.006071	5,469	33	52.00
53.00	05300	ANESTHESIOLOGY	42,989	4,287,071	0.010028	430,576	4,318	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,317,678	15,535,458	0.084817	649,219	55,065	54.00
54.01	03630	ULTRA SOUND	19,587	3,699,567	0.005294	215,670	1,142	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,651	1,880,651	0.001941	58,236	113	54.02
57.00	05700	CT SCAN	114,778	29,499,070	0.003891	2,285,145	8,891	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,835	10,123,876	0.001169	447,854	524	58.00
60.00	06000	LABORATORY	382,252	44,460,835	0.008597	5,591,850	48,073	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,813	823,604	0.005844	326,488	1,908	63.00
64.00	06400	INTRAVENOUS THERAPY	169,694	1,270,215	0.0133595	176,064	23,521	64.00
65.00	06500	RESPIRATORY THERAPY	119,464	4,554,742	0.026228	1,542,486	40,456	65.00
66.00	06600	PHYSICAL THERAPY	238,769	4,236,285	0.056363	367,494	20,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,469	1,637,475	0.011279	211,209	2,382	67.00
68.00	06800	SPEECH PATHOLOGY	3,306	440,046	0.007513	48,467	364	68.00
69.00	06900	ELECTROCARDIOLOGY	201,156	6,334,146	0.031757	703,762	22,349	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	214,399	8,502,170	0.025217	1,451,855	36,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	80,755	4,655,539	0.017346	1,197,433	20,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	374,986	15,919,443	0.023555	2,680,924	63,149	73.00
76.00	03952	WOUND CARE	44,715	598,163	0.074754	20,071	1,500	76.00
76.02	03951	CASE MANAGEMENT	30,240	187,467	0.161308	0	0	76.02
76.03	03950	PAIN MANAGEMENT	153,768	1,946,774	0.078986	911	72	76.03
76.97	07697	CARDIAC REHABILITATION	6,840	155,958	0.043858	123	5	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	2,408	134,403	0.017916	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	1,825	155,422	0.011742	0	0	90.01
90.02	09000	VEIN CENTER	5,793	1,412,082	0.004102	0	0	90.02
90.03	09001	OB GYN	116,267	1,681,089	0.069162	38	3	90.03
91.00	09100	EMERGENCY	415,567	14,899,631	0.027891	834,193	23,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	318,953	1,239,209	0.257384	0	0	92.00
93.00	04952	BEHAVIOURAL HEALTH	46,790	210,312	0.222479	3,083	686	93.00
200.00		Total (lines 50-199)	6,407,323	253,305,626		25,949,615	572,992	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,888	0.00	4,888	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,322	0.00	553	0		31.00
43.00	04300	NURSERY	1,746	0.00	0	0		43.00
200.00		Total (lines 30-199)	15,956		5,441	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
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
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
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
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
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 PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03952	WOUND CARE	0	0	0	0	0	0	76.00
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	0	0	0	0	90.01
90.02	09000	VEIN CENTER	0	0	0	0	0	0	90.02
90.03	09001	OB GYN	0	0	0	0	0	0	90.03
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
93.00	04952	BEHAVIOURAL HEALTH	0	0	0	0	0	0	93.00
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: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:48 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	60,610,138	0.000000	0.000000	6,285,450	50.00
51.00	05100 RECOVERY ROOM	0	5,451,791	0.000000	0.000000	415,545	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,762,994	0.000000	0.000000	5,469	52.00
53.00	05300 ANESTHESIOLOGY	0	4,287,071	0.000000	0.000000	430,576	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,535,458	0.000000	0.000000	649,219	54.00
54.01	03630 ULTRA SOUND	0	3,699,567	0.000000	0.000000	215,670	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,880,651	0.000000	0.000000	58,236	54.02
57.00	05700 CT SCAN	0	29,499,070	0.000000	0.000000	2,285,145	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,123,876	0.000000	0.000000	447,854	58.00
60.00	06000 LABORATORY	0	44,460,835	0.000000	0.000000	5,591,850	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	823,604	0.000000	0.000000	326,488	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,270,215	0.000000	0.000000	176,064	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,554,742	0.000000	0.000000	1,542,486	65.00
66.00	06600 PHYSICAL THERAPY	0	4,236,285	0.000000	0.000000	367,494	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,637,475	0.000000	0.000000	211,209	67.00
68.00	06800 SPEECH PATHOLOGY	0	440,046	0.000000	0.000000	48,467	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,334,146	0.000000	0.000000	703,762	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,502,170	0.000000	0.000000	1,451,855	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,655,539	0.000000	0.000000	1,197,433	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,919,443	0.000000	0.000000	2,680,924	73.00
76.00	03952 WOUND CARE	0	598,163	0.000000	0.000000	20,071	76.00
76.02	03951 CASE MANAGEMENT	0	187,467	0.000000	0.000000	0	76.02
76.03	03950 PAIN MANAGEMENT	0	1,946,774	0.000000	0.000000	911	76.03
76.97	07697 CARDIAC REHABILITATION	0	155,958	0.000000	0.000000	123	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04953 OTHER OUTPATIENT SERVICE COST CENTER	0	134,403	0.000000	0.000000	0	90.00
90.01	04951 PALLIATIVE HEALTH	0	155,422	0.000000	0.000000	0	90.01
90.02	09000 VEIN CENTER	0	1,412,082	0.000000	0.000000	0	90.02
90.03	09001 OB GYN	0	1,681,089	0.000000	0.000000	38	90.03
91.00	09100 EMERGENCY	0	14,899,631	0.000000	0.000000	834,193	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,239,209	0.000000	0.000000	0	92.00
93.00	04952 BEHAVIOURAL HEALTH	0	210,312	0.000000	0.000000	3,083	93.00
200.00	Total (lines 50-199)	0	253,305,626			25,949,615	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 3:48 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	9,707,886	0		50.00
51.00	05100 RECOVERY ROOM	0	940,879	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	605,585	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,063,146	0		54.00
54.01	03630 ULTRA SOUND	0	861,265	0		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	690,936	0		54.02
57.00	05700 CT SCAN	0	5,665,411	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,141,267	0		58.00
60.00	06000 LABORATORY	0	4,363,968	0		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	103,182	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	541,937	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	170,099	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,442	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,308,290	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	978,415	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	534,309	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,203,135	0		73.00
76.00	03952 WOUND CARE	0	283,275	0		76.00
76.02	03951 CASE MANAGEMENT	0	0	0		76.02
76.03	03950 PAIN MANAGEMENT	0	216,828	0		76.03
76.97	07697 CARDIAC REHABILITATION	0	81,795	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	04953 OTHER OUTPATIENT SERVICE COST CENTER	0	29,073	0		90.00
90.01	04951 PALLIATIVE HEALTH	0	18,365	0		90.01
90.02	09000 VEIN CENTER	0	0	0		90.02
90.03	09001 OB GYN	0	10,494	0		90.03
91.00	09100 EMERGENCY	0	2,086,776	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	315,575	0		92.00
93.00	04952 BEHAVIOURAL HEALTH	0	46,935	0		93.00
200.00	Total (lines 50-199)	0	37,982,268	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.151083	9,707,886	0	0	1,466,697	50.00	
51.00 05100 RECOVERY ROOM	0.135198	940,879	0	0	127,205	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.324887	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.373481	605,585	0	0	226,174	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.476993	2,063,146	0	0	984,106	54.00	
54.01 03630 ULTRA SOUND	0.128863	861,265	0	0	110,985	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.125105	690,936	0	547	86,440	54.02	
57.00 05700 CT SCAN	0.034846	5,665,411	0	682	197,417	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.046767	2,141,267	0	138	100,141	58.00	
60.00 06000 LABORATORY	0.117783	4,363,968	580	0	514,001	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.579461	103,182	0	0	59,790	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.521493	541,937	0	0	282,616	64.00	
65.00 06500 RESPIRATORY THERAPY	0.344235	170,099	0	0	58,554	65.00	
66.00 06600 PHYSICAL THERAPY	0.534334	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.293246	13,442	0	0	3,942	67.00	
68.00 06800 SPEECH PATHOLOGY	0.729090	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.108796	1,308,290	0	407	142,337	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142112	978,415	0	0	1,117,460	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.783562	534,309	0	0	418,664	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.761494	4,203,135	0	25,443	3,200,662	73.00	
76.00 03952 WOUND CARE	0.535610	283,275	0	0	151,725	76.00	
76.02 03951 CASE MANAGEMENT	1.144143	0	0	0	0	76.02	
76.03 03950 PAIN MANAGEMENT	0.845121	216,828	0	0	183,246	76.03	
76.97 07697 CARDIAC REHABILITATION	4.086902	81,795	0	0	334,288	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 04953 OTHER OUTPATIENT SERVICE COST CENTER	0.581669	29,073	0	0	16,911	90.00	
90.01 04951 PALLIATIVE HEALTH	1.064244	18,365	0	0	19,545	90.01	
90.02 09000 VEIN CENTER	0.250055	0	0	0	0	90.02	
90.03 09001 OB GYN	1.065390	10,494	0	0	11,180	90.03	
91.00 09100 EMERGENCY	0.384666	2,086,776	0	0	802,712	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.575624	315,575	0	0	497,228	92.00	
93.00 04952 BEHAVIOURAL HEALTH	1.687407	46,935	0	0	79,198	93.00	
200.00		Subtotal (see instructions)	37,982,268	580	27,217	11,193,224	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (Line 200 +/- Line 201)	37,982,268	580	27,217	11,193,224	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	68		54.02
57.00 05700 CT SCAN	0	24		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6		58.00
60.00 06000 LABORATORY	68	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
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
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	44		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	19,375		73.00
76.00 03952 WOUND CARE	0	0		76.00
76.02 03951 CASE MANAGEMENT	0	0		76.02
76.03 03950 PAIN MANAGEMENT	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 04953 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.00
90.01 04951 PALLIATIVE HEALTH	0	0		90.01
90.02 09000 VEIN CENTER	0	0		90.02
90.03 09001 OB GYN	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04952 BEHAVOURAL HEALTH	0	0		93.00
200.00 Subtotal (see instructions)	68	19,517		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	68	19,517		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:48 pm
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.151083	0	0	2,123,318	0
51.00 05100 RECOVERY ROOM	0.135198	0	0	305,696	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.324887	0	0	85,433	0
53.00 05300 ANESTHESIOLOGY	0.373481	0	0	265,592	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.476993	0	0	702,488	0
54.01 03630 ULTRA SOUND	0.128863	0	0	161,059	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.125105	0	0	52,311	0
57.00 05700 CT SCAN	0.034846	0	0	1,336,785	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.046767	0	0	430,687	0
60.00 06000 LABORATORY	0.117783	0	0	2,025,182	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.579461	0	0	9,488	0
64.00 06400 INTRAVENOUS THERAPY	0.521493	0	0	19,644	0
65.00 06500 RESPIRATORY THERAPY	0.344235	0	0	77,711	0
66.00 06600 PHYSICAL THERAPY	0.534334	0	0	167,367	0
67.00 06700 OCCUPATIONAL THERAPY	0.293246	0	0	63,286	0
68.00 06800 SPEECH PATHOLOGY	0.729090	0	0	56,418	0
69.00 06900 ELECTROCARDIOLOGY	0.108796	0	0	231,783	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142112	0	0	327,742	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.783562	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.761494	0	0	560,596	0
76.00 03952 WOUND CARE	0.535610	0	0	26,504	0
76.02 03951 CASE MANAGEMENT	1.144143	0	0	0	0
76.03 03950 PAIN MANAGEMENT	0.845121	0	0	328,442	0
76.97 07697 CARDIAC REHABILITATION	4.086902	0	0	1,160	0
OUTPATIENT SERVICE COST CENTERS					
90.00 04953 OTHER OUTPATIENT SERVICE COST CENTER	0.581669	0	0	5,065	0
90.01 04951 PALLIATIVE HEALTH	1.064244	0	0	10,677	0
90.02 09000 VEIN CENTER	0.250055	0	0	27,659	0
90.03 09001 OB GYN	1.065390	0	0	0	0
91.00 09100 EMERGENCY	0.384666	0	0	1,462,849	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.575624	0	0	262,693	0
93.00 04952 BEHAVIOURAL HEALTH	1.687407	0	0	34,419	0
200.00	Subtotal (see instructions)	0	0	11,162,054	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (Line 200 +/- Line 201)		0	11,162,054	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 3:48 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	320,797	50.00
51.00	05100	RECOVERY ROOM	0	41,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,756	52.00
53.00	05300	ANESTHESIOLOGY	0	99,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	335,082	54.00
54.01	03630	ULTRA SOUND	0	20,755	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	6,544	54.02
57.00	05700	CT SCAN	0	46,582	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,142	58.00
60.00	06000	LABORATORY	0	238,532	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,498	63.00
64.00	06400	INTRAVENOUS THERAPY	0	10,244	64.00
65.00	06500	RESPIRATORY THERAPY	0	26,751	65.00
66.00	06600	PHYSICAL THERAPY	0	89,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,558	67.00
68.00	06800	SPEECH PATHOLOGY	0	41,134	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,217	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	374,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	426,890	73.00
76.00	03952	WOUND CARE	0	14,196	76.00
76.02	03951	CASE MANAGEMENT	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	277,573	76.03
76.97	07697	CARDIAC REHABILITATION	0	4,741	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0	2,946	90.00
90.01	04951	PALLIATIVE HEALTH	0	11,363	90.01
90.02	09000	VEIN CENTER	0	6,916	90.02
90.03	09001	OB GYN	0	0	90.03
91.00	09100	EMERGENCY	0	562,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	413,905	92.00
93.00	04952	BEHAVOURAL HEALTH	0	58,079	93.00
200.00		Subtotal (see instructions)	0	3,527,180	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	3,527,180	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2015 3:48 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,366	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,888	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)		11,271	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		269	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		209	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)		4,888	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)		269	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,562,200	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,562,200	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,562,200	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,207.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,902,260	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)		5,902,260	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,360,138	1,322	1,785.28	553	987,260		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)					8,442,868		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,332,388		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,095,396		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					572,992		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,668,388		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,664,000		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,617		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,207.50		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,952,528		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,542,140	15,562,200	0.163354	1,952,528	318,953	90.00
91.00	Nursing School cost	0	15,562,200	0.000000	1,952,528	0	91.00
92.00	Allied health cost	0	15,562,200	0.000000	1,952,528	0	92.00
93.00	All other Medical Education	0	15,562,200	0.000000	1,952,528	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/20/2015 3:48 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,366	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,888	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)		11,271	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		209	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)		911	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,746	15.00
16.00	Nursery days (title V or XIX only)		141	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,562,200	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,562,200	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,562,200	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,207.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,100,033	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,100,033	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	529,181	1,746	303.08	141	42,734		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,360,138	1,322	1,785.28	107	191,025		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,063,467		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,397,259		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)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						1,617	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,207.50	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,952,528	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,542,140	15,562,200	0.163354	1,952,528	318,953	90.00
91.00	Nursing School cost	0	15,562,200	0.000000	1,952,528	0	91.00
92.00	Allied health cost	0	15,562,200	0.000000	1,952,528	0	92.00
93.00	All other Medical Education	0	15,562,200	0.000000	1,952,528	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,572,254	30.00
31.00	03100	INTENSIVE CARE UNIT		722,102	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151083	6,285,450	949,625 50.00
51.00	05100	RECOVERY ROOM	0.135198	415,545	56,181 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324887	5,469	1,777 52.00
53.00	05300	ANESTHESIOLOGY	0.373481	430,576	160,812 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.481740	649,219	312,755 54.00
54.01	03630	ULTRA SOUND	0.128863	215,670	27,792 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.125105	58,236	7,286 54.02
57.00	05700	CT SCAN	0.034846	2,285,145	79,628 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046767	447,854	20,945 58.00
60.00	06000	LABORATORY	0.119351	5,591,850	667,393 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.579461	326,488	189,187 63.00
64.00	06400	INTRAVENOUS THERAPY	0.521493	176,064	91,816 64.00
65.00	06500	RESPIRATORY THERAPY	0.344235	1,542,486	530,978 65.00
66.00	06600	PHYSICAL THERAPY	0.534334	367,494	196,365 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293246	211,209	61,936 67.00
68.00	06800	SPEECH PATHOLOGY	0.729090	48,467	35,337 68.00
69.00	06900	ELECTROCARDIOLOGY	0.109344	703,762	76,952 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142112	1,451,855	1,658,181 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.783562	1,197,433	938,263 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.761494	2,680,924	2,041,508 73.00
76.00	03952	WOUND CARE	0.535610	20,071	10,750 76.00
76.02	03951	CASE MANAGEMENT	1.144143	0	0 76.02
76.03	03950	PAIN MANAGEMENT	0.845121	911	770 76.03
76.97	07697	CARDIAC REHABILITATION	4.086902	123	503 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0.581669	0	0 90.00
90.01	04951	PALLIATIVE HEALTH	1.064244	0	0 90.01
90.02	09000	VEIN CENTER	0.250055	0	0 90.02
90.03	09001	OB GYN	1.065390	38	40 90.03
91.00	09100	EMERGENCY	0.384666	834,193	320,886 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.575624	0	0 92.00
93.00	04952	BEHAVOURAL HEALTH	1.687407	3,083	5,202 93.00
200.00		Total (sum of lines 50-94 and 96-98)		25,949,615	8,442,868 200.00
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)		25,949,615	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15U065		Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description		Title XVIII	Swing Beds - SNF	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151083	0	50.00
51.00	05100	RECOVERY ROOM	0.135198	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324887	0	52.00
53.00	05300	ANESTHESIOLOGY	0.373481	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.476993	5,695	54.00
54.01	03630	ULTRA SOUND	0.128863	3,081	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.125105	0	54.02
57.00	05700	CT SCAN	0.034846	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046767	0	58.00
60.00	06000	LABORATORY	0.117783	64,868	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.579461	4,886	63.00
64.00	06400	INTRAVENOUS THERAPY	0.521493	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.344235	14,207	65.00
66.00	06600	PHYSICAL THERAPY	0.534334	95,807	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293246	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.729090	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108796	342	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142112	20,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.783562	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.761494	93,441	73.00
76.00	03952	WOUND CARE	0.535610	137	76.00
76.02	03951	CASE MANAGEMENT	1.144143	0	76.02
76.03	03950	PAIN MANAGEMENT	0.845121	0	76.03
76.97	07697	CARDIAC REHABILITATION	4.086902	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0.581669	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.064244	0	90.01
90.02	09000	VEIN CENTER	0.250055	0	90.02
90.03	09001	OB GYN	1.065390	0	90.03
91.00	09100	EMERGENCY	0.384666	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.575624	0	92.00
93.00	04952	BEHAVOURAL HEALTH	1.687407	192	93.00
200.00		Total (sum of lines 50-94 and 96-98)		302,982	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)		302,982	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		507,599	30.00
31.00	03100	INTENSIVE CARE UNIT		65,013	31.00
43.00	04300	NURSERY		317,519	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151083	455,211	50.00
51.00	05100	RECOVERY ROOM	0.135198	37,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324887	1,328,572	52.00
53.00	05300	ANESTHESIOLOGY	0.373481	202,639	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.476993	40,898	54.00
54.01	03630	ULTRA SOUND	0.128863	22,791	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.125105	2,247	54.02
57.00	05700	CT SCAN	0.034846	121,944	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046767	18,774	58.00
60.00	06000	LABORATORY	0.117783	564,411	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.579461	15,875	63.00
64.00	06400	INTRAVENOUS THERAPY	0.521493	14,626	64.00
65.00	06500	RESPIRATORY THERAPY	0.344235	154,172	65.00
66.00	06600	PHYSICAL THERAPY	0.534334	10,257	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293246	4,458	67.00
68.00	06800	SPEECH PATHOLOGY	0.729090	857	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108796	38,513	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142112	137,255	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.783562	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.761494	93,622	73.00
76.00	03952	WOUND CARE	0.535610	1,304	76.00
76.02	03951	CASE MANAGEMENT	1.144143	0	76.02
76.03	03950	PAIN MANAGEMENT	0.845121	1,605	76.03
76.97	07697	CARDIAC REHABILITATION	4.086902	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0.581669	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.064244	687	90.01
90.02	09000	VEIN CENTER	0.250055	0	90.02
90.03	09001	OB GYN	1.065390	0	90.03
91.00	09100	EMERGENCY	0.384666	185,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.575624	0	92.00
93.00	04952	BEHAVOURAL HEALTH	1.687407	2,487	93.00
200.00		Total (sum of lines 50-94 and 96-98)		3,456,732	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)		3,456,732	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15U065		Date/Time Prepared: 5/20/2015 3:48 pm	
Cost Center Description		Title XIX	Swing Beds - NF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151083	0	50.00
51.00	05100	RECOVERY ROOM	0.135198	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.324887	0	52.00
53.00	05300	ANESTHESIOLOGY	0.373481	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.476993	0	54.00
54.01	03630	ULTRA SOUND	0.128863	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.125105	0	54.02
57.00	05700	CT SCAN	0.034846	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.046767	0	58.00
60.00	06000	LABORATORY	0.117783	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.579461	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.521493	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.344235	0	65.00
66.00	06600	PHYSICAL THERAPY	0.534334	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293246	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.729090	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108796	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.142112	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.783562	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.761494	0	73.00
76.00	03952	WOUND CARE	0.535610	0	76.00
76.02	03951	CASE MANAGEMENT	1.144143	0	76.02
76.03	03950	PAIN MANAGEMENT	0.845121	0	76.03
76.97	07697	CARDIAC REHABILITATION	4.086902	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04953	OTHER OUTPATIENT SERVICE COST CENTER	0.581669	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.064244	0	90.01
90.02	09000	VEIN CENTER	0.250055	0	90.02
90.03	09001	OB GYN	1.065390	0	90.03
91.00	09100	EMERGENCY	0.384666	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.575624	0	92.00
93.00	04952	BEHAVOURAL HEALTH	1.687407	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		6,534,546	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,124,054	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		513,259	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		61.85	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.58	31.00
32.00	Sum of lines 30 and 31		25.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.97	33.00
34.00	Disproportionate share adjustment (see instructions)		215,816	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:48 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000090256	0.000098918	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		816,489	756,493	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		610,689	190,678	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		801,367		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		10,189,042		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		10,189,042		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		764,018		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		10,953,060		59.00
60.00	Primary payer payments		13,815		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,939,245		61.00
62.00	Deductibles billed to program beneficiaries		1,144,896		62.00
63.00	Coinurance billed to program beneficiaries		2,432		63.00
64.00	Allowable bad debts (see instructions)		13,967		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		9,079		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,636		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,800,996		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		22,826		70.93
70.94	HRR adjustment amount (see instructions)		-15,930		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 3:48 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2015	57,396		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,865,288		71.00
71.01	Sequestration adjustment (see instructions)		197,306		71.01
72.00	Interim payments		9,638,574		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		29,408		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		595,065		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2015 3:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,534,546	0	6,534,546	0	6,534,546	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,124,054	0	0	2,124,054	2,124,054	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	513,259	0	406,482	106,777	513,259	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0997	0.0997	0.0997	0.0997		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	215,816	0	162,874	52,942	215,816	11.00
11.01	Uncompensated care payments	36.00	801,367	0	610,689	190,678	801,367	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	10,189,042	0	7,714,591	2,474,451	10,189,042	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	10,189,042	0	7,714,591	2,474,451	10,189,042	15.00
16.00	Payment for inpatient program capital	50.00	764,018	0	582,119	181,899	764,018	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2015 3:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	8,296,710	2,656,350	10,953,060	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	681,574	0	514,478	167,096	681,574	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	82,444	0	67,641	14,803	82,444	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	764,018	0	582,119	181,899	764,018	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.021607		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				57,396	57,396	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150065		Period: From 01/01/2014 To 12/31/2014		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/20/2015 3:48 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,534,546	6,534,546		6,534,546	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,124,054		2,124,054	2,124,054	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	513,259	406,482	106,777	513,259	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0997	0.0997	0.0997		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	215,816	162,874	52,942	215,816	11.00
11.01	Uncompensated care payments	36.00	801,367	610,689	190,678	801,367	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	10,189,042	7,714,591	2,474,451	10,189,042	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	10,189,042	7,714,591	2,474,451	10,189,042	15.00
16.00	Payment for inpatient program capital	50.00	764,018	582,119	181,899	764,018	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			8,296,710	2,656,350	10,953,060	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150065

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/20/2015 3:48 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	681,574	514,478	167,096	681,574	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	82,444	67,641	14,803	82,444	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	764,018	582,119	181,899	764,018	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	57,396		57,396	57,396	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	22,826	761	22,065	22,826	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-15,930	0	-15,930	-15,930	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,585	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,193,224	2.00
3.00	PPS payments		8,304,908	3.00
4.00	Outlier payment (see instructions)		237,924	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)		19,585	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		27,797	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)		27,797	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		27,797	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,212	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		19,585	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)		8,542,832	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,746,723	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)		6,815,694	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)		6,815,694	30.00
31.00	Primary payer payments		4,031	31.00
32.00	Subtotal (line 30 minus line 31)		6,811,663	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		68,792	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		44,715	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		142,470	36.00
37.00	Subtotal (see instructions)		6,856,378	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-15	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)		6,856,393	40.00
40.01	Sequestration adjustment (see instructions)		137,128	40.01
41.00	Interim payments		6,667,662	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		51,603	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2015 3:48 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		9,638,574		6,667,662	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,638,574		6,667,662	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		29,408		51,603	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		9,667,982		6,719,265	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: 150065

Period:

Worksheet E-1

Component CCN: 15U065

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Title XVIII

Swing Beds - SNF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		43,189		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		43,189		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		43,189		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: 150065

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			3,416 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			5,441 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			74 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			12,593 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			271,877,663 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			4,244,367 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			545,759 8.00
9.00	Sequestration adjustment amount (see instructions)			10,915 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			534,844 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			704,508 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)			-169,664 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 150065

Period:

Worksheet E-2

Component CCN: 15U065

From 01/01/2014

Date/Time Prepared:

To 12/31/2014

5/20/2015 3:48 pm

		Title XVIII		Swing Beds - SNF		PPS	
		Part A	Part B				
		1.00	2.00				
COMPUTATION OF NET COST OF COVERED SERVICES							
1.00	Inpatient routine services - swing bed-SNF (see instructions)	45,742	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)						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	269	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)	45,742	0				8.00
9.00	Primary payer payments (see instructions)	0	0				9.00
10.00	Subtotal (line 8 minus line 9)	45,742	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)	45,742	0				12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	1,672	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)	44,070	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)	44,070	0				19.00
19.01	Sequestration adjustment (see instructions)	881	0				19.01
20.00	Interim payments	43,189	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)	0	0				22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0				23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet E-2
		Component CCN: 15U065		Date/Time Prepared: 5/20/2015 3:48 pm
		Title XIX	Swing Beds - NF	Cost
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	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)		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		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)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		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)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT		0	16.55
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
20.00	Interim payments		0	20.00
21.00	Tentative settlement (for contractor use only)		0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	23.00

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

Provider CCN: 150065

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

Worksheet G

Date/Time Prepared:
5/20/2015 3:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,499,790	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	13,093,059	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,954,646	0	0	0	7.00
8.00	Prepaid expenses	20,602,722	0	0	0	8.00
9.00	Other current assets	2,147,139	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)	67,297,356	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,320,117	0	0	0	12.00
13.00	Land improvements	4,019,428	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	80,914,377	0	0	0	15.00
16.00	Accumulated depreciation	-77,497,801	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	6,369,578	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	50,976,893	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	71,102,592	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,895,424	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	124,500,464	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	135,395,888	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	273,795,836	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,457,858	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,719,999	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,510,402	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	11,990,820	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,679,079	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	34,267,142	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,896,883	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	42,164,025	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	63,843,104	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	209,952,732				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)	209,952,732	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	273,795,836	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150065

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

Worksheet G-1

Date/Time Prepared:
5/20/2015 3:48 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		222,744,793		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-12,792,061			2.00
3.00	Total (sum of line 1 and line 2)		209,952,732		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)		209,952,732		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		209,952,732		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,866,729		12,866,729	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)	12,866,729		12,866,729	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,745,843		1,745,843	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)	1,745,843		1,745,843	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,612,572		14,612,572	17.00
18.00	Ancillary services	56,106,656	185,453,778	241,560,434	18.00
19.00	Outpatient services	5,177,055	21,050,244	26,227,299	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		2,076,764	2,076,764	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	0	1,895,818	1,895,818	26.00
27.00	NON-REIMBURSABLE COST CENTERS	2,301,853	7,736,951	10,038,804	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	78,198,136	218,213,555	296,411,691	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		114,980,129		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		114,980,129		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150065

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

Worksheet G-3

Date/Time Prepared:
5/20/2015 3:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	296,411,691	1.00
2.00	Less contractual allowances and discounts on patients' accounts	182,078,451	2.00
3.00	Net patient revenues (line 1 minus line 2)	114,333,240	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	114,980,129	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-646,889	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-200,311	6.00
7.00	Income from investments	-1,916,544	7.00
8.00	Revenues from telephone and other miscellaneous communication services	-13,556	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-115,984	10.00
11.00	Rebates and refunds of expenses	-85,000	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	-398,180	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	-202,073	17.00
18.00	Revenue from sale of medical records and abstracts	-38,953	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	-4,035	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-8,379	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	-39,011	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	-1,315,518	24.00
24.02	GRANT REVENUE	-57,132	24.02
24.03	MISCELLANEOUS INCOME	-5,811	24.03
24.04	UNREALIZED GAIN/LOSS	-108,644	24.04
24.05	EHR INCENTIVE	-525,647	24.05
24.06	DSH/UPL PAYMENTS	-7,110,394	24.06
25.00	Total other income (sum of lines 6-24)	-12,145,172	25.00
26.00	Total (line 5 plus line 25)	-12,792,061	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)	-12,792,061	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150065

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

Worksheet H

HHA CCN: 157155

Date/Time Prepared: 5/20/2015 3:48 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	215,845	0	2,922	27,057	111,598	357,422	5.00
HHA REIMBURSABLE SERVICES							
6.00	262,481	0	0	0	0	262,481	6.00
7.00	226,095	0	0	0	0	226,095	7.00
8.00	136,320	0	0	0	0	136,320	8.00
9.00	13,410	0	0	0	0	13,410	9.00
10.00	0	0	0	0	0	0	10.00
11.00	65,161	0	0	0	0	65,161	11.00
12.00	0	0	0	0	8,132	8,132	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	919,312	0	2,922	27,057	119,730	1,069,021	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	2,097	2,097	0	2,097			3.00
4.00	0	0	0	0			4.00
5.00	0	357,422	-200	357,222			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	262,481	0	262,481			6.00
7.00	0	226,095	0	226,095			7.00
8.00	0	136,320	0	136,320			8.00
9.00	0	13,410	0	13,410			9.00
10.00	937	937	0	937			10.00
11.00	0	65,161	0	65,161			11.00
12.00	0	8,132	0	8,132			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	3,034	1,072,055	-200	1,071,855			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 5/20/2015 3:48 pm J:\50760000 Schneck Medical Center\2014\HFs\2014 Schneck.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/20/2015 3:48 pm
		HHA CCN: 157155	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	2,097	0	0	2,097	0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	357,222	0	0	2,097	0	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	262,481	0	0	0	0	6.00	
7.00	Physical Therapy	226,095	0	0	0	0	7.00	
8.00	Occupational Therapy	136,320	0	0	0	0	8.00	
9.00	Speech Pathology	13,410	0	0	0	0	9.00	
10.00	Medical Social Services	937	0	0	0	0	10.00	
11.00	Home Health Aide	65,161	0	0	0	0	11.00	
12.00	Supplies (see instructions)	8,132	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,071,855	0	0	2,097	0	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	359,319					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	132,363	394,844				6.00	
7.00	Physical Therapy	114,016	340,111				7.00	
8.00	Occupational Therapy	68,744	205,064				8.00	
9.00	Speech Pathology	6,762	20,172				9.00	
10.00	Medical Social Services	473	1,410				10.00	
11.00	Home Health Aide	32,860	98,021				11.00	
12.00	Supplies (see instructions)	4,101	12,233				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,071,855				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-1
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Home Health Agency I	Administrative & General (ACCUM. COST)	PPS
		Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00						
GENERAL SERVICE COST CENTERS									
1.00	Capital Related - Bldg. & Fixtures	3,850				0			1.00
2.00	Capital Related - Movable Equipment		17,120			0			2.00
3.00	Plant Operation & Maintenance	0	0	3,850		0			3.00
4.00	Transportation (see instructions)	0	0	0	0	0			4.00
5.00	Administrative and General	3,850	17,120	3,850		0	-359,319	712,536	5.00
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	0	0	0	0	0	0	262,481	6.00
7.00	Physical Therapy	0	0	0	0	0	0	226,095	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	136,320	8.00
9.00	Speech Pathology	0	0	0	0	0	0	13,410	9.00
10.00	Medical Social Services	0	0	0	0	0	0	937	10.00
11.00	Home Health Aide	0	0	0	0	0	0	65,161	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	8,132	12.00
13.00	Drugs	0	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES									
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,850	17,120	3,850	0	0	-359,319	712,536	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	2,097	0	0	0	359,319	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.544675	0.000000			0.504282	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150065

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

Worksheet H-2 Part I

HHA CCN: 157155

Date/Time Prepared: 5/20/2015 3:48 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	57,965	9,172	63,646	130,783	32,104	1.00
2.00 Skilled Nursing Care	394,844	0	0	77,398	472,242	115,924	2.00
3.00 Physical Therapy	340,111	0	0	66,668	406,779	99,854	3.00
4.00 Occupational Therapy	205,064	0	0	40,197	245,261	60,205	4.00
5.00 Speech Pathology	20,172	0	0	3,954	24,126	5,922	5.00
6.00 Medical Social Services	1,410	0	0	276	1,686	414	6.00
7.00 Home Health Aide	98,021	0	0	19,214	117,235	28,778	7.00
8.00 Supplies (see instructions)	12,233	0	0	0	12,233	3,003	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,071,855	57,965	9,172	271,353	1,410,345	346,204	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	98,662	0	26,181	0	3,288	52,441	1.00
2.00 Skilled Nursing Care	0	0	0	0	4,663	74,387	2.00
3.00 Physical Therapy	0	0	0	0	2,884	46,008	3.00
4.00 Occupational Therapy	0	0	0	0	2,034	32,449	4.00
5.00 Speech Pathology	0	0	0	0	166	2,645	5.00
6.00 Medical Social Services	0	0	0	0	16	250	6.00
7.00 Home Health Aide	0	0	0	0	2,193	34,977	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	98,662	0	26,181	0	15,244	243,157	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150065

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

Worksheet H-2 Part I

HHA CCN: 157155

Date/Time Prepared: 5/20/2015 3:48 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	14,228	0	0	357,687	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	667,216	2.00
3.00 Physical Therapy	0	0	0	0	0	555,525	3.00
4.00 Occupational Therapy	0	0	0	0	0	339,949	4.00
5.00 Speech Pathology	0	0	0	0	0	32,859	5.00
6.00 Medical Social Services	0	0	0	0	0	2,366	6.00
7.00 Home Health Aide	0	0	0	0	0	183,183	7.00
8.00 Supplies (see instructions)	1,351	0	0	0	0	16,587	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,351	0	14,228	0	0	2,155,372	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	357,687					1.00
2.00 Skilled Nursing Care	0	667,216	132,757	799,973			2.00
3.00 Physical Therapy	0	555,525	110,533	666,058			3.00
4.00 Occupational Therapy	0	339,949	67,640	407,589			4.00
5.00 Speech Pathology	0	32,859	6,538	39,397			5.00
6.00 Medical Social Services	0	2,366	471	2,837			6.00
7.00 Home Health Aide	0	183,183	36,448	219,631			7.00
8.00 Supplies (see instructions)	0	16,587	3,300	19,887			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
20.00 Total (sum of lines 1-19) (2)	0	2,155,372	357,687	2,155,372			20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.198971				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-2 Part II
Date/Time Prepared: 5/20/2015 3:48 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	3,850	17,120	215,845	0	130,783	3,850	1.00
2.00 Skilled Nursing Care	0	0	262,481	0	472,242	0	2.00
3.00 Physical Therapy	0	0	226,095	0	406,779	0	3.00
4.00 Occupational Therapy	0	0	136,320	0	245,261	0	4.00
5.00 Speech Pathology	0	0	13,410	0	24,126	0	5.00
6.00 Medical Social Services	0	0	937	0	1,686	0	6.00
7.00 Home Health Aide	0	0	65,161	0	117,235	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	12,233	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,850	17,120	920,249		1,410,345	3,850	20.00
21.00 Total cost to be allocated	57,965	9,172	271,353		346,204	98,662	21.00
22.00 Unit cost multiplier	15.055844	0.535748	0.294869		0.245475	25.626494	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	3,850	0	6,285	6,285	0	1.00
2.00 Skilled Nursing Care	0	0	0	8,915	8,915	0	2.00
3.00 Physical Therapy	0	0	0	5,514	5,514	0	3.00
4.00 Occupational Therapy	0	0	0	3,889	3,889	0	4.00
5.00 Speech Pathology	0	0	0	317	317	0	5.00
6.00 Medical Social Services	0	0	0	30	30	0	6.00
7.00 Home Health Aide	0	0	0	4,192	4,192	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	12,516	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	3,850	0	29,142	29,142	12,516	20.00
21.00 Total cost to be allocated	0	26,181	0	15,244	243,157	1,351	21.00
22.00 Unit cost multiplier	0.000000	6.800260	0.000000	0.523094	8.343868	0.107942	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)				
			15.00	16.00			
1.00 Administrative and General	0	2,076,764	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	2,076,764	0	0	0		20.00
21.00 Total cost to be allocated	0	14,228	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.006851	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/20/2015 3:48 pm		
				HHA CCN: 157155	Title XVIII		Home Health Agency I	
				Total HHA Costs (cols. 1 + 2)		Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)					
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	799,973		799,973	3,146	254.28	1.00
2.00	Physical Therapy	3.00	666,058	0	666,058	2,373	280.68	2.00
3.00	Occupational Therapy	4.00	407,589	0	407,589	1,803	226.06	3.00
4.00	Speech Pathology	5.00	39,397	0	39,397	141	279.41	4.00
5.00	Medical Social Services	6.00	2,837		2,837	30	94.57	5.00
6.00	Home Health Aide	7.00	219,631		219,631	1,039	211.39	6.00
7.00	Total (sum of lines 1-6)		2,135,485	0	2,135,485	8,532		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0 1.00 2.00 3.00 4.00 5.00								
Limitation Cost Computation								
8.00	Skilled Nursing Care		18020	0	80			8.00
8.01	Skilled Nursing Care		99915	0	1,710			8.01
8.02	Skilled Nursing Care		31140	0	4			8.02
9.00	Physical Therapy		18020	0	47			9.00
9.01	Physical Therapy		99915	0	1,404			9.01
9.02	Physical Therapy		31140	0	21			9.02
10.00	Occupational Therapy		18020	0	58			10.00
10.01	Occupational Therapy		99915	0	1,096			10.01
10.02	Occupational Therapy		31140	0	2			10.02
11.00	Speech Pathology		18020	0	0			11.00
11.01	Speech Pathology		99915	0	91			11.01
11.02	Speech Pathology		31140	0	0			11.02
12.00	Medical Social Services		18020	0	0			12.00
12.01	Medical Social Services		99915	0	14			12.01
12.02	Medical Social Services		31140	0	0			12.02
13.00	Home Health Aide		18020	0	59			13.00
13.01	Home Health Aide		99915	0	497			13.01
13.02	Home Health Aide		31140	0	0			13.02
14.00	Total (sum of lines 8-13)			0	5,083			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 ÷ col. 4)								
0 1.00 2.00 3.00 4.00 5.00								
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	19,887	0	19,887	29,113	0.683097	15.00
16.00	Cost of Drugs	9.00	0	0	0	10,577	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00 7.00 8.00 9.00 10.00 11.00								
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	1,794		0	456,178		1.00
2.00	Physical Therapy	0	1,472		0	413,161		2.00
3.00	Occupational Therapy	0	1,156		0	261,325		3.00
4.00	Speech Pathology	0	91		0	25,426		4.00
5.00	Medical Social Services	0	14		0	1,324		5.00
6.00	Home Health Aide	0	556		0	117,533		6.00
7.00	Total (sum of lines 1-6)	0	5,083		0	1,274,947		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150065	Period: From 01/01/2014	Worksheet H-3
		HHA CCN: 157155	To 12/31/2014	Part I Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0				15.00
16.00	Cost of Drugs		68	0		0		16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	456,178						1.00
2.00	Physical Therapy	413,161						2.00
3.00	Occupational Therapy	261,325						3.00
4.00	Speech Pathology	25,426						4.00
5.00	Medical Social Services	1,324						5.00
6.00	Home Health Aide	117,533						6.00
7.00	Total (sum of lines 1-6)	1,274,947						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150065

Period:

Worksheet H-3

HHA CCN: 157155

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.534334	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.293246	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.729090	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	1.142112	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.761494	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150065 HHA CCN: 157155	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	839,017
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	4,690
13.00	Total PPS Reimbursement - LUPA Episodes		0	16,992
14.00	Total PPS Reimbursement - PEP Episodes		0	6,731
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	82
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	867,512
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	867,512
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	867,512
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	867,512
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	867,512
31.01	Sequestration adjustment (see instructions)		0	17,350
32.00	Interim payments (see instructions)		0	850,230
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-68
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet H-5
	HHA CCN: 157155	Home Health Agency I	Date/Time Prepared: 5/20/2015 3:48 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		850,230	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		850,230	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		68	6.02
7.00	Total Medicare program liability (see instructions)		0		850,162	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151529

To 12/31/2014

Date/Time Prepared: 5/20/2015 3:48 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		12,675	1.00
2.00	Capital Related Costs-Movable Equip.			0		88,214	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	209,674	0	0	0	81,788	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	307	9.00
10.00	Nursing Care	239,768	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	43,670	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	83,484	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	17,924	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	1,991	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	9,382	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	576,596	0	0	0	212,281	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151529

To 12/31/2014

Date/Time Prepared: 5/20/2015 3:48 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	12,675	0	12,675	0	12,675	1.00
2.00	Capital Related Costs-Movable Equip.	88,214	0	88,214	0	88,214	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	291,462	0	291,462	-140	291,322	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	307	0	307	0	307	9.00
10.00	Nursing Care	239,768	0	239,768	0	239,768	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	43,670	0	43,670	0	43,670	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	83,484	0	83,484	0	83,484	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	17,924	-17,924	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	1,991	0	1,991	0	1,991	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	9,382	-9,382	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	788,877	-27,306	761,571	-140	761,431	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-1
 Date/Time Prepared:
 5/20/2015 3:48 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	52,105	0	128,888	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	239,768	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	52,105	0	128,888	239,768	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151529

To 12/31/2014

Date/Time Prepared: 5/20/2015 3:48 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	28,681	209,674	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	239,768	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	43,670	43,670	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		83,484	0	83,484	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	83,484	72,351	576,596	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/20/2015 3:48 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	12,675	12,675				1.00
2.00	Capital Related Costs-Movable Equip.	88,214		88,214			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	291,322	12,675	88,214	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	307	0	0	0	0	9.00
10.00	Nursing Care	239,768	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	43,670	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	83,484	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	1,991	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	761,431	12,675	88,214	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet K-4 Part I Date/Time Prepared: 5/20/2015 3:48 pm
		Hospice CCN: 151529	Hospice I	

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	392,211	392,211	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	0	307	326	9.00
10.00	Nursing Care	0	239,768	254,699	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	0	0	15.00
16.00	Spiritual Counseling	0	43,670	46,389	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	83,484	88,682	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	1,991	2,115	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	761,431	761,431	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065
Hospice CCN: 151529

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

Worksheet K-4
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

	CAPITAL RELATED COST					Hospice I
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	150				1.00
2.00	Capital Related Costs-Movable Equip.	0	16,124			2.00
3.00	Plant Operation and Maintenance	0	0	150		3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	150	16,124	150	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	12,675	88,214	0	0	39.00
40.00	Unit Cost Multiplier	84.500000	5.470975	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151529

To 12/31/2014

Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-392,211	369,220	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	307	9.00
10.00	Nursing Care	0	239,768	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	43,670	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	83,484	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	1,991	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		392,211	39.00
40.00	Unit Cost Multiplier		1.062269	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151529

To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		2,258	8,639	61,826	72,723	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	633	0	0	0	633	4.00
5.00	Nursing Care	494,467	0	0	70,700	565,167	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	90,059	0	0	12,877	102,936	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	172,166	0	0	24,617	196,783	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	4,106	0	0	0	4,106	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	761,431	2,258	8,639	170,020	942,348	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	17,852	3,844	0	1,020	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	155	0	0	0	0	4.00
5.00	Nursing Care	138,735	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	25,268	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	48,305	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	1,008	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	231,323	3,844	0	1,020	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151529

To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	2,575	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	4,058	0	0	0	12,900	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	925	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	2,909	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	879	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	10,467	0	879	0	12,900	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151529

To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		Hospice I					
		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	98,014	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	788	0	788	4.00
5.00	Nursing Care	0	0	720,860	0	720,860	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	129,129	0	129,129	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	247,997	0	247,997	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	5,114	0	5,114	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	879	0	879	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,202,781	0	1,202,781	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	70	858		4.00
5.00	Nursing Care	63,954	784,814		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	11,456	140,585		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	22,002	269,999		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	454	5,568		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	78	957		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		1,202,781		34.00
35.00	Unit Cost Multiplier (see instructions)	0.088719			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065
Hospice CCN: 151529

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

Worksheet K-5
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00 Administrative and General	150	16,124	209,674	5A	72,723	1.00	
2.00 Inpatient - General Care	0	0	0		0	2.00	
3.00 Inpatient - Respite Care	0	0	0		0	3.00	
4.00 Physician Services	0	0	0		633	4.00	
5.00 Nursing Care	0	0	239,768		565,167	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0		0	6.00	
7.00 Physical Therapy	0	0	0		0	7.00	
8.00 Occupational Therapy	0	0	0		0	8.00	
9.00 Speech/ Language Pathology	0	0	0		0	9.00	
10.00 Medical Social Services	0	0	0		0	10.00	
11.00 Spiritual Counseling	0	0	43,670		102,936	11.00	
12.00 Dietary Counseling	0	0	0		0	12.00	
13.00 Counseling - Other	0	0	0		0	13.00	
14.00 Home Health Aide and Homemaker	0	0	83,484		196,783	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0		0	15.00	
16.00 Other	0	0	0		0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0		0	17.00	
18.00 Analgesics	0	0	0		0	18.00	
19.00 Sedatives / Hypnotics	0	0	0		0	19.00	
20.00 Other - Specify	0	0	0		0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0		0	21.00	
22.00 Patient Transportation	0	0	0		4,106	22.00	
23.00 Imaging Services	0	0	0		0	23.00	
24.00 Labs and Diagnostics	0	0	0		0	24.00	
25.00 Medical Supplies	0	0	0		0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0		0	26.00	
27.00 Radiation Therapy	0	0	0		0	27.00	
28.00 Chemotherapy	0	0	0		0	28.00	
29.00 Other	0	0	0		0	29.00	
30.00 Bereavement Program Costs	0	0	0		0	30.00	
31.00 Volunteer Program Costs	0	0	0		0	31.00	
32.00 Fundraising	0	0	0		0	32.00	
33.00 Other Program Costs	0	0	0		0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	150	16,124	576,596		942,348	34.00	
35.00 Total cost to be allocated	2,258	8,639	170,020		231,323	35.00	
36.00 Unit Cost Multiplier (see instructions)	15.053333	0.535785	0.294869		0.245475	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	Hospice I						
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	150	0	150	0	4,923	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	7,758	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	1,768	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	5,561	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	150	0	150	0	20,010	34.00	
35.00 Total cost to be allocated	3,844	0	1,020	0	10,467	35.00	
36.00 Unit Cost Multiplier (see instructions)	25.626667	0.000000	6.800000	0.000000	0.523088	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065
Hospice CCN: 151529

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

Worksheet K-5
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description	Hospice I						
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		
	(DIRECT NRSING HRS)	(COSTED REQUIS.)			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)		
	13.00	14.00	15.00	16.00	18.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	1,882,896	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	8,150	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	8,150	0	1,882,896	0	0	34.00
35.00 Total cost to be allocated	0	879	0	12,900	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.107853	0.000000	0.006851	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065
Hospice CCN: 151529

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

Worksheet K-5
Part II
Date/Time Prepared:
5/20/2015 3:48 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	Hospice I
		19.00	
1.00	Administrative and General	0	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	34.00
35.00	Total cost to be allocated	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part III Date/Time Prepared: 5/20/2015 3:48 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.534334	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.293246	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.729090	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.761494	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.119351	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.142112	0	0	7.00
8.00	BEHAVOURAL HEALTH	93.00	1.687407	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	WOUND CARE	76.00	0.535610	0	0	10.00
10.02	CASE MANAGEMENT	76.02	1.144143	0	0	10.02
10.03	PAIN MANAGEMENT	76.03	0.845121	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	4.086902	0	0	10.97
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150065

Period: From 01/01/2014

Worksheet K-6

Hospice CCN: 151529

To 12/31/2014

Date/Time Prepared: 5/20/2015 3:48 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,202,781	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				8,978	2.00
3.00	Average cost per diem (line 1 divided by line 2)				133.97	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	8,498				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,138,477				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		306			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		40,995			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	641				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	85,875				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		157			10.00
11.00	Aggregate NF cost (line 3 times line 10)		21,033			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			174		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			23,311		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150065	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 3:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		681,574	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		82,444	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		34.93	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		764,018	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00