

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: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/24/2014 11:35 am
--	----------------------	---------------------------------------	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/24/2014 Time: 11:35 am	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S MEDICAL CENTER (150100) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-8,661	103,081	0	0	1.00
2.00 Subprovider - IPF	0	5,415	0		0	2.00
3.00 Subprovider - IRF	0	-41,714	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-44,960	103,081	0	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: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/22/2014 11:51 am
---	--	----------------------	---	---

1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 3700 WASHINGTON AVE	PO Box:	3.00 State: IN	4.00 Zip Code: 47750	County: VANDERBURGH	1.00	2.00
---	----------------------------------	---------	----------------	----------------------	---------------------	------	------

Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
					V	XVIII	XIX
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00

Hospital and Hospital-Based Component Identification:									
3.00 Hospital	ST. MARY'S MEDICAL CENTER	150100	21780	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF	ST. MARY'S STRESS CENTER	15S100	21780	4	07/01/1987	N	P	0	4.00
5.00 Subprovider - IRF	ST. MARY'S REHAB UNIT	15T100	21780	5	07/01/1999	N	P	0	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
18.00 Renal Dialysis									18.00
19.00 Other									19.00

		From:	To:
		1.00	2.00
20.00 Cost Reporting Period (mm/dd/yyyy)		07/01/2013	06/30/2014
21.00 Type of Control (see instructions)		1	

Inpatient PPS Information			
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
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.	2	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 col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,287	2,313	2,011	929	4,079	0
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	185	113	53	51	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/22/2014 11:51 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 11/22/2014 11:51 am	
		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 Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/22/2014 11:51 am																																																																																																																																																																				
		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 non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00																																																																																																																																																																			
		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																																																																																																																																																																		
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>71.00</td> <td>If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td></td> <td>N</td> <td>N 0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>76.00</td> <td>If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td></td> <td>N</td> <td>N 0</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00	4.00	5.00	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.				Y		71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N 0	Inpatient Rehabilitation Facility PPS							75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N 0	<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00	Long Term Care Hospital PPS							80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	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	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.						<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table>									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
		1.00	2.00	3.00	4.00	5.00																																																																																																																																																																		
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.				Y																																																																																																																																																																			
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N 0																																																																																																																																																																		
Inpatient Rehabilitation Facility PPS																																																																																																																																																																								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y																																																																																																																																																																			
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N 0																																																																																																																																																																		
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00	Long Term Care Hospital PPS							80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	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	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.						<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table>									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																																																								
		1.00	2.00	3.00	4.00	5.00																																																																																																																																																																		
Long Term Care Hospital PPS																																																																																																																																																																								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N																																																																																																																																																																		
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																																																																																																																																																																		
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.																																																																																																																																																																							
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table>									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																																																																																																									
		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																																																																																																																																																																		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/22/2014 11:51 am		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N	107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
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.			2		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	416,094	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N		
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N	N	
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		
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		
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/22/2014 11:51 am			
		1.00	2.00				
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H056	140.00			
		1.00	2.00	3.00			
141.00		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: ST MARY'S HEALTH	Contractor's Name: WPS		Contractor's Number: 8101			
142.00	Street: 3700 WASHINGTON AVE	PO Box:					
143.00	City: EVANSVILLE	State: IN		Zip Code: 47750-0002			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00			
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00		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			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
167.00		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.	N		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00		169.00			
				Beginni ng	Endi ng		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/22/2014 11:51 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/21/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/22/2014 11:51 am
---	----------------------	---	--

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
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.	CRYSTAL		HEATON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. MARY'S HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-485-8483		CGHEATON@STMARYS.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	10/21/2014		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT 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: 150100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	294	107,310	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)		294	107,310	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	62	22,630	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	9	3,285	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		405	147,825	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		443				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: 150100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,815	3,253	46,334			1.00
2.00 HMO and other (see instructions)	6,831	7,178				2.00
3.00 HMO IPF Subprovider	204	0				3.00
4.00 HMO IRF Subprovider	200	217				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,815	3,253	46,334			7.00
8.00 INTENSIVE CARE UNIT	7,135	848	14,689			8.00
8.02 NICU	0	1,423	5,348			8.02
9.00 CORONARY CARE UNIT	854	73	1,864			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		582	2,881			13.00
14.00 Total (see instructions)	28,804	6,179	71,116	5.00	1,831.06	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	933	531	2,798	0.00	17.58	16.00
17.00 SUBPROVIDER - IRF	2,332	185	4,846	0.00	33.17	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.00	1,881.81	27.00
28.00 Observation Bed Days		0	15,036			28.00
29.00 Ambulance Trips	113					29.00
30.00 Employee discount days (see instruction)			1,034			30.00
31.00 Employee discount days - IRF			185			31.00
32.00 Labor & delivery days (see instructions)	0	262	1,213			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: 150100

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,056	958	15,226	1.00
2.00 HMO and other (see instructions)				1,306	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.02 NICU							8.02
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	6,056	958		15,226	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	123	34		539	16.00
17.00 SUBPROVIDER - IRF	0.00	0	171	23		358	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 11/22/2014 11:51 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	106,791,878	0	106,791,878	3,914,167.00	27.28	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		105,014	0	105,014	667.00	157.44	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,423,937	0	2,423,937	16,062.00	150.91	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	256,484	0	256,484	12,288.00	20.87	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		22,014,118	0	22,014,118	452,767.00	48.62	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		22,362,244	0	22,362,244	287,869.00	77.68	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		25,424,272	0	25,424,272	546,269.00	46.54	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		34,006,219	0	34,006,219			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		6,368,183	0	6,368,183			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		21,581	0	21,581			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		502,087	0	502,087			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		115,515	0	115,515			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	197,209	0	197,209	7,350.00	26.83	26.00
27.00	Administrative & General	5.00	8,903,642	0	8,903,642	420,653.00	21.17	27.00
28.00	Administrative & General under contract (see inst.)		826,443	0	826,443	14,448.00	57.20	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,473,432	0	2,473,432	122,382.00	20.21	30.00
31.00	Laundry & Linen Service	8.00	715,142	0	715,142	54,293.00	13.17	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,605,177	0	3,605,177	183,212.00	19.68	33.00
34.00	Dietary	10.00	233,508	-148,163	85,345	3,150.00	27.09	34.00
35.00	Dietary under contract (see instructions)		3,080,769	0	3,080,769	150,033.00	20.53	35.00
36.00	Cafeteria	11.00	0	148,163	148,163	5,468.00	27.10	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,348,399	0	3,348,399	139,942.00	23.93	38.00
39.00	Central Services and Supply	14.00	1,225,926	0	1,225,926	71,873.00	17.06	39.00
40.00	Pharmacy	15.00	3,663,645	0	3,663,645	105,555.00	34.71	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150100

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2014 11:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	1,553,684	0	1,553,684	88,377.00	17.58 41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150100

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2014 11:51 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	111,623,846	0	111,623,846	4,233,510.00	26.37	1.00
2.00	Excluded area salaries (see instructions)	22,014,118	0	22,014,118	452,767.00	48.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,609,728	0	89,609,728	3,780,743.00	23.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	47,786,516	0	47,786,516	834,138.00	57.29	4.00
5.00	Subtotal wage-related costs (see inst.)	34,027,800	0	34,027,800	0.00	37.97	5.00
6.00	Total (sum of lines 3 thru 5)	171,424,044	0	171,424,044	4,614,881.00	37.15	6.00
7.00	Total overhead cost (see instructions)	29,826,976	0	29,826,976	1,366,736.00	21.82	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2014 11:51 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		7,078,434	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		3,136,004	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		19,883,507	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,487,853	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		125,687	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		116,567	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		259,575	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		811,897	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		7,461,489	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		39,818	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))		235,474	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		377,280	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		41,013,585	24.00
Part B - Other than Core Related Cost				
25.00			0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 11/22/2014 11:51 am
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		22,362,244	41,013,585 1.00
2.00	Hospital		22,362,244	34,006,219 2.00
3.00	Subprovider - IPF		0	428,186 3.00
4.00	Subprovider - IRF		0	498,784 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	6,080,396 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/22/2014 11:51 am
---	----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.232213	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		37,586,329	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		157,947,182	6.00	
7.00	Medicaid cost (line 1 times line 6)		36,677,389	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		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		309,072	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	55,894,327	10,975,810	66,870,137	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,979,389	2,548,726	15,528,115	21.00
22.00	Partial payment by patients approved for charity care	334,727	317,448	652,175	22.00
23.00	Cost of charity care (line 21 minus line 22)	12,644,662	2,231,278	14,875,940	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		25,039,727	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		737,822	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		24,301,905	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,643,218	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		20,519,158	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,519,158	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

Worksheet A

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,249,115		12,249,115	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,625,209		8,625,209	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	197,209	26,852,646		27,049,855	4.00
5.01	01160	COMMUNICATIONS	245,115	353,497		598,612	5.01
5.03	00561	PURCHASING RECEIVING AND STORES	0	0		0	5.03
5.05	00540	ADMINISTRATIVE	1,927,692	89,565		2,017,257	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	938,235	4,212,503		5,150,738	5.06
5.07	00551	PATIENT PLACEMENT	809,086	18,572		827,658	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	4,983,514	75,460,144		80,443,658	5.08
7.00	00700	OPERATION OF PLANT	2,473,432	8,934,490		11,407,922	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	715,142	463,507		1,178,649	8.00
9.00	00900	HOUSEKEEPING	0	4,158,476		4,158,476	9.00
10.00	01000	DIETARY	233,508	4,889,384		5,122,892	10.00
11.00	01100	CAFETERIA	0	0		0	11.00
13.00	01300	NURSING ADMINISTRATION	3,348,399	293,706		3,642,105	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,225,926	1,778,444		3,004,370	14.00
15.00	01500	PHARMACY	3,663,645	942,720		4,606,365	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,553,684	856,282		2,409,966	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	256,484	57,432		313,916	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,025,959	6,485,814		23,511,773	30.00
31.00	03100	INTENSIVE CARE UNIT	6,607,084	4,303,817		10,910,901	31.00
31.02	03102	NICU	2,861,421	455,732		3,317,153	31.02
32.00	03200	CORONARY CARE UNIT	814,149	1,417,427		2,231,576	32.00
40.00	04000	SUBPROVIDER - IPF	1,480,193	251,170		1,731,363	40.00
41.00	04100	SUBPROVIDER - IRF	1,724,244	360,467		2,084,711	41.00
43.00	04300	NURSERY	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0		0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,983,161	35,205,895		41,189,056	50.00
51.00	05100	RECOVERY ROOM	1,308,207	169,233		1,477,440	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,234,274	294,503		2,528,777	52.00
53.00	05300	ANESTHESIOLOGY	38,979	3,865,150		3,904,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,935,089	267,366		2,202,455	54.00
54.02	05402	ULTRASOUND	577,714	54,767		632,481	54.02
54.03	05403	NUCLEAR MEDICINE	546,323	787,338		1,333,661	54.03
56.00	05600	RADIOISOTOPE	0	0		0	56.00
57.00	05700	CT SCAN	891,473	208,733		1,100,206	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	446,732	95,007		541,739	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,109,602	223,829		1,333,431	59.00
60.00	06000	LABORATORY	1,570,771	12,191,673		13,762,444	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,603,572		1,603,572	63.00
64.00	06400	INTRAVENOUS THERAPY	1,420,449	3,292,622		4,713,071	64.00
65.00	06500	RESPIRATORY THERAPY	2,603,288	635,128		3,238,416	65.00
66.00	06600	PHYSICAL THERAPY	2,627,430	157,727		2,785,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,263,383	11,070		1,274,453	67.00
68.00	06800	SPEECH PATHOLOGY	402,905	5,723		408,628	68.00
69.00	06900	ELECTROCARDIOLOGY	787,177	164,485		951,662	69.00
69.02	06902	CARDIAC REHAB	468,775	13,306		482,081	69.02
69.03	06903	DIABETIC EDUCATION	253,865	133,514		387,379	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	606,049	227,254		833,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,168,440		9,168,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,859,878		14,859,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,959,018		14,959,018	73.00
74.00	07400	RENAL DIALYSIS	-138,963	1,302,612		1,163,649	74.00
76.00	03020	OTHER ANCILLARY	131,900	5,417		137,317	76.00
76.01	03021	MOBILE OUTREACH CLINIC	614,907	97,061		711,968	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	89.00
90.00	09000	CLINIC	374,651	163,164		537,815	90.00
90.01	09001	OUTPATIENT PSYCH	53,761	4,630		58,391	90.01
90.02	09002	PEDS CLINIC	0	0		0	90.02
90.04	09004	BARITRICS	295,203	55,698		350,901	90.04
91.00	09100	EMERGENCY	5,460,226	5,913,044		11,373,270	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	1,030,745	846,848		1,877,593	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	953,345	1,696,498		2,649,843	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

Worksheet A

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	88,935,542	272,190,322	361,125,864	0	361,125,864	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	2,775	2,775	0	2,775	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	12,567,289	5,542,362	18,109,651	0	18,109,651	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	468,723	4,209,902	4,678,625	0	4,678,625	194.01
194.02	07952 OCCUPATIONAL MEDICINE	1,227,293	427,762	1,655,055	0	1,655,055	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	8,806	124,759	133,565	0	133,565	194.04
194.06	07956 MOB	0	553,664	553,664	0	553,664	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	2,227	1,650,628	1,652,855	0	1,652,855	194.08
194.09	07959 CONV CARE	3,320,115	766,241	4,086,356	0	4,086,356	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	261,883	-48,256	213,627	0	213,627	194.17
200.00	TOTAL (SUM OF LINES 118-199)	106,791,878	285,420,159	392,212,037	0	392,212,037	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

Worksheet A
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,437,326	7,811,789	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-989,022	7,636,187	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,016,938	25,032,917	4.00
5.01	01160	COMMUNICATIONS	-8,277	590,335	5.01
5.03	00561	PURCHASING RECEIVING AND STORES	0	0	5.03
5.05	00540	ADMINISTRATIVE	-2,344	2,014,913	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,079,818	6,230,556	5.06
5.07	00551	PATIENT PLACEMENT	-2	827,656	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	-19,274,618	61,169,040	5.08
7.00	00700	OPERATION OF PLANT	-1,054,949	10,352,973	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-257,848	920,801	8.00
9.00	00900	HOUSEKEEPING	-218,012	3,940,464	9.00
10.00	01000	DIETARY	-22	1,872,345	10.00
11.00	01100	CAFETERIA	-1,968,055	1,282,470	11.00
13.00	01300	NURSING ADMINISTRATION	-45,111	3,596,994	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,070	3,001,300	14.00
15.00	01500	PHARMACY	-65,439	4,540,926	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-81,577	2,328,389	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-2,384	311,532	21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-134,040	22,356,823	30.00
31.00	03100	INTENSIVE CARE UNIT	-677,936	10,232,965	31.00
31.02	03102	NICU	-49,728	3,267,425	31.02
32.00	03200	CORONARY CARE UNIT	0	2,231,576	32.00
40.00	04000	SUBPROVIDER - I PF	-476,904	1,254,459	40.00
41.00	04100	SUBPROVIDER - I RF	-67	2,084,644	41.00
43.00	04300	NURSERY	0	1,020,910	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-587,487	40,601,569	50.00
51.00	05100	RECOVERY ROOM	0	1,477,440	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2	2,528,775	52.00
53.00	05300	ANESTHESIOLOGY	-3,819,395	84,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,202,455	54.00
54.02	05402	ULTRASOUND	-7,132	625,349	54.02
54.03	05403	NUCLEAR MEDICINE	-3,400	1,330,261	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-12,995	1,087,211	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-18,463	523,276	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,696	1,330,735	59.00
60.00	06000	LABORATORY	-659,852	13,102,592	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,603,572	63.00
64.00	06400	INTRAVENOUS THERAPY	-2,075,553	2,637,518	64.00
65.00	06500	RESPIRATORY THERAPY	-139	3,238,277	65.00
66.00	06600	PHYSICAL THERAPY	-4,245	2,780,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	-3,429	1,271,024	67.00
68.00	06800	SPEECH PATHOLOGY	-6,667	401,961	68.00
69.00	06900	ELECTROCARDIOLOGY	-103,575	848,087	69.00
69.02	06902	CARDIAC REHAB	-75,782	406,299	69.02
69.03	06903	DIABETIC EDUCATION	-6,276	381,103	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-53,363	779,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,168,440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,859,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,959,018	73.00
74.00	07400	RENAL DIALYSIS	-6	1,163,643	74.00
76.00	03020	OTHER ANCILLARY	-2	137,315	76.00
76.01	03021	MOBILE OUTREACH CLINIC	-31,162	680,806	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-29,952	507,863	90.00
90.01	09001	OUTPATIENT PSYCH	-37,208	21,183	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARITRICS	-86,122	264,779	90.04
91.00	09100	EMERGENCY	-4,562,196	6,811,074	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	1,877,593	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-318	2,649,525	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

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

Worksheet A
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100 HOME HEALTH AGENCY	6.00	7.00	101.00
	SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-42,871,268	318,254,596	118.00
	NONREIMBURSABLE COST CENTERS			
191.00	19100 RESEARCH	0	2,775	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	18,109,651	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 APOTHECARY	0	4,678,625	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	1,655,055	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954 MARKETING	0	133,565	194.04
194.06	07956 MOB	0	553,664	194.06
194.07	07957 SENIOR PARTNERS	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	1,652,855	194.08
194.09	07959 CONV CARE	0	4,086,356	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	213,627	194.17
200.00	TOTAL (SUM OF LINES 118-199)	-42,871,268	349,340,769	200.00

RECLASSIFICATIONS

Provider CCN: 150100

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

Worksheet A-6

Date/Time Prepared:
11/22/2014 11:51 am

		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
	B - CAFETERIA				
1.00	CAFETERIA		11.00	148,163	3,102,362
	TOTALS			148,163	3,102,362
	C - NURSERY				
1.00	NURSERY		43.00	954,751	66,159
	TOTALS			954,751	66,159
500.00	Grand Total: Increases			1,102,914	3,168,521

RECLASSIFICATIONS

Provider CCN: 150100

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

Worksheet A-6

Date/Time Prepared:
11/22/2014 11:51 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
B - CAFETERIA						
1.00	DIETARY	10.00	148,163	3,102,362	0	1.00
	TOTALS		148,163	3,102,362		
C - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	954,751	66,159	0	1.00
	TOTALS		954,751	66,159		
500.00	Grand Total: Decreases		1,102,914	3,168,521		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2014 11:51 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0	0	0	0	1.00
2.00	Land Improvements	8,185,082	0	0	0	0	2.00
3.00	Buildings and Fixtures	154,905,074	15,770,338	0	15,770,338	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	173,698,560	0	0	0	43,755,018	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	344,525,508	15,770,338	0	15,770,338	43,755,018	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	344,525,508	15,770,338	0	15,770,338	43,755,018	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,736,792	0				1.00
2.00	Land Improvements	8,185,082	0				2.00
3.00	Buildings and Fixtures	170,675,412	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	129,943,542	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	316,540,828	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	316,540,828	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

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

Worksheet A-7
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,123,922	3,932,679	4,191,850	664	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,926,102	1,663,919	0	31,516	0	2.00
3.00	Total (sum of lines 1-2)	11,050,024	5,596,598	4,191,850	32,180	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	12,249,115				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,672	8,625,209				2.00
3.00	Total (sum of lines 1-2)	3,672	20,874,324				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet A-7 Part III Date/Time Prepared: 11/22/2014 11:51 am
---	--	----------------------	---	---

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	186,597,286	0	186,597,286	0.589489	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	129,943,542	0	129,943,542	0.410511	0	2.00
3.00	Total (sum of lines 1-2)	316,540,828	0	316,540,828	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,878,446	3,932,679	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,937,080	1,663,919	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,815,526	5,596,598	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	664	0	0	7,811,789	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	31,516	0	3,672	7,636,187	2.00
3.00	Total (sum of lines 1-2)	0	32,180	0	3,672	15,447,976	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

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

Worksheet A-8

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,470,304	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-11,518	MISC ADMINISTRATIVE AND GENERAL	5.08	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-12,011,866			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	-1,288,142			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,781,494	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-1,178	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00 Sale of drugs to other than patients	B	-48,579	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-79,599	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		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISC INCOME - EMPLOYEE BENEFITS	B	-4,163	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

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	
33.01	MI SC INCOME - COMMUNICATIONS	B	-1,495	COMMUNICATIONS	5.01	0 33.01
33.02	MI SC INCOME - ADMITTING	B	-1,820	ADMITTING	5.05	0 33.02
33.03	MI SC INCOME - CASHIER/AR	B	-10,257	CASHIERING/ACCOUNTS RECEIVABLE	5.06	0 33.03
33.04	MI SC INCOME - OTHER A&G	B	-135,106	MI SC ADMINISTRATIVE AND GENERAL	5.08	0 33.04
33.05	MI SC INCOME - PLANT	B	-665,712	OPERATION OF PLANT	7.00	0 33.05
33.06	MI SC INCOME - LAUNDRY	B	-226,216	LAUNDRY & LINEN SERVICE	8.00	0 33.06
33.07	MI SC INCOME - HOUSEKEEPING	B	-530	HOUSEKEEPING	9.00	0 33.07
33.08	MI SC INCOME - NURSING ADMIN	B	-41,131	NURSING ADMINISTRATION	13.00	0 33.08
33.09	MI SC INCOME - I&R	B	-2,384	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.09
33.10	MI SC INCOME - ADULTS & Peds	B	-102,510	ADULTS & PEDIATRICS	30.00	0 33.10
33.11	MI SC INCOME - ICU	B	-1,400	INTENSIVE CARE UNIT	31.00	0 33.11
33.12	MI SC INCOME - I/PF	B	-37,691	SUBPROVIDER - I/PF	40.00	0 33.12
33.13	MI SC INCOME - ULTRASOUND	B	-7,132	ULTRASOUND	54.02	0 33.13
33.14	MI SC INCOME - NUCLEAR MED	B	-3,400	NUCLEAR MEDICINE	54.03	0 33.14
33.15	MI SC INCOME - CT	B	-7,500	CT SCAN	57.00	0 33.15
33.16	MI SC INCOME - CARDIAC CATH	B	-1,867	CARDIAC CATHETERIZATION	59.00	0 33.16
33.17	MI SC INCOME - LAB	B	-337,971	LABORATORY	60.00	0 33.17
33.18	MI SC INCOME - IV THERAPY	B	-210,094	INTRAVENOUS THERAPY	64.00	0 33.18
33.19	MI SC INCOME - RT	B	-135	RESPIRATORY THERAPY	65.00	0 33.19
33.20	MI SC INCOME - CARDIAC REHAB	B	-75,782	CARDIAC REHAB	69.02	0 33.20
33.21	MI SC INCOME - DIABETIC EDUCATION	B	-1,810	DIABETIC EDUCATION	69.03	0 33.21
33.22	MI SC INCOME - ELECTROENCEPHALOGRAPHY	B	-3,165	ELECTROENCEPHALOGRAPHY	70.00	0 33.22
33.23	MI SC INCOME - MOBILE CLINIC	B	-29,591	MOBILE OUTREACH CLINIC	76.01	0 33.23
33.24	MI SC INCOME - OP PSYCH	B	-32,708	OUTPATIENT PSYCH	90.01	0 33.24
33.25	MI SC INCOME - ER	B	-35,026	EMERGENCY	91.00	0 33.25
33.26	ADVERTISING - EMPLOYEE BENEFITS	A	-113	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.26
33.27	ADVERTISING - OTHER A&G	A	-3,665	MI SC ADMINISTRATIVE AND GENERAL	5.08	0 33.27
33.28	ADVERTISING - NURSING ADMIN	A	-115	NURSING ADMINISTRATION	13.00	0 33.28
33.29	ADVERTISING - ADULTS & Peds	A	-22,813	ADULTS & PEDIATRICS	30.00	0 33.29
33.30	ADVERTISING - OR	A	-29	OPERATING ROOM	50.00	0 33.30
33.31	VARIOUS N/A EXP - EMPLOYEE BENEFITS	A	-5,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.31
33.32	VARIOUS N/A EXP - COMMUNICATION	A	-5,215	COMMUNICATIONS	5.01	0 33.32
33.33	VARIOUS N/A EXP - ADMITTING	A	-523	ADMITTING	5.05	0 33.33
33.34	VARIOUS N/A EXP - OTHER A&G	A	-512,289	MI SC ADMINISTRATIVE AND GENERAL	5.08	0 33.34
33.35	VARIOUS N/A EXP- PLANT	A	-6	OPERATION OF PLANT	7.00	0 33.35
33.36	VARIOUS N/A EXP- LAUNDRY	A	-31,632	LAUNDRY & LINEN SERVICE	8.00	0 33.36
33.37	VARIOUS N/A EXP- DIETARY	A	-22	DIETARY	10.00	0 33.37
33.38	VARIOUS N/A EXP- NURSING ADMIN	A	-3,848	NURSING ADMINISTRATION	13.00	0 33.38
33.39	VARIOUS N/A EXP- CS&S	A	-1,892	CENTRAL SERVICES & SUPPLY	14.00	0 33.39
33.40	VARIOUS N/A EXP- PHARMACY	A	-16,858	PHARMACY	15.00	0 33.40
33.41	VARIOUS N/A EXP - ADULTS & Peds	A	-8,561	ADULTS & PEDIATRICS	30.00	0 33.41
33.42	VARIOUS N/A EXP - OR	A	-60,976	OPERATING ROOM	50.00	0 33.42
33.43	VARIOUS N/A EXP - MRI	A	-18,463	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.43
33.44	VARIOUS N/A EXP - CARDIAC CATH	A	-827	CARDIAC CATHETERIZATION	59.00	0 33.44
33.45	VARIOUS N/A EXP - LAB	A	-15,834	LABORATORY	60.00	0 33.45
33.46	VARIOUS N/A EXP - IV THERAPY	A	-6,154	INTRAVENOUS THERAPY	64.00	0 33.46
33.47	VARIOUS N/A EXP - PT	A	-4,245	PHYSICAL THERAPY	66.00	0 33.47
33.48	VARIOUS N/A EXP - OT	A	-3,429	OCCUPATIONAL THERAPY	67.00	0 33.48
33.49	VARIOUS N/A EXP - ST	A	-6,667	SPEECH PATHOLOGY	68.00	0 33.49
33.50	VARIOUS N/A EXP - ELECTROCARDIOLOGY	A	-62	ELECTROCARDIOLOGY	69.00	0 33.50
33.51	VARIOUS N/A EXP - ELECTROENCEPHA	A	-26	ELECTROENCEPHALOGRAPHY	70.00	0 33.51
33.52	VARIOUS N/A EXP - MOBILE OUTREACH CLI	A	33	MOBILE OUTREACH CLINIC	76.01	0 33.52
33.53	VARIOUS N/A EXP - ER	A	-363	EMERGENCY	91.00	0 33.53
33.54	VARIOUS N/A EXP - AMBULANCE	A	-96	AMBULANCE SERVICES	95.00	0 33.54
33.55	PV LAB BENEFITS	A	-151,516	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.55

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	
33.56 PV LAB PROFIT	A	-1,859,305	INTRAVENOUS THERAPY	64.00	0 33.56
33.57 PROVIDER ASSESSMENT	A	-19,199,872	MISC ADMINISTRATIVE AND GENERAL	5.08	0 33.57
33.58 PROFESSIONAL LIABILITY INSURANCE	A	-206,076	MISC ADMINISTRATIVE AND GENERAL	5.08	0 33.58
33.59 LOBBYING DUES	A	-6,113	MISC ADMINISTRATIVE AND GENERAL	5.08	0 33.59
33.60 PHYSICIAN BILLING	A	12	ADULTS & PEDIATRICS	30.00	0 33.60
33.61 PHYSICIAN BILLING	A	-5,690	INTENSIVE CARE UNIT	31.00	0 33.61
33.62 PHYSICIAN BILLING	A	-47,898	NICU	31.02	0 33.62
33.63 PHYSICIAN BILLING	A	-7,435	SUBPROVIDER - IPF	40.00	0 33.63
33.64 PHYSICIAN BILLING	A	-85	OPERATING ROOM	50.00	0 33.64
33.65 PHYSICIAN BILLING	A	-2,266	DIABETIC EDUCATION	69.03	0 33.65
33.66 PHYSICIAN BILLING	A	-392	ELECTROENCEPHALOGRAPHY	70.00	0 33.66
33.67 PHYSICIAN BILLING	A	-6,329	BARITRICS	90.04	0 33.67
33.68 PATIENT PHONES	A	-1,567	COMMUNICATIONS	5.01	0 33.68
33.69 PATIENT PHONES	A	-1	ADMITTING	5.05	0 33.69
33.70 PATIENT PHONES	A	-2	PATIENT PLACEMENT	5.07	0 33.70
33.71 PATIENT PHONES	A	-7,145	MISC ADMINISTRATIVE AND GENERAL	5.08	0 33.71
33.72 PATIENT PHONES	A	-101	OPERATION OF PLANT	7.00	0 33.72
33.73 PATIENT PHONES	A	-17	NURSING ADMINISTRATION	13.00	0 33.73
33.74 PATIENT PHONES	A	-2	PHARMACY	15.00	0 33.74
33.75 PATIENT PHONES	A	-1,978	MEDICAL RECORDS & LIBRARY	16.00	0 33.75
33.76 PATIENT PHONES	A	-168	ADULTS & PEDIATRICS	30.00	0 33.76
33.77 PATIENT PHONES	A	-1	INTENSIVE CARE UNIT	31.00	0 33.77
33.78 PATIENT PHONES	A	-1,830	NICU	31.02	0 33.78
33.79 PATIENT PHONES	A	-10	SUBPROVIDER - IPF	40.00	0 33.79
33.80 PATIENT PHONES	A	-67	SUBPROVIDER - IRF	41.00	0 33.80
33.81 PATIENT PHONES	A	-5	OPERATING ROOM	50.00	0 33.81
33.82 PATIENT PHONES	A	-2	DELIVERY ROOM & LABOR ROOM	52.00	0 33.82
33.83 PATIENT PHONES	A	-2	CARDIAC CATHETERIZATION	59.00	0 33.83
33.84 PATIENT PHONES	A	-12	LABORATORY	60.00	0 33.84
33.85 PATIENT PHONES	A	-4	RESPIRATORY THERAPY	65.00	0 33.85
33.86 PATIENT PHONES	A	-5	ELECTROCARDIOLOGY	69.00	0 33.86
33.87 PATIENT PHONES	A	-6	RENAL DIALYSIS	74.00	0 33.87
33.88 PATIENT PHONES	A	-2	OTHER ANCILLARY	76.00	0 33.88
33.89 PATIENT PHONES	A	-504	MOBILE OUTREACH CLINIC	76.01	0 33.89
33.90 PATIENT PHONES	A	-11	EMERGENCY	91.00	0 33.90
33.91 PATIENT PHONES	A	-222	AMBULANCE SERVICES	95.00	0 33.91
33.92 COLLECTION AGENCY REFUNDS	A	357,008	CASHIERING/ACCOUNTS RECEIVABLE	5.06	0 33.92
33.93 PENSION	A	6,155,251	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.93
33.94 SELF-INSURANCE	A	-7,477,932	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.94
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,871,268			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150100

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

Worksheet A-8-1

Date/Time Prepared: 11/22/2014 11:51 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ST. MARY'S HOME OFFICE	0	245,476	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	ST. MARY'S HOME OFFICE	0	989,022	2.00
3.00	5.08	MISC ADMINISTRATIVE AND GENE	ST. MARY'S HOME OFFICE	52,160,455	50,432,448	3.00
4.00	7.00	OPERATION OF PLANT	ST. MARY'S HOME OFFICE	0	572,292	4.00
4.01	9.00	HOUSEKEEPING	ST. MARY'S HOME OFFICE	0	217,482	4.01
4.02	11.00	CAFETERIA	ST. MARY'S HOME OFFICE	0	186,561	4.02
4.03	0.00			0	0	4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION BOND AMORTIZATION	2,642,027	4,363,573	4.04
4.05	0.00			0	0	4.05
4.06	5.06	CASHIERING/ACCOUNTS RECEIVAB	ST VINCENT HEALTH EXP	2,864,171	2,131,104	4.06
4.07	0.00			0	0	4.07
4.08	7.00	OPERATION OF PLANT	TRIMEDX	3,789,958	3,606,796	4.08
4.09	69.00	ELECTROCARDIOLOGY	TRIMEDX	21	20	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
4.12	0.00			0	0	4.12
4.13	0.00			0	0	4.13
4.14	0.00			0	0	4.14
4.15	0.00			0	0	4.15
4.16	0.00			0	0	4.16
4.17	0.00			0	0	4.17
4.18	0.00			0	0	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
4.22	0.00			0	0	4.22
4.23	0.00			0	0	4.23
5.00	0			61,456,632	62,744,774	5.00

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

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

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

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

6.00	B		0.00	ST MARY'S HLTH	100.00	6.00
7.00	B		0.00	ASCENSION	100.00	7.00
8.00	B		0.00	ST VINCENT HLTH	100.00	8.00
9.00	A		0.00	TRIMEDX	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150100

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2014 11:51 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-245,476	9		1.00
2.00	-989,022	9		2.00
3.00	1,728,007	0		3.00
4.00	-572,292	0		4.00
4.01	-217,482	0		4.01
4.02	-186,561	0		4.02
4.03	0	0		4.03
4.04	-1,721,546	11		4.04
4.05	0	0		4.05
4.06	733,067	0		4.06
4.07	0	0		4.07
4.08	183,162	0		4.08
4.09	1	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
5.00	-1,288,142			5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	SYSTEM HOME OFF		6.00
7.00	ADMINISTRATION		7.00
8.00	CASHIERING/AR		8.00
9.00	TECHNOLOGY MGMT		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150100

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2014 11:51 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.08	MISC ADMINISTRATIVE AND GENERAL	920,841	920,841	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	670,845	670,845	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	431,768	431,768	0	0	0	3.00
4.00	50.00	OPERATING ROOM	526,392	526,392	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	3,819,395	3,819,395	0	0	0	5.00
6.00	57.00	CT SCAN	5,495	5,495	0	0	0	6.00
7.00	60.00	LABORATORY	306,035	306,035	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	103,509	103,509	0	0	0	8.00
9.00	69.03	DIABETIC EDUCATION	2,200	2,200	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	49,780	49,780	0	0	0	10.00
11.00	76.01	MOBILE OUTREACH CLINIC	1,100	1,100	0	0	0	11.00
12.00	90.00	CLINIC	29,952	29,952	0	0	0	12.00
13.00	90.01	OUTPATIENT PSYCH	4,500	4,500	0	0	0	13.00
14.00	90.04	BARiatricS	79,793	79,793	0	0	0	14.00
15.00	91.00	EMERGENCY	4,526,796	4,526,796	0	0	0	15.00
16.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	533,465	533,465	0	0	0	16.00
200.00			12,011,866	12,011,866	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.08	MISC ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	57.00	CT SCAN	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	69.03	DIABETIC EDUCATION	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	90.01	OUTPATIENT PSYCH	0	0	0	0	0	13.00
14.00	90.04	BARiatricS	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	16.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.08	MISC ADMINISTRATIVE AND GENERAL	0	0	0	920,841		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	670,845		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	431,768		3.00
4.00	50.00	OPERATING ROOM	0	0	0	526,392		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	3,819,395		5.00
6.00	57.00	CT SCAN	0	0	0	5,495		6.00
7.00	60.00	LABORATORY	0	0	0	306,035		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	103,509		8.00
9.00	69.03	DIABETIC EDUCATION	0	0	0	2,200		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	49,780		10.00
11.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	1,100		11.00
12.00	90.00	CLINIC	0	0	0	29,952		12.00
13.00	90.01	OUTPATIENT PSYCH	0	0	0	4,500		13.00
14.00	90.04	BARiatricS	0	0	0	79,793		14.00
15.00	91.00	EMERGENCY	0	0	0	4,526,796		15.00
16.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	533,465		16.00
200.00			0	0	0	12,011,866		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,811,789	7,811,789			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,636,187		7,636,187		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,032,917	4,340	151	25,037,408	4.00
5.01 01160	COMMUNICATIONS	590,335	10,750	1,568	57,499	660,152 5.01
5.03 00561	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.05 00540	ADMITTING	2,014,913	137,694	0	452,194	19,896 5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE	6,230,556	62,235	857	220,089	37,835 5.06
5.07 00551	PATIENT PLACEMENT	827,656	11,281	0	189,794	0 5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL	61,169,040	825,966	1,926,062	1,169,023	29,028 5.08
7.00 00700	OPERATION OF PLANT	10,352,973	700,022	19,023	580,213	34,247 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	920,801	67,090	163,929	167,757	1,305 8.00
9.00 00900	HOUSEKEEPING	3,940,464	149,146	17,711	0	4,240 9.00
10.00 01000	DIETARY	1,872,345	195,447	63,878	20,020	9,133 10.00
11.00 01100	CAFETERIA	1,282,470	0	0	34,756	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,596,994	289,103	149,066	785,461	25,441 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,001,300	139,224	106,051	287,575	5,219 14.00
15.00 01500	PHARMACY	4,540,926	48,963	19,715	859,411	16,308 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,328,389	46,926	1,901	364,460	36,856 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	311,532	0	0	60,166	1,305 21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,356,823	1,262,763	318,432	3,769,995	71,426 30.00
31.00 03100	INTENSIVE CARE UNIT	10,232,965	330,885	287,615	1,549,877	19,570 31.00
31.02 03102	NICU	3,267,425	99,098	110,823	671,226	13,373 31.02
32.00 03200	CORONARY CARE UNIT	2,231,576	44,061	134,725	190,981	5,545 32.00
40.00 04000	SUBPROVIDER - I/PF	1,254,459	90,338	4,048	347,221	6,523 40.00
41.00 04100	SUBPROVIDER - I/RF	2,084,644	275,684	36,419	404,470	17,613 41.00
43.00 04300	NURSERY	1,020,910	0	0	223,964	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,601,569	342,829	1,315,163	1,403,518	35,878 50.00
51.00 05100	RECOVERY ROOM	1,477,440	73,133	13,101	306,877	5,545 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,528,775	188,944	26,577	524,112	6,197 52.00
53.00 05300	ANESTHESIOLOGY	84,734	0	96,497	9,144	1,305 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,202,455	168,186	553,396	453,929	32,616 54.00
54.02 05402	ULTRASOUND	625,349	14,598	56,147	135,519	1,305 54.02
54.03 05403	NUCLEAR MEDICINE	1,330,261	54,990	14,199	128,155	2,935 54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	1,087,211	40,509	144,203	209,120	1,957 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	523,276	50,275	138,961	104,793	1,631 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,330,735	100,136	691,108	260,288	17,287 59.00
60.00 06000	LABORATORY	13,102,592	112,447	42,997	368,468	28,702 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,603,572	4,840	2,690	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	2,637,518	3,981	12,018	333,206	652 64.00
65.00 06500	RESPIRATORY THERAPY	3,238,277	22,483	81,543	610,674	3,914 65.00
66.00 06600	PHYSICAL THERAPY	2,780,912	46,247	14,744	616,337	10,763 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,271,024	0	2,483	296,362	1,305 67.00
68.00 06800	SPEECH PATHOLOGY	401,961	0	446	94,513	652 68.00
69.00 06900	ELECTROCARDIOLOGY	848,087	35,739	205,099	184,654	13,699 69.00
69.02 06902	CARDIAC REHAB	406,299	59,955	15,979	109,964	6,523 69.02
69.03 06903	DIABETIC EDUCATION	381,103	36,176	1,213	59,551	11,090 69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	779,940	55,935	70,526	142,166	2,283 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,168,440	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,859,878	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	14,959,018	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,163,643	2,287	27,150	0	1,631 74.00
76.00 03020	OTHER ANCILLARY	137,315	0	0	30,941	0 76.00
76.01 03021	MOBILE OUTREACH CLINIC	680,806	0	18,164	144,244	15,656 76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	507,863	7,978	262	87,885	3,914 90.00
90.01 09001	OUTPATIENT PSYCH	21,183	103,586	0	12,611	652 90.01
90.02 09002	PEDS CLINIC	0	0	0	0	0 90.02
90.04 09004	BARITRICS	264,779	0	343	69,248	9,785 90.04
91.00 09100	EMERGENCY	6,811,074	187,781	491,225	1,280,849	27,398 91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	1,877,593	92,204	101,585	241,790	17,939 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	2,649,525	0	16,718	223,634	2,609	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900	CMHC	0	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00 10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	318,254,596	6,596,255	7,516,511	20,848,704	620,686	118.00
NONREIMBURSABLE COST CENTERS							
191.00 19100	RESEARCH	2,775	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	18,109,651	203,449	112,363	2,948,010	13,373	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	161,121	0	0	0	194.00
194.01 07951	APOTHECARY	4,678,625	1,421	0	109,952	3,914	194.01
194.02 07952	OCCUPATIONAL MEDICINE	1,655,055	308,464	32	287,896	8,480	194.02
194.03 07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	1,631	194.03
194.04 07954	MARKETING	133,565	0	0	2,066	5,219	194.04
194.06 07956	MOB	553,664	0	0	0	0	194.06
194.07 07957	SENIOR PARTNERS	0	0	0	0	978	194.07
194.08 07958	ASCENSION PHYSICIAN RECRUITMENT	1,652,855	7,112	0	522	652	194.08
194.09 07959	CONV CARE	4,086,356	0	7,281	778,826	5,219	194.09
194.10 07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961	ST ELIZABETH	0	8,564	0	0	0	194.11
194.14 07964	FREE STANDING CATH LAB	0	8,088	0	0	0	194.14
194.15 07965	FAMILY PRACTICE	0	191,505	0	0	0	194.15
194.17 07967	FOUNDATION/UNUSED SPACE	213,627	325,810	0	61,432	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	349,340,769	7,811,789	7,636,187	25,037,408	660,152	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal	
			5.03	5.05	5.06	5.07	5A.07	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.03	00561	PURCHASING RECEIVING AND STORES	0					5.03
5.05	00540	ADMITTING	0	2,624,697				5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	0	6,551,572			5.06
5.07	00551	PATIENT PLACEMENT	0	0	0	1,028,731		5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	0	0	0	0	65,119,119	5.08
7.00	00700	OPERATION OF PLANT	0	0	0	0	11,686,478	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,320,882	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	4,111,561	9.00
10.00	01000	DIETARY	0	0	0	0	2,160,823	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,317,226	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,846,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,539,369	14.00
15.00	01500	PHARMACY	0	0	0	0	5,485,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,778,532	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	373,003	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	108,179	270,053	0	28,157,671	30.00
31.00	03100	INTENSIVE CARE UNIT	0	50,028	124,887	0	12,595,827	31.00
31.02	03102	NICU	0	20,841	52,026	0	4,234,812	31.02
32.00	03200	CORONARY CARE UNIT	0	7,886	19,686	0	2,634,460	32.00
40.00	04000	SUBPROVIDER - I PF	0	7,688	19,193	0	1,729,470	40.00
41.00	04100	SUBPROVIDER - I RF	0	8,993	22,450	0	2,850,273	41.00
43.00	04300	NURSERY	0	5,053	12,613	0	1,262,540	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	428,732	1,069,677	0	45,197,366	50.00
51.00	05100	RECOVERY ROOM	0	44,862	111,991	0	2,032,949	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,056	62,547	0	3,362,208	52.00
53.00	05300	ANESTHESIOLOGY	0	33,538	83,721	0	308,939	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	80,832	201,785	0	3,693,199	54.00
54.02	05402	ULTRASOUND	0	39,140	97,708	0	969,766	54.02
54.03	05403	NUCLEAR MEDICINE	0	60,408	150,800	0	1,741,748	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	103,363	258,031	0	1,844,394	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	40,088	100,075	0	959,099	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	113,447	283,204	0	2,796,205	59.00
60.00	06000	LABORATORY	0	195,421	487,839	0	14,338,466	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,642	44,039	0	1,672,783	63.00
64.00	06400	INTRAVENOUS THERAPY	0	36,455	91,004	0	3,114,834	64.00
65.00	06500	RESPIRATORY THERAPY	0	65,148	162,631	0	4,184,670	65.00
66.00	06600	PHYSICAL THERAPY	0	42,065	105,010	0	3,616,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	21,830	54,496	0	1,647,500	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,152	20,349	0	526,073	68.00
69.00	06900	ELECTROCARDIOLOGY	0	78,506	195,979	0	1,561,763	69.00
69.02	06902	CARDIAC REHAB	0	2,439	6,088	0	607,247	69.02
69.03	06903	DIABETIC EDUCATION	0	508	1,269	0	490,910	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,495	46,169	0	1,115,514	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	272,503	680,263	0	10,121,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	103,925	259,432	0	15,223,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	277,474	692,672	0	15,929,164	73.00
74.00	07400	RENAL DIALYSIS	0	9,624	24,024	0	1,228,359	74.00
76.00	03020	OTHER ANCILLARY	0	3,211	8,016	0	179,483	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	1,360	3,396	0	863,626	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,779	6,939	0	617,620	90.00
90.01	09001	OUTPATIENT PSYCH	0	976	2,438	0	141,446	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	504	1,257	0	345,916	90.04
91.00	09100	EMERGENCY	0	227,574	568,104	0	9,594,005	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	41,960	104,747	0	2,477,818	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	18,012	44,964	0	2,955,462	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal		
		5.03	5.05	5.06	5.07	5A.07		
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
	SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)						0	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	2,775	191.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	21,386,846	192.00	
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	161,121	194.00	
194.01	07951 APOTHECARY	0	0	0	0	4,793,912	194.01	
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	2,259,927	194.02	
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	1,631	194.03	
194.04	07954 MARKETING	0	0	0	0	140,850	194.04	
194.06	07956 MOB	0	0	0	0	553,664	194.06	
194.07	07957 SENIOR PARTNERS	0	0	0	1,028,731	1,029,709	194.07	
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	1,661,141	194.08	
194.09	07959 CONV CARE	0	0	0	0	4,877,682	194.09	
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10	
194.11	07961 ST ELIZABETH	0	0	0	0	8,564	194.11	
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	8,088	194.14	
194.15	07965 FAMILY PRACTICE	0	0	0	0	191,505	194.15	
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	600,869	194.17	
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers						0	201.00
202.00	TOTAL (sum lines 118-201)						0	202.00
		0	2,624,697	6,551,572	1,028,731	349,340,769		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description			MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINSTRATIVE AND GENERAL	65,119,119					5.08
7.00	00700	OPERATION OF PLANT	2,677,536	14,364,014				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	302,633	125,173	1,748,688			8.00
9.00	00900	HOUSEKEEPING	942,016	278,268	0	5,331,845		9.00
10.00	01000	DIETARY	495,075	364,654	0	139,269	3,159,821	10.00
11.00	01100	CAFETERIA	301,795	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,110,301	564,241	0	215,496	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	810,919	259,756	0	99,206	0	14.00
15.00	01500	PHARMACY	1,256,764	91,353	0	34,890	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	636,601	129,732	0	49,548	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	85,460	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,451,317	2,358,627	665,927	900,811	2,133,860	30.00
31.00	03100	INTENSIVE CARE UNIT	2,885,880	617,345	203,422	235,778	503,824	31.00
31.02	03102	NICU	970,255	184,890	56,932	70,614	0	31.02
32.00	03200	CORONARY CARE UNIT	603,592	82,206	33,900	31,396	70,505	32.00
40.00	04000	SUBPROVIDER - I PF	396,246	168,548	0	64,372	127,798	40.00
41.00	04100	SUBPROVIDER - I RF	653,037	514,355	61,073	196,443	226,935	41.00
43.00	04300	NURSERY	289,266	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,355,309	681,957	173,563	260,454	530	50.00
51.00	05100	RECOVERY ROOM	465,777	222,585	65,165	85,010	4,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	770,329	352,521	67,163	134,636	43,523	52.00
53.00	05300	ANESTHESIOLOGY	70,782	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	846,164	485,720	28,762	185,507	12,016	54.00
54.02	05402	ULTRASOUND	222,187	44,031	0	16,816	0	54.02
54.03	05403	NUCLEAR MEDICINE	399,059	161,819	3,008	61,802	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	422,576	113,201	28,038	43,234	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	219,743	130,985	7,254	50,026	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	640,650	186,828	24,195	71,354	0	59.00
60.00	06000	LABORATORY	3,285,143	403,427	0	154,077	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	383,258	9,030	0	3,449	0	63.00
64.00	06400	INTRAVENOUS THERAPY	713,652	7,428	0	2,837	32,975	64.00
65.00	06500	RESPIRATORY THERAPY	958,766	41,948	0	16,021	0	65.00
66.00	06600	PHYSICAL THERAPY	828,494	218,157	8,572	83,319	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	377,465	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	120,531	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	357,822	71,661	11,242	27,369	0	69.00
69.02	06902	CARDIAC REHAB	139,129	220,765	11,158	84,315	0	69.02
69.03	06903	DIABETIC EDUCATION	112,474	183,667	0	70,146	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	255,580	104,360	5,928	39,857	2,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,318,910	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,487,856	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,649,594	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	281,434	16,488	2,130	6,297	0	74.00
76.00	03020	OTHER ANCILLARY	41,122	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	197,869	51,022	0	19,486	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	141,505	86,998	35,239	33,226	0	90.00
90.01	09001	OUTPATIENT PSYCH	32,407	272,587	0	104,107	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRIC SURG	79,254	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,198,121	350,351	209,439	133,807	530	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	567,703	172,029	46,578	65,702	439	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	677,138	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		MISC ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.08	7.00	8.00	9.00	10.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)						
		56,486,496	10,328,713	1,748,688	3,790,677	3,159,730	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	636	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,900,026	418,662	0	159,896	91	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	36,915	300,611	0	114,810	0	194.00
194.01	07951 APOTHECARY	1,098,352	44,599	0	17,033	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	517,781	575,514	0	219,801	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	374	4,617	0	1,763	0	194.03
194.04	07954 MARKETING	32,271	39,253	0	14,992	0	194.04
194.06	07956 MOB	126,852	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	235,921	17,158	0	6,553	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	380,591	13,269	0	5,068	0	194.08
194.09	07959 CONV CARE	1,117,545	240,748	0	91,947	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	1,962	15,978	0	6,102	0	194.11
194.14	07964 FREE STANDING CATH LAB	1,853	15,090	0	5,763	0	194.14
194.15	07965 FAMILY PRACTICE	43,876	1,174,799	0	448,681	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	137,668	1,175,003	0	448,759	0	194.17
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers						
202.00	TOTAL (sum lines 118-201)	65,119,119	14,364,014	1,748,688	5,331,845	3,159,821	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL						5.08
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	1,619,021					11.00
13.00	01300	NURSING ADMINISTRATION	68,639	6,804,742				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,252	0	4,744,502			14.00
15.00	01500	PHARMACY	51,773	0	0	6,920,103		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43,347	0	0	0	3,637,760	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,027	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	345,081	2,278,084	0	0	149,965	30.00
31.00	03100	INTENSIVE CARE UNIT	128,461	861,399	0	0	69,352	31.00
31.02	03102	NICU	47,209	0	0	0	28,891	31.02
32.00	03200	CORONARY CARE UNIT	15,424	167,084	0	0	10,932	32.00
40.00	04000	SUBPROVIDER - I PF	17,940	304,451	0	0	10,658	40.00
41.00	04100	SUBPROVIDER - I RF	33,835	342,274	0	0	12,467	41.00
43.00	04300	NURSERY	17,811	0	0	0	7,004	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,728	248,964	0	0	593,568	50.00
51.00	05100	RECOVERY ROOM	20,220	199,296	0	0	62,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,978	342,482	0	0	34,734	52.00
53.00	05300	ANESTHESIOLOGY	1,049	0	0	0	46,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,099	0	0	0	112,054	54.00
54.02	05402	ULTRASOUND	9,138	0	0	0	54,259	54.02
54.03	05403	NUCLEAR MEDICINE	8,502	0	0	0	83,742	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	14,816	0	0	0	143,289	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,027	0	0	0	55,573	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,573	193,477	0	0	157,268	59.00
60.00	06000	LABORATORY	40,682	0	0	0	270,906	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	24,456	63.00
64.00	06400	INTRAVENOUS THERAPY	22,330	190,360	0	0	50,536	64.00
65.00	06500	RESPIRATORY THERAPY	45,443	0	0	0	90,312	65.00
66.00	06600	PHYSICAL THERAPY	42,062	0	0	0	58,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,952	0	0	0	30,263	67.00
68.00	06800	SPEECH PATHOLOGY	5,569	0	0	0	11,300	68.00
69.00	06900	ELECTROCARDIOLOGY	17,376	201,998	0	0	108,830	69.00
69.02	06902	CARDIAC REHAB	7,875	139,237	0	0	3,381	69.02
69.03	06903	DIABETIC EDUCATION	4,451	0	0	0	705	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	14,897	0	0	0	25,639	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,810,354	0	377,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,934,148	0	144,067	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,920,103	384,653	73.00
74.00	07400	RENAL DIALYSIS	2,419	170,409	0	0	13,341	74.00
76.00	03020	OTHER ANCILLARY	2,241	33,874	0	0	4,452	76.00
76.01	03021	MOBILE OUTREACH CLINIC	13,377	0	0	0	1,886	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,371	0	0	0	3,853	90.00
90.01	09001	OUTPATIENT PSYCH	819	0	0	0	1,354	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	5,336	0	0	0	698	90.04
91.00	09100	EMERGENCY	110,636	658,570	0	0	315,478	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	16,957	171,241	0	0	58,168	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,290	301,542	0	0	24,969	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,462,012	6,804,742	4,744,502	6,920,103	3,637,760	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	75,851	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	6,623	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	20,062	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	154	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	88	0	0	0	0	194.08
194.09	07959 CONV CARE	48,398	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	5,833	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,619,021	6,804,742	4,744,502	6,920,103	3,637,760	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160 COMMUNICATIONS					5.01
5.03 00561 PURCHASING RECEIVING AND STORES					5.03
5.05 00540 ADMITTING					5.05
5.06 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.07 00551 PATIENT PLACEMENT					5.07
5.08 00560 MISC ADMINISTRATIVE AND GENERAL					5.08
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	464,490				21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	464,490	43,905,833	-464,490	43,441,343	30.00
31.00 03100 INTENSIVE CARE UNIT	0	18,101,288	0	18,101,288	31.00
31.02 03102 NICU	0	5,593,603	0	5,593,603	31.02
32.00 03200 CORONARY CARE UNIT	0	3,649,499	0	3,649,499	32.00
40.00 04000 SUBPROVIDER - IPF	0	2,819,483	0	2,819,483	40.00
41.00 04100 SUBPROVIDER - IRF	0	4,890,692	0	4,890,692	41.00
43.00 04300 NURSERY	0	1,576,621	0	1,576,621	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	57,617,439	0	57,617,439	50.00
51.00 05100 RECOVERY ROOM	0	3,157,581	0	3,157,581	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,146,574	0	5,146,574	52.00
53.00 05300 ANESTHESIOLOGY	0	427,262	0	427,262	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	5,399,521	0	5,399,521	54.00
54.02 05402 ULTRASOUND	0	1,316,197	0	1,316,197	54.02
54.03 05403 NUCLEAR MEDICINE	0	2,459,680	0	2,459,680	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	2,609,548	0	2,609,548	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,429,707	0	1,429,707	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,087,550	0	4,087,550	59.00
60.00 06000 LABORATORY	0	18,492,701	0	18,492,701	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,092,976	0	2,092,976	63.00
64.00 06400 INTRAVENOUS THERAPY	0	4,134,952	0	4,134,952	64.00
65.00 06500 RESPIRATORY THERAPY	0	5,337,160	0	5,337,160	65.00
66.00 06600 PHYSICAL THERAPY	0	4,854,996	0	4,854,996	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,076,180	0	2,076,180	67.00
68.00 06800 SPEECH PATHOLOGY	0	663,473	0	663,473	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,358,061	0	2,358,061	69.00
69.02 06902 CARDIAC REHAB	0	1,213,107	0	1,213,107	69.02
69.03 06903 DIABETIC EDUCATION	0	862,353	0	862,353	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,564,181	0	1,564,181	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,628,231	0	14,628,231	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,789,306	0	21,789,306	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	26,883,514	0	26,883,514	73.00
74.00 07400 RENAL DIALYSIS	0	1,720,877	0	1,720,877	74.00
76.00 03020 OTHER ANCILLARY	0	261,172	0	261,172	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	1,147,266	0	1,147,266	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	923,812	0	923,812	90.00
90.01 09001 OUTPATIENT PSYCH	0	552,720	0	552,720	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	431,204	0	431,204	90.04
91.00 09100 EMERGENCY	0	13,570,937	0	13,570,937	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	3,576,635	0	3,576,635	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	21.00						24.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	3,972,401	0	3,972,401	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	464,490	297,296,293	-464,490	296,831,803	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	3,411	0	3,411	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,941,372	0	26,941,372	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	613,457	0	613,457	194.00
194.01	07951	APOTHECARY	0	5,960,519	0	5,960,519	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	3,593,085	0	3,593,085	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	8,385	0	8,385	194.03
194.04	07954	MARKETING	0	227,520	0	227,520	194.04
194.06	07956	MOB	0	680,516	0	680,516	194.06
194.07	07957	SENIOR PARTNERS	0	1,289,341	0	1,289,341	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	2,060,157	0	2,060,157	194.08
194.09	07959	CONV CARE	0	6,376,320	0	6,376,320	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	32,606	0	32,606	194.11
194.14	07964	FREE STANDING CATH LAB	0	30,794	0	30,794	194.14
194.15	07965	FAMILY PRACTICE	0	1,858,861	0	1,858,861	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	2,368,132	0	2,368,132	194.17
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	464,490	349,340,769	-464,490	348,876,279	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,340	151	4,491	4,491 4.00
5.01 01160	COMMUNICATIONS	0	10,750	1,568	12,318	10 5.01
5.03 00561	PURCHASING RECEIVING AND STORES	0	0	0	0	0 5.03
5.05 00540	ADMITTING	0	137,694	0	137,694	81 5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	62,235	857	63,092	39 5.06
5.07 00551	PATIENT PLACEMENT	0	11,281	0	11,281	34 5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL	0	825,966	1,926,062	2,752,028	209 5.08
7.00 00700	OPERATION OF PLANT	0	700,022	19,023	719,045	104 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	67,090	163,929	231,019	30 8.00
9.00 00900	HOUSEKEEPING	0	149,146	17,711	166,857	0 9.00
10.00 01000	DIETARY	0	195,447	63,878	259,325	4 10.00
11.00 01100	CAFETERIA	0	0	0	0	6 11.00
13.00 01300	NURSING ADMINISTRATION	0	289,103	149,066	438,169	141 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	139,224	106,051	245,275	51 14.00
15.00 01500	PHARMACY	0	48,963	19,715	68,678	154 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	46,926	1,901	48,827	65 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	11 21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,262,763	318,432	1,581,195	686 30.00
31.00 03100	INTENSIVE CARE UNIT	0	330,885	287,615	618,500	277 31.00
31.02 03102	NICU	0	99,098	110,823	209,921	120 31.02
32.00 03200	CORONARY CARE UNIT	0	44,061	134,725	178,786	34 32.00
40.00 04000	SUBPROVIDER - I PF	0	90,338	4,048	94,386	62 40.00
41.00 04100	SUBPROVIDER - I RF	0	275,684	36,419	312,103	72 41.00
43.00 04300	NURSERY	0	0	0	0	40 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	342,829	1,315,163	1,657,992	251 50.00
51.00 05100	RECOVERY ROOM	0	73,133	13,101	86,234	55 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	188,944	26,577	215,521	94 52.00
53.00 05300	ANESTHESIOLOGY	0	0	96,497	96,497	2 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	168,186	553,396	721,582	81 54.00
54.02 05402	ULTRASOUND	0	14,598	56,147	70,745	24 54.02
54.03 05403	NUCLEAR MEDICINE	0	54,990	14,199	69,189	23 54.03
56.00 05600	RADIO SOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	40,509	144,203	184,712	37 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	50,275	138,961	189,236	19 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	100,136	691,108	791,244	47 59.00
60.00 06000	LABORATORY	0	112,447	42,997	155,444	66 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	4,840	2,690	7,530	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	3,981	12,018	15,999	60 64.00
65.00 06500	RESPIRATORY THERAPY	0	22,483	81,543	104,026	109 65.00
66.00 06600	PHYSICAL THERAPY	0	46,247	14,744	60,991	110 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,483	2,483	53 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	446	446	17 68.00
69.00 06900	ELECTROCARDIOLOGY	0	35,739	205,099	240,838	33 69.00
69.02 06902	CARDIAC REHAB	0	59,955	15,979	75,934	20 69.02
69.03 06903	DIABETIC EDUCATION	0	36,176	1,213	37,389	11 69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	55,935	70,526	126,461	25 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	2,287	27,150	29,437	0 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	6 76.00
76.01 03021	MOBILE OUTREACH CLINIC	0	0	18,164	18,164	26 76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	7,978	262	8,240	16 90.00
90.01 09001	OUTPATIENT PSYCH	0	103,586	0	103,586	2 90.01
90.02 09002	PEDS CLINIC	0	0	0	0	0 90.02
90.04 09004	BARiatricS	0	0	343	343	12 90.04
91.00 09100	EMERGENCY	0	187,781	491,225	679,006	229 91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	92,204	101,585	193,789	43 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	16,718	16,718	40 95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,596,255	7,516,511	14,112,766	3,741 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	203,449	112,363	315,812	528 192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	161,121	0	161,121	0 194.00
194.01 07951	APOTHECARY	0	1,421	0	1,421	20 194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	308,464	32	308,496	52 194.02
194.03 07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04 07954	MARKETING	0	0	0	0	0 194.04
194.06 07956	MOB	0	0	0	0	0 194.06
194.07 07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08 07958	ASCENSION PHYSICIAN RECRUITMENT	0	7,112	0	7,112	0 194.08
194.09 07959	CONV CARE	0	0	7,281	7,281	139 194.09
194.10 07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11 07961	ST ELIZABETH	0	8,564	0	8,564	0 194.11
194.14 07964	FREE STANDING CATH LAB	0	8,088	0	8,088	0 194.14
194.15 07965	FAMILY PRACTICE	0	191,505	0	191,505	0 194.15
194.17 07967	FOUNDATION/UNUSED SPACE	0	325,810	0	325,810	11 194.17
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	7,811,789	7,636,187	15,447,976	4,491 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description			COMMUNICATIONS	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	
			5.01	5.03	5.05	5.06	5.07	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	12,328					5.01
5.03	00561	PURCHASING RECEIVING AND STORES	0	0				5.03
5.05	00540	ADMINITTING	372	0	138,147			5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	707	0	0	63,838		5.06
5.07	00551	PATIENT PLACEMENT	0	0	0	0	11,315	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	542	0	0	0	0	5.08
7.00	00700	OPERATION OF PLANT	640	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	79	0	0	0	0	9.00
10.00	01000	DIETARY	171	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	475	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97	0	0	0	0	14.00
15.00	01500	PHARMACY	305	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	688	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	24	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,335	0	5,691	2,635	0	30.00
31.00	03100	INTENSIVE CARE UNIT	365	0	2,632	1,218	0	31.00
31.02	03102	NICU	250	0	1,096	508	0	31.02
32.00	03200	CORONARY CARE UNIT	104	0	415	192	0	32.00
40.00	04000	SUBPROVIDER - I PF	122	0	404	187	0	40.00
41.00	04100	SUBPROVIDER - I RF	329	0	473	219	0	41.00
43.00	04300	NURSERY	0	0	266	123	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	670	0	22,627	10,357	0	50.00
51.00	05100	RECOVERY ROOM	104	0	2,360	1,093	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	116	0	1,318	610	0	52.00
53.00	05300	ANESTHESIOLOGY	24	0	1,764	817	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	609	0	4,252	1,969	0	54.00
54.02	05402	ULTRASOUND	24	0	2,059	953	0	54.02
54.03	05403	NUCLEAR MEDICINE	55	0	3,178	1,471	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	37	0	5,438	2,517	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30	0	2,109	976	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	323	0	5,968	2,763	0	59.00
60.00	06000	LABORATORY	536	0	10,280	4,759	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	928	430	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12	0	1,918	888	0	64.00
65.00	06500	RESPIRATORY THERAPY	73	0	3,427	1,587	0	65.00
66.00	06600	PHYSICAL THERAPY	201	0	2,213	1,024	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	24	0	1,148	532	0	67.00
68.00	06800	SPEECH PATHOLOGY	12	0	429	199	0	68.00
69.00	06900	ELECTROCARDIOLOGY	256	0	4,130	1,912	0	69.00
69.02	06902	CARDIAC REHAB	122	0	128	59	0	69.02
69.03	06903	DIABETIC EDUCATION	207	0	27	12	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	43	0	973	450	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	14,335	6,637	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,467	2,531	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,597	6,758	0	73.00
74.00	07400	RENAL DIALYSIS	30	0	506	234	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	169	78	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	292	0	72	33	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	73	0	146	68	0	90.00
90.01	09001	OUTPATIENT PSYCH	12	0	51	24	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	183	0	26	12	0	90.04
91.00	09100	EMERGENCY	512	0	11,972	5,542	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	335	0	2,207	1,022	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	49	0	948	439	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		COMMUNICATIONS	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	
		5.01	5.03	5.05	5.06	5.07	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,593	0	138,147	63,838	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	250	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	73	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	158	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	30	0	0	0	0	194.03
194.04	07954 MARKETING	97	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	18	0	0	0	11,315	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	12	0	0	0	0	194.08
194.09	07959 CONV CARE	97	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
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)	12,328	0	138,147	63,838	11,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/22/2014 11:51 am		
Cost Center Description			MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.05	00540	ADMITTING					5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.07	00551	PATIENT PLACEMENT					5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	2,752,779				5.08
7.00	00700	OPERATION OF PLANT	113,184	832,973			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,793	7,259	251,125		8.00
9.00	00900	HOUSEKEEPING	39,820	16,137	0	222,893	9.00
10.00	01000	DIETARY	20,928	21,146	0	5,822	307,396 10.00
11.00	01100	CAFETERIA	12,757	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	46,934	32,720	0	9,009	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,279	15,063	0	4,147	0 14.00
15.00	01500	PHARMACY	53,125	5,298	0	1,459	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,910	7,523	0	2,071	0 16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,613	0	0	0	0 21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	272,707	136,776	95,632	37,656	207,586 30.00
31.00	03100	INTENSIVE CARE UNIT	121,991	35,800	29,213	9,856	49,013 31.00
31.02	03102	NICU	41,014	10,722	8,176	2,952	0 31.02
32.00	03200	CORONARY CARE UNIT	25,515	4,767	4,868	1,312	6,859 32.00
40.00	04000	SUBPROVIDER - I/PF	16,750	9,774	0	2,691	12,433 40.00
41.00	04100	SUBPROVIDER - I/RF	27,605	29,828	8,771	8,212	22,077 41.00
43.00	04300	NURSERY	12,228	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	437,827	39,547	24,925	10,888	52 50.00
51.00	05100	RECOVERY ROOM	19,689	12,908	9,358	3,554	427 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,563	20,443	9,645	5,628	4,234 52.00
53.00	05300	ANESTHESIOLOGY	2,992	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,769	28,167	4,131	7,755	1,169 54.00
54.02	05402	ULTRASOUND	9,392	2,553	0	703	0 54.02
54.03	05403	NUCLEAR MEDICINE	16,869	9,384	432	2,584	0 54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	17,863	6,565	4,026	1,807	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,289	7,596	1,042	2,091	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	27,081	10,834	3,475	2,983	0 59.00
60.00	06000	LABORATORY	138,868	23,395	0	6,441	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,201	524	0	144	0 63.00
64.00	06400	INTRAVENOUS THERAPY	30,167	431	0	119	3,208 64.00
65.00	06500	RESPIRATORY THERAPY	40,529	2,433	0	670	0 65.00
66.00	06600	PHYSICAL THERAPY	35,022	12,651	1,231	3,483	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	15,956	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	5,095	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	15,126	4,156	1,614	1,144	0 69.00
69.02	06902	CARDIAC REHAB	5,881	12,802	1,602	3,525	0 69.02
69.03	06903	DIABETIC EDUCATION	4,754	10,651	0	2,932	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	10,804	6,052	851	1,666	234 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,024	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,437	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,274	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	11,897	956	306	263	0 74.00
76.00	03020	OTHER ANCILLARY	1,738	0	0	0	0 76.00
76.01	03021	MOBILE OUTREACH CLINIC	8,364	2,959	0	815	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	5,982	5,045	5,061	1,389	0 90.00
90.01	09001	OUTPATIENT PSYCH	1,370	15,807	0	4,352	0 90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0 90.02
90.04	09004	BARITRICS	3,350	0	0	0	0 90.04
91.00	09100	EMERGENCY	92,918	20,317	30,077	5,594	52 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	23,998	9,976	6,689	2,747	43 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	28,624	0	0	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
99.00	09900	CMHC	0	0	0	0	0 99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		MISC ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.08	7.00	8.00	9.00	10.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)						
		2,387,866	598,965	251,125	158,464	307,387	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	27	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	207,132	24,278	0	6,684	9	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	1,560	17,433	0	4,800	0	194.00
194.01	07951 APOTHECARY	46,429	2,586	0	712	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	21,887	33,374	0	9,189	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	16	268	0	74	0	194.03
194.04	07954 MARKETING	1,364	2,276	0	627	0	194.04
194.06	07956 MOB	5,362	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	9,973	995	0	274	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	16,088	769	0	212	0	194.08
194.09	07959 CONV CARE	47,240	13,961	0	3,844	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	83	927	0	255	0	194.11
194.14	07964 FREE STANDING CATH LAB	78	875	0	241	0	194.14
194.15	07965 FAMILY PRACTICE	1,855	68,127	0	18,757	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	5,819	68,139	0	18,760	0	194.17
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers						
202.00	TOTAL (sum lines 118-201)	2,752,779	832,973	251,125	222,893	307,396	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.03	00561						5.03
5.05	00540						5.05
5.06	00550						5.06
5.07	00551						5.07
5.08	00560						5.08
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	12,763					11.00
13.00	01300	541	527,989				13.00
14.00	01400	278	0	299,190			14.00
15.00	01500	408	0	0	129,427		15.00
16.00	01600	342	0	0	0	86,426	16.00
21.00	02100	48	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,720	176,761	0	0	3,583	30.00
31.00	03100	1,013	66,837	0	0	1,657	31.00
31.02	03102	372	0	0	0	690	31.02
32.00	03200	122	12,964	0	0	261	32.00
40.00	04000	141	23,623	0	0	255	40.00
41.00	04100	267	26,557	0	0	298	41.00
43.00	04300	140	0	0	0	167	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	834	19,317	0	0	13,690	50.00
51.00	05100	159	15,464	0	0	1,486	51.00
52.00	05200	307	26,574	0	0	830	52.00
53.00	05300	8	0	0	0	1,111	53.00
54.00	05400	285	0	0	0	2,677	54.00
54.02	05402	72	0	0	0	1,296	54.02
54.03	05403	67	0	0	0	2,001	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	117	0	0	0	3,424	57.00
58.00	05800	55	0	0	0	1,328	58.00
59.00	05900	139	15,012	0	0	3,758	59.00
60.00	06000	321	0	0	0	6,473	60.00
63.00	06300	0	0	0	0	584	63.00
64.00	06400	176	14,770	0	0	1,207	64.00
65.00	06500	358	0	0	0	2,158	65.00
66.00	06600	332	0	0	0	1,393	66.00
67.00	06700	165	0	0	0	723	67.00
68.00	06800	44	0	0	0	270	68.00
69.00	06900	137	15,673	0	0	2,600	69.00
69.02	06902	62	10,804	0	0	81	69.02
69.03	06903	35	0	0	0	17	69.03
70.00	07000	117	0	0	0	613	70.00
71.00	07100	0	0	114,165	0	9,026	71.00
72.00	07200	0	0	185,025	0	3,442	72.00
73.00	07300	0	0	0	129,427	9,191	73.00
74.00	07400	19	13,222	0	0	319	74.00
76.00	03020	18	2,628	0	0	106	76.00
76.01	03021	105	0	0	0	45	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	42	0	0	0	92	90.00
90.01	09001	6	0	0	0	32	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	42	0	0	0	17	90.04
91.00	09100	872	51,099	0	0	7,538	91.00
91.01	09101	134	13,287	0	0	1,390	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	105	23,397	0	0	597	95.00
97.00	09700	0	0	0	0	0	97.00
99.00	09900	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)						
		11,525	527,989	299,190	129,427	86,426	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	598	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	52	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	158	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	1	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	1	0	0	0	0	194.08
194.09	07959 CONV CARE	382	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	46	0	0	0	0	194.17
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers						
202.00	TOTAL (sum lines 118-201)	12,763	527,989	299,190	129,427	86,426	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.03 00561	PURCHASING RECEIVING AND STORES				5.03
5.05 00540	ADMITTING				5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.06
5.07 00551	PATIENT PLACEMENT				5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL				5.08
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,696			21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		2,524,963	0	30.00
31.00 03100	INTENSIVE CARE UNIT		938,372	0	31.00
31.02 03102	NICU		275,821	0	31.02
32.00 03200	CORONARY CARE UNIT		236,199	0	32.00
40.00 04000	SUBPROVIDER - I PF		160,828	0	40.00
41.00 04100	SUBPROVIDER - I RF		436,811	0	41.00
43.00 04300	NURSERY		12,964	0	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	44.00
45.00 04500	NURSING FACILITY		0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		2,238,977	0	50.00
51.00 05100	RECOVERY ROOM		152,891	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		317,883	0	52.00
53.00 05300	ANESTHESIOLOGY		103,215	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		808,446	0	54.00
54.02 05402	ULTRASOUND		87,821	0	54.02
54.03 05403	NUCLEAR MEDICINE		105,253	0	54.03
56.00 05600	RADIOISOTOPE		0	0	56.00
57.00 05700	CT SCAN		226,543	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		213,771	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		863,627	0	59.00
60.00 06000	LABORATORY		346,583	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		26,341	0	63.00
64.00 06400	INTRAVENOUS THERAPY		68,955	0	64.00
65.00 06500	RESPIRATORY THERAPY		155,370	0	65.00
66.00 06600	PHYSICAL THERAPY		118,651	0	66.00
67.00 06700	OCCUPATIONAL THERAPY		21,084	0	67.00
68.00 06800	SPEECH PATHOLOGY		6,512	0	68.00
69.00 06900	ELECTROCARDIOLOGY		287,619	0	69.00
69.02 06902	CARDIAC REHAB		111,020	0	69.02
69.03 06903	DIABETIC EDUCATION		56,035	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		148,289	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		242,187	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		343,902	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		314,247	0	73.00
74.00 07400	RENAL DIALYSIS		57,189	0	74.00
76.00 03020	OTHER ANCILLARY		4,743	0	76.00
76.01 03021	MOBILE OUTREACH CLINIC		30,875	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC		0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	89.00
90.00 09000	CLINIC		26,154	0	90.00
90.01 09001	OUTPATIENT PSYCH		125,242	0	90.01
90.02 09002	PEDS CLINIC		0	0	90.02
90.04 09004	BARIATRICS		3,985	0	90.04
91.00 09100	EMERGENCY		905,728	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		255,660	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	21.00					
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	70,917	0	70,917	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	13,431,673	13,431,673	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	27	0	27	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	555,291	0	555,291	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	184,914	0	184,914	194.00
194.01	07951	APOTHECARY	51,293	0	51,293	194.01
194.02	07952	OCCUPATIONAL MEDICINE	373,314	0	373,314	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	388	0	388	194.03
194.04	07954	MARKETING	4,365	0	4,365	194.04
194.06	07956	MOB	5,362	0	5,362	194.06
194.07	07957	SENIOR PARTNERS	22,575	0	22,575	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	24,194	0	24,194	194.08
194.09	07959	CONV CARE	72,944	0	72,944	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	194.10
194.11	07961	ST ELIZABETH	9,829	0	9,829	194.11
194.14	07964	FREE STANDING CATH LAB	9,282	0	9,282	194.14
194.15	07965	FAMILY PRACTICE	280,244	0	280,244	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	418,585	0	418,585	194.17
200.00		Cross Foot Adjustments	3,696	0	3,696	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,696	15,447,976	15,447,976	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EX)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,000,659				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,274,358			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	556	104	106,733,632		4.00
5.01 01160	COMMUNICATIONS	1,377	1,083	245,115	2,024	5.01
5.03 00561	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.05 00540	ADMITTING	17,638	0	1,927,692	61	5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE	7,972	592	938,235	116	5.06
5.07 00551	PATIENT PLACEMENT	1,445	0	809,086	0	5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL	105,803	1,330,343	4,983,514	89	5.08
7.00 00700	OPERATION OF PLANT	89,670	13,139	2,473,432	105	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	113,227	715,142	4	8.00
9.00 00900	HOUSEKEEPING	19,105	12,233	0	13	9.00
10.00 01000	DIETARY	25,036	44,121	85,345	28	10.00
11.00 01100	CAFETERIA	0	0	148,163	0	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	102,961	3,348,399	78	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,834	73,250	1,225,926	16	14.00
15.00 01500	PHARMACY	6,272	13,617	3,663,645	50	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	1,313	1,553,684	113	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	256,484	4	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	161,755	219,943	16,071,208	219	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	198,657	6,607,084	60	31.00
31.02 03102	NICU	12,694	76,546	2,861,421	41	31.02
32.00 03200	CORONARY CARE UNIT	5,644	93,055	814,149	17	32.00
40.00 04000	SUBPROVIDER - IPF	11,572	2,796	1,480,193	20	40.00
41.00 04100	SUBPROVIDER - IRF	35,314	25,155	1,724,244	54	41.00
43.00 04300	NURSERY	0	0	954,751	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,915	908,390	5,983,161	110	50.00
51.00 05100	RECOVERY ROOM	9,368	9,049	1,308,207	17	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	18,357	2,234,274	19	52.00
53.00 05300	ANESTHESIOLOGY	0	66,651	38,979	4	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	382,234	1,935,089	100	54.00
54.02 05402	ULTRASOUND	1,870	38,781	577,714	4	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	9,807	546,323	9	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	99,602	891,473	6	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,440	95,981	446,732	5	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	477,352	1,109,602	53	59.00
60.00 06000	LABORATORY	14,404	29,698	1,570,771	88	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	1,858	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	510	8,301	1,420,449	2	64.00
65.00 06500	RESPIRATORY THERAPY	2,880	56,322	2,603,288	12	65.00
66.00 06600	PHYSICAL THERAPY	5,924	10,184	2,627,430	33	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,715	1,263,383	4	67.00
68.00 06800	SPEECH PATHOLOGY	0	308	402,905	2	68.00
69.00 06900	ELECTROCARDIOLOGY	4,578	141,663	787,177	42	69.00
69.02 06902	CARDIAC REHAB	7,680	11,037	468,775	20	69.02
69.03 06903	DIABETIC EDUCATION	4,634	838	253,865	34	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	48,713	606,049	7	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	293	18,753	0	5	74.00
76.00 03020	OTHER ANCILLARY	0	0	131,900	0	76.00
76.01 03021	MOBILE OUTREACH CLINIC	0	12,546	614,907	48	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,022	181	374,651	12	90.00
90.01 09001	OUTPATIENT PSYCH	13,269	0	53,761	2	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	237	295,203	30	90.04
91.00 09100	EMERGENCY	24,054	339,292	5,460,226	84	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	70,165	1,030,745	55	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EX)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.03				
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	11,547	953,345	8	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	844,954	5,191,697	88,877,296	1,903	0	0	118.00
NONREIMBURSABLE COST CENTERS									
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,061	77,610	12,567,289	41	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	20,639	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	182	0	468,723	12	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	22	1,227,293	26	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	5	0	0	194.03
194.04	07954	MARKETING	0	0	8,806	16	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	3	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	2,227	2	0	0	194.08
194.09	07959	CONV CARE	0	5,029	3,320,115	16	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	24,531	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	41,735	0	261,883	0	0	0	194.17
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)	7,811,789	7,636,187	25,037,408	660,152	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.806644	1.447795	0.234578	326.162055	0.000000	0	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			4,491	12,328	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000042	6.090909	0.000000	0	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.05	5.06	5.07	5A.08	5.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING	1,278,272,942					5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,278,272,942				5.06
5.07	00551	PATIENT PLACEMENT	0	0	100			5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	0	0	0	-65,119,119	284,221,650	5.08
7.00	00700	OPERATION OF PLANT	0	0	0	0	11,686,478	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,320,882	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	4,111,561	9.00
10.00	01000	DIETARY	0	0	0	0	2,160,823	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,317,226	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,846,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,539,369	14.00
15.00	01500	PHARMACY	0	0	0	0	5,485,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,778,532	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	373,003	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,693,186	52,693,186	0	0	28,157,671	30.00
31.00	03100	INTENSIVE CARE UNIT	24,368,224	24,368,224	0	0	12,595,827	31.00
31.02	03102	NICU	10,151,412	10,151,412	0	0	4,234,812	31.02
32.00	03200	CORONARY CARE UNIT	3,841,090	3,841,090	0	0	2,634,460	32.00
40.00	04000	SUBPROVIDER - I PF	3,744,986	3,744,986	0	0	1,729,470	40.00
41.00	04100	SUBPROVIDER - I RF	4,380,523	4,380,523	0	0	2,850,273	41.00
43.00	04300	NURSERY	2,461,142	2,461,142	0	0	1,262,540	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	208,634,676	208,634,676	0	0	45,197,366	50.00
51.00	05100	RECOVERY ROOM	21,851,874	21,851,874	0	0	2,032,949	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,204,350	12,204,350	0	0	3,362,208	52.00
53.00	05300	ANESTHESIOLOGY	16,335,882	16,335,882	0	0	308,939	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,372,621	39,372,621	0	0	3,693,199	54.00
54.02	05402	ULTRASOUND	19,064,882	19,064,882	0	0	969,766	54.02
54.03	05403	NUCLEAR MEDICINE	29,424,466	29,424,466	0	0	1,741,748	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	50,347,524	50,347,524	0	0	1,844,394	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,526,743	19,526,743	0	0	959,099	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,259,279	55,259,279	0	0	2,796,205	59.00
60.00	06000	LABORATORY	95,188,177	95,188,177	0	0	14,338,466	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,593,066	8,593,066	0	0	1,672,783	63.00
64.00	06400	INTRAVENOUS THERAPY	17,756,896	17,756,896	0	0	3,114,834	64.00
65.00	06500	RESPIRATORY THERAPY	31,732,963	31,732,963	0	0	4,184,670	65.00
66.00	06600	PHYSICAL THERAPY	20,489,681	20,489,681	0	0	3,616,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,633,432	10,633,432	0	0	1,647,500	67.00
68.00	06800	SPEECH PATHOLOGY	3,970,567	3,970,567	0	0	526,073	68.00
69.00	06900	ELECTROCARDIOLOGY	38,239,794	38,239,794	0	0	1,561,763	69.00
69.02	06902	CARDIAC REHAB	1,187,972	1,187,972	0	0	607,247	69.02
69.03	06903	DIABETIC EDUCATION	247,624	247,624	0	0	490,910	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	9,008,634	9,008,634	0	0	1,115,514	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	132,734,169	132,734,169	0	0	10,121,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,620,920	50,620,920	0	0	15,223,235	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,155,517	135,155,517	0	0	15,929,164	73.00
74.00	07400	RENAL DIALYSIS	4,687,650	4,687,650	0	0	1,228,359	74.00
76.00	03020	OTHER ANCILLARY	1,564,149	1,564,149	0	0	179,483	76.00
76.01	03021	MOBILE OUTREACH CLINIC	662,627	662,627	0	0	863,626	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,353,868	1,353,868	0	0	617,620	90.00
90.01	09001	OUTPATIENT PSYCH	475,616	475,616	0	0	141,446	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	245,283	245,283	0	0	345,916	90.04
91.00	09100	EMERGENCY	110,849,563	110,849,563	0	0	9,594,005	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	20,438,388	20,438,388	0	0	2,477,818	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,773,526	8,773,526	0	0	2,955,462	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.05	5.06	5.07	5A.08	5.08	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,278,272,942	1,278,272,942	0	-65,119,119	246,543,366	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	2,775	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	21,386,846	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	161,121	194.00
194.01	07951	APOTHECARY	0	0	0	0	4,793,912	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	2,259,927	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	1,631	194.03
194.04	07954	MARKETING	0	0	0	0	140,850	194.04
194.06	07956	MOB	0	0	0	0	553,664	194.06
194.07	07957	SENIOR PARTNERS	0	0	100	0	1,029,709	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	1,661,141	194.08
194.09	07959	CONV CARE	0	0	0	0	4,877,682	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	8,564	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	8,088	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	191,505	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	600,869	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,624,697	6,551,572	1,028,731		65,119,119	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002053	0.005125	10,287.310000		0.229114	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	138,147	63,838	11,315		2,752,779	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000108	0.000050	113.150000		0.009685	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		OPERATION OF PLANT (TOTAL SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.03	00561						5.03
5.05	00540						5.05
5.06	00550						5.06
5.07	00551						5.07
5.08	00560						5.08
7.00	00700	986,188					7.00
8.00	00800	8,594	4,056,434				8.00
9.00	00900	19,105	0	958,489			9.00
10.00	01000	25,036	0	25,036	208,803		10.00
11.00	01100	0	0	0	0	3,300,874	11.00
13.00	01300	38,739	0	38,739	0	139,942	13.00
14.00	01400	17,834	0	17,834	0	71,873	14.00
15.00	01500	6,272	0	6,272	0	105,555	15.00
16.00	01600	8,907	0	8,907	0	88,377	16.00
21.00	02100	0	0	0	0	12,288	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	161,936	1,544,749	161,936	141,007	703,554	30.00
31.00	03100	42,385	471,879	42,385	33,293	261,908	31.00
31.02	03102	12,694	132,065	12,694	0	96,250	31.02
32.00	03200	5,644	78,638	5,644	4,659	31,446	32.00
40.00	04000	11,572	0	11,572	8,445	36,576	40.00
41.00	04100	35,314	141,671	35,314	14,996	68,984	41.00
43.00	04300	0	0	0	0	36,313	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	46,821	402,614	46,821	35	215,558	50.00
51.00	05100	15,282	151,164	15,282	290	41,224	51.00
52.00	05200	24,203	155,799	24,203	2,876	79,468	52.00
53.00	05300	0	0	0	0	2,139	53.00
54.00	05400	33,348	66,720	33,348	794	73,599	54.00
54.02	05402	3,023	0	3,023	0	18,630	54.02
54.03	05403	11,110	6,978	11,110	0	17,334	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	7,772	65,039	7,772	0	30,206	57.00
58.00	05800	8,993	16,828	8,993	0	14,327	58.00
59.00	05900	12,827	56,126	12,827	0	35,828	59.00
60.00	06000	27,698	0	27,698	0	82,942	60.00
63.00	06300	620	0	620	0	0	63.00
64.00	06400	510	0	510	2,179	45,527	64.00
65.00	06500	2,880	0	2,880	0	92,649	65.00
66.00	06600	14,978	19,884	14,978	0	85,756	66.00
67.00	06700	0	0	0	0	42,718	67.00
68.00	06800	0	0	0	0	11,355	68.00
69.00	06900	4,920	26,077	4,920	0	35,426	69.00
69.02	06902	15,157	25,883	15,157	0	16,056	69.02
69.03	06903	12,610	0	12,610	0	9,074	69.03
70.00	07000	7,165	13,751	7,165	159	30,372	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,132	4,940	1,132	0	4,931	74.00
76.00	03020	0	0	0	0	4,569	76.00
76.01	03021	3,503	0	3,503	0	27,274	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	5,973	81,745	5,973	0	10,951	90.00
90.01	09001	18,715	0	18,715	0	1,670	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	10,880	90.04
91.00	09100	24,054	485,836	24,054	35	225,565	91.00
91.01	09101	11,811	108,048	11,811	29	34,573	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	27,095	95.00
97.00	09700	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description			OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	709,137	4,056,434	681,438	208,797	2,980,762	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,744	0	28,744	6	154,646	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	20,639	0	20,639	0	0	194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	13,504	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	39,513	0	40,902	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	317	0	317	0	0	194.03
194.04	07954	MARKETING	2,695	0	2,695	0	314	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	1,178	0	1,178	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	179	194.08
194.09	07959	CONV CARE	16,529	0	16,529	0	98,675	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	0	194.14
194.15	07965	FAMILY PRACTICE	80,658	0	80,658	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	80,672	0	80,672	0	11,892	194.17
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)	14,364,014	1,748,688	5,331,845	3,159,821	1,619,021	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.565188	0.431090	5.562761	15.133025	0.490483	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	832,973	251,125	222,893	307,396	12,763	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.844639	0.061908	0.232546	1.472182	0.003867	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.05 00540 ADMITTING						5.05
5.06 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07 00551 PATIENT PLACEMENT						5.07
5.08 00560 MISC ADMINSTRATIVE AND GENERAL						5.08
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	32,744					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	24,028,318				14.00
15.00 01500 PHARMACY	0	0	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,278,272,942		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,962	0	0	52,693,186	100	30.00
31.00 03100 INTENSIVE CARE UNIT	4,145	0	0	24,368,224	0	31.00
31.02 03102 NICU	0	0	0	10,151,412	0	31.02
32.00 03200 CORONARY CARE UNIT	804	0	0	3,841,090	0	32.00
40.00 04000 SUBPROVIDER - IPF	1,465	0	0	3,744,986	0	40.00
41.00 04100 SUBPROVIDER - IRF	1,647	0	0	4,380,523	0	41.00
43.00 04300 NURSERY	0	0	0	2,461,142	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,198	0	0	208,634,676	0	50.00
51.00 05100 RECOVERY ROOM	959	0	0	21,851,874	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,648	0	0	12,204,350	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	16,335,882	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	39,372,621	0	54.00
54.02 05402 ULTRASOUND	0	0	0	19,064,882	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	29,424,466	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	50,347,524	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,526,743	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	931	0	0	55,259,279	0	59.00
60.00 06000 LABORATORY	0	0	0	95,188,177	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,593,066	0	63.00
64.00 06400 INTRAVENOUS THERAPY	916	0	0	17,756,896	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	31,732,963	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,489,681	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	10,633,432	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,970,567	0	68.00
69.00 06900 ELECTROCARDIOLOGY	972	0	0	38,239,794	0	69.00
69.02 06902 CARDIAC REHAB	670	0	0	1,187,972	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	247,624	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	9,008,634	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,168,440	0	132,734,169	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,859,878	0	50,620,920	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	135,155,517	0	73.00
74.00 07400 RENAL DIALYSIS	820	0	0	4,687,650	0	74.00
76.00 03020 OTHER ANCILLARY	163	0	0	1,564,149	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0	0	662,627	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	1,353,868	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	475,616	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	245,283	0	90.04
91.00 09100 EMERGENCY	3,169	0	0	110,849,563	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	824	0	0	20,438,388	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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

Worksheet B-1

Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,451	0	0	8,773,526	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
99.00	09900	CMHC	0	0	0	0	0 99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0 106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,744	24,028,318	1,000	1,278,272,942	100 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	APOTHECARY	0	0	0	0	0 194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04	07954	MARKETING	0	0	0	0	0 194.04
194.06	07956	MOB	0	0	0	0	0 194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0 194.08
194.09	07959	CONV CARE	0	0	0	0	0 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0 194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0 194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0 194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0 194.17
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)	6,804,742	4,744,502	6,920,103	3,637,760	464,490 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	207.816455	0.197455	6,920.103000	0.002846	4,644.900000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	527,989	299,190	129,427	86,426	3,696 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.124756	0.012452	129.427000	0.000068	36.960000 205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2014 11:51 am

		Title XVIIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,441,343		43,441,343	0	43,441,343	30.00
31.00	03100	INTENSIVE CARE UNIT	18,101,288		18,101,288	0	18,101,288	31.00
31.02	03102	NICU	5,593,603		5,593,603	0	5,593,603	31.02
32.00	03200	CORONARY CARE UNIT	3,649,499		3,649,499	0	3,649,499	32.00
40.00	04000	SUBPROVIDER - IPF	2,819,483		2,819,483	0	2,819,483	40.00
41.00	04100	SUBPROVIDER - IRF	4,890,692		4,890,692	0	4,890,692	41.00
43.00	04300	NURSERY	1,576,621		1,576,621	0	1,576,621	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,617,439		57,617,439	0	57,617,439	50.00
51.00	05100	RECOVERY ROOM	3,157,581		3,157,581	0	3,157,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,146,574		5,146,574	0	5,146,574	52.00
53.00	05300	ANESTHESIOLOGY	427,262		427,262	0	427,262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,399,521		5,399,521	0	5,399,521	54.00
54.02	05402	ULTRASOUND	1,316,197		1,316,197	0	1,316,197	54.02
54.03	05403	NUCLEAR MEDICINE	2,459,680		2,459,680	0	2,459,680	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,609,548		2,609,548	0	2,609,548	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,429,707		1,429,707	0	1,429,707	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,087,550		4,087,550	0	4,087,550	59.00
60.00	06000	LABORATORY	18,492,701		18,492,701	0	18,492,701	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,092,976		2,092,976	0	2,092,976	63.00
64.00	06400	INTRAVENOUS THERAPY	4,134,952		4,134,952	0	4,134,952	64.00
65.00	06500	RESPIRATORY THERAPY	5,337,160	0	5,337,160	0	5,337,160	65.00
66.00	06600	PHYSICAL THERAPY	4,854,996	0	4,854,996	0	4,854,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,076,180	0	2,076,180	0	2,076,180	67.00
68.00	06800	SPEECH PATHOLOGY	663,473	0	663,473	0	663,473	68.00
69.00	06900	ELECTROCARDIOLOGY	2,358,061		2,358,061	0	2,358,061	69.00
69.02	06902	CARDIAC REHAB	1,213,107		1,213,107	0	1,213,107	69.02
69.03	06903	DIABETIC EDUCATION	862,353		862,353	0	862,353	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,564,181		1,564,181	0	1,564,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,628,231		14,628,231	0	14,628,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,789,306		21,789,306	0	21,789,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,883,514		26,883,514	0	26,883,514	73.00
74.00	07400	RENAL DIALYSIS	1,720,877		1,720,877	0	1,720,877	74.00
76.00	03020	OTHER ANCILLARY	261,172		261,172	0	261,172	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1,147,266		1,147,266	0	1,147,266	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	923,812		923,812	0	923,812	90.00
90.01	09001	OUTPATIENT PSYCH	552,720		552,720	0	552,720	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	431,204		431,204	0	431,204	90.04
91.00	09100	EMERGENCY	13,570,937		13,570,937	0	13,570,937	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,576,635		3,576,635	0	3,576,635	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,643,383		10,643,383	0	10,643,383	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,972,401		3,972,401	0	3,972,401	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	307,475,186	0	307,475,186	0	307,475,186	200.00
201.00		Less Observation Beds	10,643,383		10,643,383	0	10,643,383	201.00
202.00		Total (see instructions)	296,831,803	0	296,831,803	0	296,831,803	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2014 11:51 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,503,105		42,503,105		30.00
31.00	03100	INTENSIVE CARE UNIT	24,368,224		24,368,224		31.00
31.02	03102	NICU	10,151,412		10,151,412		31.02
32.00	03200	CORONARY CARE UNIT	3,841,090		3,841,090		32.00
40.00	04000	SUBPROVIDER - I/PF	3,744,986		3,744,986		40.00
41.00	04100	SUBPROVIDER - I/RF	4,380,523		4,380,523		41.00
43.00	04300	NURSERY	2,461,142		2,461,142		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,288,790	140,345,886	208,634,676	0.276164	50.00
51.00	05100	RECOVERY ROOM	8,081,614	13,770,260	21,851,874	0.144499	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,628,547	575,803	12,204,350	0.421700	52.00
53.00	05300	ANESTHESIOLOGY	9,090,005	7,245,877	16,335,882	0.026155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,228,630	25,143,991	39,372,621	0.137139	54.00
54.02	05402	ULTRASOUND	7,840,672	11,224,210	19,064,882	0.069038	54.02
54.03	05403	NUCLEAR MEDICINE	6,550,273	22,874,193	29,424,466	0.083593	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	15,765,831	34,581,693	50,347,524	0.051831	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,530,884	15,995,859	19,526,743	0.073218	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,212,738	19,046,541	55,259,279	0.073970	59.00
60.00	06000	LABORATORY	38,902,484	56,285,693	95,188,177	0.194275	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,409,675	2,183,391	8,593,066	0.243566	63.00
64.00	06400	INTRAVENOUS THERAPY	4,552,729	13,204,167	17,756,896	0.232865	64.00
65.00	06500	RESPIRATORY THERAPY	28,943,645	2,789,318	31,732,963	0.168190	65.00
66.00	06600	PHYSICAL THERAPY	12,941,420	7,548,261	20,489,681	0.236948	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,195,507	437,925	10,633,432	0.195250	67.00
68.00	06800	SPEECH PATHOLOGY	3,709,198	261,369	3,970,567	0.167098	68.00
69.00	06900	ELECTROCARDIOLOGY	16,013,407	22,226,387	38,239,794	0.061665	69.00
69.02	06902	CARDIAC REHAB	1,300	1,186,672	1,187,972	1.021158	69.02
69.03	06903	DIABETIC EDUCATION	620	247,004	247,624	3.482510	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,414,686	6,593,948	9,008,634	0.173631	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,234,572	58,499,597	132,734,169	0.110207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,046,840	21,574,080	50,620,920	0.430441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,993,317	63,162,200	135,155,517	0.198908	73.00
74.00	07400	RENAL DIALYSIS	4,058,645	629,005	4,687,650	0.367109	74.00
76.00	03020	OTHER ANCILLARY	542,424	1,021,725	1,564,149	0.166974	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	662,627	662,627	1.731390	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	18,614	1,335,254	1,353,868	0.682350	90.00
90.01	09001	OUTPATIENT PSYCH	418,559	57,057	475,616	1.162114	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARITRICS	0	245,283	245,283	1.757986	90.04
91.00	09100	EMERGENCY	33,716,346	77,133,217	110,849,563	0.122427	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,985,791	12,452,597	20,438,388	0.174996	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	66,234	10,123,847	10,190,081	1.044485	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	241,022	8,532,504	8,773,526	0.452771	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	619,075,501	659,197,441	1,278,272,942		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	619,075,501	659,197,441	1,278,272,942		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/22/2014 11:51 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.276164		50.00
51.00	05100 RECOVERY ROOM	0.144499		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421700		52.00
53.00	05300 ANESTHESIOLOGY	0.026155		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137139		54.00
54.02	05402 ULTRASOUND	0.069038		54.02
54.03	05403 NUCLEAR MEDICINE	0.083593		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.051831		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073970		59.00
60.00	06000 LABORATORY	0.194275		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.243566		63.00
64.00	06400 INTRAVENOUS THERAPY	0.232865		64.00
65.00	06500 RESPIRATORY THERAPY	0.168190		65.00
66.00	06600 PHYSICAL THERAPY	0.236948		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195250		67.00
68.00	06800 SPEECH PATHOLOGY	0.167098		68.00
69.00	06900 ELECTROCARDIOLOGY	0.061665		69.00
69.02	06902 CARDIAC REHAB	1.021158		69.02
69.03	06903 DIABETIC EDUCATION	3.482510		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173631		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198908		73.00
74.00	07400 RENAL DIALYSIS	0.367109		74.00
76.00	03020 OTHER ANCILLARY	0.166974		76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.731390		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.682350		90.00
90.01	09001 OUTPATIENT PSYCH	1.162114		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	1.757986		90.04
91.00	09100 EMERGENCY	0.122427		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.174996		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.452771		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C Part I Date/Time Prepared: 11/22/2014 11:51 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,441,343		43,441,343	0	43,441,343	30.00
31.00	03100	INTENSIVE CARE UNIT	18,101,288		18,101,288	0	18,101,288	31.00
31.02	03102	NICU	5,593,603		5,593,603	0	5,593,603	31.02
32.00	03200	CORONARY CARE UNIT	3,649,499		3,649,499	0	3,649,499	32.00
40.00	04000	SUBPROVIDER - IPF	2,819,483		2,819,483	0	2,819,483	40.00
41.00	04100	SUBPROVIDER - IRF	4,890,692		4,890,692	0	4,890,692	41.00
43.00	04300	NURSERY	1,576,621		1,576,621	0	1,576,621	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,617,439		57,617,439	0	57,617,439	50.00
51.00	05100	RECOVERY ROOM	3,157,581		3,157,581	0	3,157,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,146,574		5,146,574	0	5,146,574	52.00
53.00	05300	ANESTHESIOLOGY	427,262		427,262	0	427,262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,399,521		5,399,521	0	5,399,521	54.00
54.02	05402	ULTRASOUND	1,316,197		1,316,197	0	1,316,197	54.02
54.03	05403	NUCLEAR MEDICINE	2,459,680		2,459,680	0	2,459,680	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,609,548		2,609,548	0	2,609,548	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,429,707		1,429,707	0	1,429,707	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,087,550		4,087,550	0	4,087,550	59.00
60.00	06000	LABORATORY	18,492,701		18,492,701	0	18,492,701	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,092,976		2,092,976	0	2,092,976	63.00
64.00	06400	INTRAVENOUS THERAPY	4,134,952		4,134,952	0	4,134,952	64.00
65.00	06500	RESPIRATORY THERAPY	5,337,160	0	5,337,160	0	5,337,160	65.00
66.00	06600	PHYSICAL THERAPY	4,854,996	0	4,854,996	0	4,854,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,076,180	0	2,076,180	0	2,076,180	67.00
68.00	06800	SPEECH PATHOLOGY	663,473	0	663,473	0	663,473	68.00
69.00	06900	ELECTROCARDIOLOGY	2,358,061		2,358,061	0	2,358,061	69.00
69.02	06902	CARDIAC REHAB	1,213,107		1,213,107	0	1,213,107	69.02
69.03	06903	DIABETIC EDUCATION	862,353		862,353	0	862,353	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,564,181		1,564,181	0	1,564,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,628,231		14,628,231	0	14,628,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,789,306		21,789,306	0	21,789,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,883,514		26,883,514	0	26,883,514	73.00
74.00	07400	RENAL DIALYSIS	1,720,877		1,720,877	0	1,720,877	74.00
76.00	03020	OTHER ANCILLARY	261,172		261,172	0	261,172	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1,147,266		1,147,266	0	1,147,266	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	923,812		923,812	0	923,812	90.00
90.01	09001	OUTPATIENT PSYCH	552,720		552,720	0	552,720	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARIATRICS	431,204		431,204	0	431,204	90.04
91.00	09100	EMERGENCY	13,570,937		13,570,937	0	13,570,937	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,576,635		3,576,635	0	3,576,635	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,643,383		10,643,383	0	10,643,383	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,972,401		3,972,401	0	3,972,401	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	307,475,186	0	307,475,186	0	307,475,186	200.00
201.00		Less Observation Beds	10,643,383		10,643,383	0	10,643,383	201.00
202.00		Total (see instructions)	296,831,803	0	296,831,803	0	296,831,803	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2014 11:51 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,503,105		42,503,105		30.00
31.00	03100	INTENSIVE CARE UNIT	24,368,224		24,368,224		31.00
31.02	03102	NICU	10,151,412		10,151,412		31.02
32.00	03200	CORONARY CARE UNIT	3,841,090		3,841,090		32.00
40.00	04000	SUBPROVIDER - I/PF	3,744,986		3,744,986		40.00
41.00	04100	SUBPROVIDER - I/RF	4,380,523		4,380,523		41.00
43.00	04300	NURSERY	2,461,142		2,461,142		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,288,790	140,345,886	208,634,676	0.276164	50.00
51.00	05100	RECOVERY ROOM	8,081,614	13,770,260	21,851,874	0.144499	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,628,547	575,803	12,204,350	0.421700	52.00
53.00	05300	ANESTHESIOLOGY	9,090,005	7,245,877	16,335,882	0.026155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,228,630	25,143,991	39,372,621	0.137139	54.00
54.02	05402	ULTRASOUND	7,840,672	11,224,210	19,064,882	0.069038	54.02
54.03	05403	NUCLEAR MEDICINE	6,550,273	22,874,193	29,424,466	0.083593	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	15,765,831	34,581,693	50,347,524	0.051831	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,530,884	15,995,859	19,526,743	0.073218	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,212,738	19,046,541	55,259,279	0.073970	59.00
60.00	06000	LABORATORY	38,902,484	56,285,693	95,188,177	0.194275	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,409,675	2,183,391	8,593,066	0.243566	63.00
64.00	06400	INTRAVENOUS THERAPY	4,552,729	13,204,167	17,756,896	0.232865	64.00
65.00	06500	RESPIRATORY THERAPY	28,943,645	2,789,318	31,732,963	0.168190	65.00
66.00	06600	PHYSICAL THERAPY	12,941,420	7,548,261	20,489,681	0.236948	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,195,507	437,925	10,633,432	0.195250	67.00
68.00	06800	SPEECH PATHOLOGY	3,709,198	261,369	3,970,567	0.167098	68.00
69.00	06900	ELECTROCARDIOLOGY	16,013,407	22,226,387	38,239,794	0.061665	69.00
69.02	06902	CARDIAC REHAB	1,300	1,186,672	1,187,972	1.021158	69.02
69.03	06903	DIABETIC EDUCATION	620	247,004	247,624	3.482510	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,414,686	6,593,948	9,008,634	0.173631	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,234,572	58,499,597	132,734,169	0.110207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,046,840	21,574,080	50,620,920	0.430441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	71,993,317	63,162,200	135,155,517	0.198908	73.00
74.00	07400	RENAL DIALYSIS	4,058,645	629,005	4,687,650	0.367109	74.00
76.00	03020	OTHER ANCILLARY	542,424	1,021,725	1,564,149	0.166974	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	662,627	662,627	1.731390	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	18,614	1,335,254	1,353,868	0.682350	90.00
90.01	09001	OUTPATIENT PSYCH	418,559	57,057	475,616	1.162114	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARITRICS	0	245,283	245,283	1.757986	90.04
91.00	09100	EMERGENCY	33,716,346	77,133,217	110,849,563	0.122427	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	7,985,791	12,452,597	20,438,388	0.174996	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	66,234	10,123,847	10,190,081	1.044485	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	241,022	8,532,504	8,773,526	0.452771	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	619,075,501	659,197,441	1,278,272,942		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	619,075,501	659,197,441	1,278,272,942		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/22/2014 11:51 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	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
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05403 NUCLEAR MEDICINE	0.000000		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
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
69.02	06902 CARDIAC REHAB	0.000000		69.02
69.03	06903 DIABETIC EDUCATION	0.000000		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY	0.000000		76.00
76.01	03021 MOBILE OUTREACH CLINIC	0.000000		76.01
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OUTPATIENT PSYCH	0.000000		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150100

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

Worksheet C Part II Date/Time Prepared: 11/22/2014 11:51 am

Cost Center Description		Title XIX					Hospital		Cost	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount				
		1.00	2.00	3.00	4.00	5.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	57,617,439	2,238,977	55,378,462	0	0	50.00		
51.00	05100	RECOVERY ROOM	3,157,581	152,891	3,004,690	0	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,146,574	317,883	4,828,691	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	427,262	103,215	324,047	0	0	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,399,521	808,446	4,591,075	0	0	54.00		
54.02	05402	ULTRASOUND	1,316,197	87,821	1,228,376	0	0	54.02		
54.03	05403	NUCLEAR MEDICINE	2,459,680	105,253	2,354,427	0	0	54.03		
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00		
57.00	05700	CT SCAN	2,609,548	226,543	2,383,005	0	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,429,707	213,771	1,215,936	0	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	4,087,550	863,627	3,223,923	0	0	59.00		
60.00	06000	LABORATORY	18,492,701	346,583	18,146,118	0	0	60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,092,976	26,341	2,066,635	0	0	63.00		
64.00	06400	INTRAVENOUS THERAPY	4,134,952	68,955	4,065,997	0	0	64.00		
65.00	06500	RESPIRATORY THERAPY	5,337,160	155,370	5,181,790	0	0	65.00		
66.00	06600	PHYSICAL THERAPY	4,854,996	118,651	4,736,345	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	2,076,180	21,084	2,055,096	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	663,473	6,512	656,961	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	2,358,061	287,619	2,070,442	0	0	69.00		
69.02	06902	CARDIAC REHAB	1,213,107	111,020	1,102,087	0	0	69.02		
69.03	06903	DIABETIC EDUCATION	862,353	56,035	806,318	0	0	69.03		
70.00	07000	ELECTROENCEPHALOGRAPHY	1,564,181	148,289	1,415,892	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,628,231	242,187	14,386,044	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,789,306	343,902	21,445,404	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	26,883,514	314,247	26,569,267	0	0	73.00		
74.00	07400	RENAL DIALYSIS	1,720,877	57,189	1,663,688	0	0	74.00		
76.00	03020	OTHER ANCILLARY	261,172	4,743	256,429	0	0	76.00		
76.01	03021	MOBILE OUTREACH CLINIC	1,147,266	30,875	1,116,391	0	0	76.01		
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00	09000	CLINIC	923,812	26,154	897,658	0	0	90.00		
90.01	09001	OUTPATIENT PSYCH	552,720	125,242	427,478	0	0	90.01		
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02		
90.04	09004	BIATRICES	431,204	3,985	427,219	0	0	90.04		
91.00	09100	EMERGENCY	13,570,937	905,728	12,665,209	0	0	91.00		
91.01	09101	DIAGNOSTIC TREATMENT CENTER	3,576,635	255,660	3,320,975	0	0	91.01		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,643,383	618,636	10,024,747	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	3,972,401	70,917	3,901,484	0	0	95.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00		
99.00	09900	CMHC	0	0	0	0	0	99.00		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS										
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00		
200.00		Subtotal (sum of lines 50 thru 199)	227,402,657	9,464,351	217,938,306	0	0	200.00		
201.00		Less Observation Beds	10,643,383	618,636	10,024,747	0	0	201.00		
202.00		Total (line 200 minus line 201)	216,759,274	8,845,715	207,913,559	0	0	202.00		

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part II Date/Time Prepared: 11/22/2014 11:51 am
---	--	----------------------	---------------------------------------	---

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital Cost
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	57,617,439	208,634,676	0.276164	50.00
51.00	05100 RECOVERY ROOM	3,157,581	21,851,874	0.144499	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,146,574	12,204,350	0.421700	52.00
53.00	05300 ANESTHESIOLOGY	427,262	16,335,882	0.026155	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,399,521	39,372,621	0.137139	54.00
54.02	05402 ULTRASOUND	1,316,197	19,064,882	0.069038	54.02
54.03	05403 NUCLEAR MEDICINE	2,459,680	29,424,466	0.083593	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700 CT SCAN	2,609,548	50,347,524	0.051831	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,429,707	19,526,743	0.073218	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,087,550	55,259,279	0.073970	59.00
60.00	06000 LABORATORY	18,492,701	95,188,177	0.194275	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,092,976	8,593,066	0.243566	63.00
64.00	06400 INTRAVENOUS THERAPY	4,134,952	17,756,896	0.232865	64.00
65.00	06500 RESPIRATORY THERAPY	5,337,160	31,732,963	0.168190	65.00
66.00	06600 PHYSICAL THERAPY	4,854,996	20,489,681	0.236948	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,076,180	10,633,432	0.195250	67.00
68.00	06800 SPEECH PATHOLOGY	663,473	3,970,567	0.167098	68.00
69.00	06900 ELECTROCARDIOLOGY	2,358,061	38,239,794	0.061665	69.00
69.02	06902 CARDIAC REHAB	1,213,107	1,187,972	1.021158	69.02
69.03	06903 DIABETIC EDUCATION	862,353	247,624	3.482510	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	1,564,181	9,008,634	0.173631	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,628,231	132,734,169	0.110207	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	21,789,306	50,620,920	0.430441	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,883,514	135,155,517	0.198908	73.00
74.00	07400 RENAL DIALYSIS	1,720,877	4,687,650	0.367109	74.00
76.00	03020 OTHER ANCILLARY	261,172	1,564,149	0.166974	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1,147,266	662,627	1.731390	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000 CLINIC	923,812	1,353,868	0.682350	90.00
90.01	09001 OUTPATIENT PSYCH	552,720	475,616	1.162114	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	90.02
90.04	09004 BARIATRICS	431,204	245,283	1.757986	90.04
91.00	09100 EMERGENCY	13,570,937	110,849,563	0.122427	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	3,576,635	20,438,388	0.174996	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	10,643,383	10,190,081	1.044485	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	3,972,401	8,773,526	0.452771	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
99.00	09900 CMHC	0	0	0.000000	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600 HEART ACQUISITION	0	0	0.000000	106.00
200.00	Subtotal (sum of lines 50 thru 199)	227,402,657	1,186,822,460		200.00
201.00	Less Observation Beds	10,643,383	0		201.00
202.00	Total (line 200 minus line 201)	216,759,274	1,186,822,460		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,524,963	0	2,524,963	61,370	41.14	30.00
31.00	INTENSIVE CARE UNIT	938,372		938,372	14,689	63.88	31.00
31.02	NICU	275,821		275,821	5,348	51.57	31.02
32.00	CORONARY CARE UNIT	236,199		236,199	1,864	126.72	32.00
40.00	SUBPROVIDER - IPF	160,828	0	160,828	2,798	57.48	40.00
41.00	SUBPROVIDER - IRF	436,811	0	436,811	4,846	90.14	41.00
43.00	NURSERY	12,964		12,964	2,881	4.50	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,585,958		4,585,958	93,796		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				

30.00	ADULTS & PEDIATRICS	20,815	856,329		30.00
31.00	INTENSIVE CARE UNIT	7,135	455,784		31.00
31.02	NICU	0	0		31.02
32.00	CORONARY CARE UNIT	854	108,219		32.00
40.00	SUBPROVIDER - IPF	933	53,629		40.00
41.00	SUBPROVIDER - IRF	2,332	210,206		41.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	32,069	1,684,167		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,238,977	208,634,676	0.010732	31,438,221	337,395	50.00
51.00	05100 RECOVERY ROOM	152,891	21,851,874	0.006997	5,460,605	38,208	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	317,883	12,204,350	0.026047	60,778	1,583	52.00
53.00	05300 ANESTHESIOLOGY	103,215	16,335,882	0.006318	3,641,464	23,007	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	808,446	39,372,621	0.020533	5,204,478	106,864	54.00
54.02	05402 ULTRASOUND	87,821	19,064,882	0.004606	3,164,533	14,576	54.02
54.03	05403 NUCLEAR MEDICINE	105,253	29,424,466	0.003577	3,359,086	12,015	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	226,543	50,347,524	0.004500	6,772,860	30,478	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	213,771	19,526,743	0.010948	1,356,668	14,853	58.00
59.00	05900 CARDIAC CATHETERIZATION	863,627	55,259,279	0.015629	17,671,787	276,192	59.00
60.00	06000 LABORATORY	346,583	95,188,177	0.003641	17,053,471	62,092	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	26,341	8,593,066	0.003065	2,928,922	8,977	63.00
64.00	06400 INTRAVENOUS THERAPY	68,955	17,756,896	0.003883	1,455,893	5,653	64.00
65.00	06500 RESPIRATORY THERAPY	155,370	31,732,963	0.004896	12,668,046	62,023	65.00
66.00	06600 PHYSICAL THERAPY	118,651	20,489,681	0.005791	4,228,033	24,485	66.00
67.00	06700 OCCUPATIONAL THERAPY	21,084	10,633,432	0.001983	3,075,615	6,099	67.00
68.00	06800 SPEECH PATHOLOGY	6,512	3,970,567	0.001640	1,116,408	1,831	68.00
69.00	06900 ELECTROCARDIOLOGY	287,619	38,239,794	0.007521	8,018,961	60,311	69.00
69.02	06902 CARDIAC REHAB	111,020	1,187,972	0.093453	780	73	69.02
69.03	06903 DIABETIC EDUCATION	56,035	247,624	0.226291	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	148,289	9,008,634	0.016461	1,072,509	17,655	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	242,187	132,734,169	0.001825	27,372,713	49,955	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	343,902	50,620,920	0.006794	11,629,843	79,013	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	314,247	135,155,517	0.002325	27,919,345	64,912	73.00
74.00	07400 RENAL DIALYSIS	57,189	4,687,650	0.012200	3,328,035	40,602	74.00
76.00	03020 OTHER ANCILLARY	4,743	1,564,149	0.003032	1,195	4	76.00
76.01	03021 MOBILE OUTREACH CLINIC	30,875	662,627	0.046595	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	26,154	1,353,868	0.019318	14,842	287	90.00
90.01	09001 OUTPATIENT PSYCH	125,242	475,616	0.263326	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004 BARIATRICS	3,985	245,283	0.016247	0	0	90.04
91.00	09100 EMERGENCY	905,728	110,849,563	0.008171	12,919,585	105,566	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	255,660	20,438,388	0.012509	3,251,427	40,672	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	618,636	10,190,081	0.060710	16,812	1,021	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	9,393,434	1,178,048,934		216,202,915	1,486,402	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/22/2014 11:51 am
---	----------------------	---	---

Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.02	03102	NICU	0	0	0	0	0 31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
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	61,370	0.00	20,815	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,689	0.00	7,135	0	31.00
31.02	03102	NICU	5,348	0.00	0	0	31.02
32.00	03200	CORONARY CARE UNIT	1,864	0.00	854	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,798	0.00	933	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,846	0.00	2,332	0	41.00
43.00	04300	NURSERY	2,881	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	93,796		32,069	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
--	----------------------	---------------------------------------	---

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
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
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
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
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
69.02 06902 CARDIAC REHAB	0	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
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: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	208,634,676	0.000000	0.000000	31,438,221	50.00
51.00	05100 RECOVERY ROOM	0	21,851,874	0.000000	0.000000	5,460,605	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,204,350	0.000000	0.000000	60,778	52.00
53.00	05300 ANESTHESIOLOGY	0	16,335,882	0.000000	0.000000	3,641,464	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	39,372,621	0.000000	0.000000	5,204,478	54.00
54.02	05402 ULTRASOUND	0	19,064,882	0.000000	0.000000	3,164,533	54.02
54.03	05403 NUCLEAR MEDICINE	0	29,424,466	0.000000	0.000000	3,359,086	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	50,347,524	0.000000	0.000000	6,772,860	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	19,526,743	0.000000	0.000000	1,356,668	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	55,259,279	0.000000	0.000000	17,671,787	59.00
60.00	06000 LABORATORY	0	95,188,177	0.000000	0.000000	17,053,471	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,593,066	0.000000	0.000000	2,928,922	63.00
64.00	06400 INTRAVENOUS THERAPY	0	17,756,896	0.000000	0.000000	1,455,893	64.00
65.00	06500 RESPIRATORY THERAPY	0	31,732,963	0.000000	0.000000	12,668,046	65.00
66.00	06600 PHYSICAL THERAPY	0	20,489,681	0.000000	0.000000	4,228,033	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	10,633,432	0.000000	0.000000	3,075,615	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,970,567	0.000000	0.000000	1,116,408	68.00
69.00	06900 ELECTROCARDIOLOGY	0	38,239,794	0.000000	0.000000	8,018,961	69.00
69.02	06902 CARDIAC REHAB	0	1,187,972	0.000000	0.000000	780	69.02
69.03	06903 DIABETIC EDUCATION	0	247,624	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,008,634	0.000000	0.000000	1,072,509	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,734,169	0.000000	0.000000	27,372,713	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,620,920	0.000000	0.000000	11,629,843	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	135,155,517	0.000000	0.000000	27,919,345	73.00
74.00	07400 RENAL DIALYSIS	0	4,687,650	0.000000	0.000000	3,328,035	74.00
76.00	03020 OTHER ANCILLARY	0	1,564,149	0.000000	0.000000	1,195	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	662,627	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	1,353,868	0.000000	0.000000	14,842	90.00
90.01	09001 OUTPATIENT PSYCH	0	475,616	0.000000	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	245,283	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	110,849,563	0.000000	0.000000	12,919,585	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	20,438,388	0.000000	0.000000	3,251,427	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0.000000	16,812	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,178,048,934			216,202,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
--	----------------------	---------------------------------------	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
Hospital						
PPS						
11.00						
12.00						
13.00						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	36,667,087	0	50.00
51.00	05100	RECOVERY ROOM	0	13,362,442	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	939	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,806,110	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,318,620	0	54.00
54.02	05402	ULTRASOUND	0	2,890,136	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	8,339,041	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	8,523,485	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,122,492	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,953,122	0	59.00
60.00	06000	LABORATORY	0	4,006,218	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,148,937	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,776,095	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	993,824	0	65.00
66.00	06600	PHYSICAL THERAPY	0	72,690	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,386,455	0	69.00
69.02	06902	CARDIAC REHAB	0	563,628	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,352,984	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,880,089	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,761,752	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,204,073	0	73.00
74.00	07400	RENAL DIALYSIS	0	493,534	0	74.00
76.00	03020	OTHER ANCILLARY	0	606,714	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	671,781	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	90.04
91.00	09100	EMERGENCY	0	11,635,164	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	3,735,368	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,121,999	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00		Total (lines 50-199)	0	172,394,779	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.276164	36,667,087	0	0	10,126,129
51.00 05100 RECOVERY ROOM	0.144499	13,362,442	0	0	1,930,860
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.421700	939	0	0	396
53.00 05300 ANESTHESIOLOGY	0.026155	3,806,110	0	0	99,549
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.137139	7,318,620	0	0	1,003,668
54.02 05402 ULTRASOUND	0.069038	2,890,136	0	0	199,529
54.03 05403 NUCLEAR MEDICINE	0.083593	8,339,041	0	0	697,085
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.051831	8,523,485	0	0	441,781
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218	4,122,492	0	0	301,841
59.00 05900 CARDIAC CATHETERIZATION	0.073970	7,953,122	0	0	588,292
60.00 06000 LABORATORY	0.194275	4,006,218	18,981	0	778,308
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.243566	1,148,937	10,215	0	279,842
64.00 06400 INTRAVENOUS THERAPY	0.232865	1,776,095	0	0	413,590
65.00 06500 RESPIRATORY THERAPY	0.168190	993,824	0	0	167,151
66.00 06600 PHYSICAL THERAPY	0.236948	72,690	0	0	17,224
67.00 06700 OCCUPATIONAL THERAPY	0.195250	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.167098	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.061665	7,386,455	0	0	455,486
69.02 06902 CARDIAC REHAB	1.021158	563,628	0	0	575,553
69.03 06903 DIABETIC EDUCATION	3.482510	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.173631	1,352,984	0	0	234,920
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	16,880,089	0	0	1,860,304
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441	7,761,752	26,650	0	3,340,976
73.00 07300 DRUGS CHARGED TO PATIENTS	0.198908	18,204,073	0	44,530	3,620,936
74.00 07400 RENAL DIALYSIS	0.367109	493,534	0	0	181,181
76.00 03020 OTHER ANCILLARY	0.166974	606,714	0	0	101,305
76.01 03021 MOBILE OUTREACH CLINIC	1.731390	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.682350	671,781	0	0	458,390
90.01 09001 OUTPATIENT PSYCH	1.162114	0	0	0	0
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0
90.04 09004 BARIATRICS	1.757986	0	0	0	0
91.00 09100 EMERGENCY	0.122427	11,635,164	0	0	1,424,458
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.174996	3,735,368	0	0	653,674
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485	2,121,999	0	0	2,216,396
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.452771		0		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	172,394,779	55,846	44,530	32,168,824
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	172,394,779	55,846	44,530	32,168,824

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/22/2014 11:51 am
		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
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	3,688	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,488	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	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11,471	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,857		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	17,647	8,857		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	17,647	8,857		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15S100		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/22/2014 11:51 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,238,977	208,634,676	0.010732	2,499	27 50.00
51.00	05100	RECOVERY ROOM	152,891	21,851,874	0.006997	1,065	7 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,883	12,204,350	0.026047	0	0 52.00
53.00	05300	ANESTHESIOLOGY	103,215	16,335,882	0.006318	998	6 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,446	39,372,621	0.020533	19,046	391 54.00
54.02	05402	ULTRASOUND	87,821	19,064,882	0.004606	5,530	25 54.02
54.03	05403	NUCLEAR MEDICINE	105,253	29,424,466	0.003577	7,021	25 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	226,543	50,347,524	0.004500	36,022	162 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	213,771	19,526,743	0.010948	2,000	22 58.00
59.00	05900	CARDIAC CATHETERIZATION	863,627	55,259,279	0.015629	0	0 59.00
60.00	06000	LABORATORY	346,583	95,188,177	0.003641	112,602	410 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,341	8,593,066	0.003065	579	2 63.00
64.00	06400	INTRAVENOUS THERAPY	68,955	17,756,896	0.003883	730	3 64.00
65.00	06500	RESPIRATORY THERAPY	155,370	31,732,963	0.004896	4,217	21 65.00
66.00	06600	PHYSICAL THERAPY	118,651	20,489,681	0.005791	24,717	143 66.00
67.00	06700	OCCUPATIONAL THERAPY	21,084	10,633,432	0.001983	22,818	45 67.00
68.00	06800	SPEECH PATHOLOGY	6,512	3,970,567	0.001640	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	287,619	38,239,794	0.007521	19,318	145 69.00
69.02	06902	CARDIAC REHAB	111,020	1,187,972	0.093453	0	0 69.02
69.03	06903	DIABETIC EDUCATION	56,035	247,624	0.226291	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,289	9,008,634	0.016461	290	5 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,187	132,734,169	0.001825	23,305	43 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,902	50,620,920	0.006794	340	2 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,247	135,155,517	0.002325	303,416	705 73.00
74.00	07400	RENAL DIALYSIS	57,189	4,687,650	0.012200	50,980	622 74.00
76.00	03020	OTHER ANCILLARY	4,743	1,564,149	0.003032	65,725	199 76.00
76.01	03021	MOBILE OUTREACH CLINIC	30,875	662,627	0.046595	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	26,154	1,353,868	0.019318	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	125,242	475,616	0.263326	98,070	25,824 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	3,985	245,283	0.016247	0	0 90.04
91.00	09100	EMERGENCY	905,728	110,849,563	0.008171	75,101	614 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	255,660	20,438,388	0.012509	5,519	69 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50-199)	8,774,798	1,178,048,934		881,908	29,517 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Subprovider - IPF

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	208,634,676	0.000000	0.000000	2,499 50.00
51.00 05100 RECOVERY ROOM	0	21,851,874	0.000000	0.000000	1,065 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	12,204,350	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	16,335,882	0.000000	0.000000	998 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	39,372,621	0.000000	0.000000	19,046 54.00
54.02 05402 ULTRASOUND	0	19,064,882	0.000000	0.000000	5,530 54.02
54.03 05403 NUCLEAR MEDICINE	0	29,424,466	0.000000	0.000000	7,021 54.03
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	50,347,524	0.000000	0.000000	36,022 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	19,526,743	0.000000	0.000000	2,000 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	55,259,279	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	95,188,177	0.000000	0.000000	112,602 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	8,593,066	0.000000	0.000000	579 63.00
64.00 06400 INTRAVENOUS THERAPY	0	17,756,896	0.000000	0.000000	730 64.00
65.00 06500 RESPIRATORY THERAPY	0	31,732,963	0.000000	0.000000	4,217 65.00
66.00 06600 PHYSICAL THERAPY	0	20,489,681	0.000000	0.000000	24,717 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	10,633,432	0.000000	0.000000	22,818 67.00
68.00 06800 SPEECH PATHOLOGY	0	3,970,567	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	38,239,794	0.000000	0.000000	19,318 69.00
69.02 06902 CARDIAC REHAB	0	1,187,972	0.000000	0.000000	0 69.02
69.03 06903 DIABETIC EDUCATION	0	247,624	0.000000	0.000000	0 69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	9,008,634	0.000000	0.000000	290 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,734,169	0.000000	0.000000	23,305 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,620,920	0.000000	0.000000	340 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	135,155,517	0.000000	0.000000	303,416 73.00
74.00 07400 RENAL DIALYSIS	0	4,687,650	0.000000	0.000000	50,980 74.00
76.00 03020 OTHER ANCILLARY	0	1,564,149	0.000000	0.000000	65,725 76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	662,627	0.000000	0.000000	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	1,353,868	0.000000	0.000000	0 90.00
90.01 09001 OUTPATIENT PSYCH	0	475,616	0.000000	0.000000	98,070 90.01
90.02 09002 PEDS CLINIC	0	0	0.000000	0.000000	0 90.02
90.04 09004 BARIATRICS	0	245,283	0.000000	0.000000	0 90.04
91.00 09100 EMERGENCY	0	110,849,563	0.000000	0.000000	75,101 91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	20,438,388	0.000000	0.000000	5,519 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0 95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0 97.00
200.00 Total (lines 50-199)	0	1,178,048,934			881,908 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/22/2014 11:51 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,238,977	208,634,676	0.010732	50,242	539	50.00
51.00	05100	RECOVERY ROOM	152,891	21,851,874	0.006997	11,448	80	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,883	12,204,350	0.026047	0	0	52.00
53.00	05300	ANESTHESIOLOGY	103,215	16,335,882	0.006318	4,553	29	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,446	39,372,621	0.020533	48,202	990	54.00
54.02	05402	ULTRASOUND	87,821	19,064,882	0.004606	145,953	672	54.02
54.03	05403	NUCLEAR MEDICINE	105,253	29,424,466	0.003577	6,723	24	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	226,543	50,347,524	0.004500	27,240	123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	213,771	19,526,743	0.010948	11,468	126	58.00
59.00	05900	CARDIAC CATHETERIZATION	863,627	55,259,279	0.015629	0	0	59.00
60.00	06000	LABORATORY	346,583	95,188,177	0.003641	345,115	1,257	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,341	8,593,066	0.003065	25,273	77	63.00
64.00	06400	INTRAVENOUS THERAPY	68,955	17,756,896	0.003883	4,604	18	64.00
65.00	06500	RESPIRATORY THERAPY	155,370	31,732,963	0.004896	94,801	464	65.00
66.00	06600	PHYSICAL THERAPY	118,651	20,489,681	0.005791	1,854,934	10,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,084	10,633,432	0.001983	1,922,416	3,812	67.00
68.00	06800	SPEECH PATHOLOGY	6,512	3,970,567	0.001640	704,480	1,155	68.00
69.00	06900	ELECTROCARDIOLOGY	287,619	38,239,794	0.007521	10,742	81	69.00
69.02	06902	CARDIAC REHAB	111,020	1,187,972	0.093453	0	0	69.02
69.03	06903	DIABETIC EDUCATION	56,035	247,624	0.226291	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,289	9,008,634	0.016461	2,038	34	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,187	132,734,169	0.001825	233,210	426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,902	50,620,920	0.006794	10,494	71	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,247	135,155,517	0.002325	718,423	1,670	73.00
74.00	07400	RENAL DIALYSIS	57,189	4,687,650	0.012200	200,202	2,442	74.00
76.00	03020	OTHER ANCILLARY	4,743	1,564,149	0.003032	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	30,875	662,627	0.046595	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	26,154	1,353,868	0.019318	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	125,242	475,616	0.263326	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,985	245,283	0.016247	0	0	90.04
91.00	09100	EMERGENCY	905,728	110,849,563	0.008171	1,575	13	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	255,660	20,438,388	0.012509	23,355	292	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	8,774,798	1,178,048,934		6,457,491	25,137	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	208,634,676	0.000000	0.000000	50,242 50.00
51.00 05100 RECOVERY ROOM	0	21,851,874	0.000000	0.000000	11,448 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	12,204,350	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	16,335,882	0.000000	0.000000	4,553 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	39,372,621	0.000000	0.000000	48,202 54.00
54.02 05402 ULTRASOUND	0	19,064,882	0.000000	0.000000	145,953 54.02
54.03 05403 NUCLEAR MEDICINE	0	29,424,466	0.000000	0.000000	6,723 54.03
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	50,347,524	0.000000	0.000000	27,240 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	19,526,743	0.000000	0.000000	11,468 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	55,259,279	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	95,188,177	0.000000	0.000000	345,115 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	8,593,066	0.000000	0.000000	25,273 63.00
64.00 06400 INTRAVENOUS THERAPY	0	17,756,896	0.000000	0.000000	4,604 64.00
65.00 06500 RESPIRATORY THERAPY	0	31,732,963	0.000000	0.000000	94,801 65.00
66.00 06600 PHYSICAL THERAPY	0	20,489,681	0.000000	0.000000	1,854,934 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	10,633,432	0.000000	0.000000	1,922,416 67.00
68.00 06800 SPEECH PATHOLOGY	0	3,970,567	0.000000	0.000000	704,480 68.00
69.00 06900 ELECTROCARDIOLOGY	0	38,239,794	0.000000	0.000000	10,742 69.00
69.02 06902 CARDIAC REHAB	0	1,187,972	0.000000	0.000000	0 69.02
69.03 06903 DIABETIC EDUCATION	0	247,624	0.000000	0.000000	0 69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	9,008,634	0.000000	0.000000	2,038 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,734,169	0.000000	0.000000	233,210 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	50,620,920	0.000000	0.000000	10,494 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	135,155,517	0.000000	0.000000	718,423 73.00
74.00 07400 RENAL DIALYSIS	0	4,687,650	0.000000	0.000000	200,202 74.00
76.00 03020 OTHER ANCILLARY	0	1,564,149	0.000000	0.000000	0 76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	662,627	0.000000	0.000000	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	1,353,868	0.000000	0.000000	0 90.00
90.01 09001 OUTPATIENT PSYCH	0	475,616	0.000000	0.000000	0 90.01
90.02 09002 PEDS CLINIC	0	0	0.000000	0.000000	0 90.02
90.04 09004 BARIATRICS	0	245,283	0.000000	0.000000	0 90.04
91.00 09100 EMERGENCY	0	110,849,563	0.000000	0.000000	1,575 91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	20,438,388	0.000000	0.000000	23,355 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0 95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0 97.00
200.00 Total (lines 50-199)	0	1,178,048,934			6,457,491 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	05402 ULTRASOUND	0	495	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,434	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	3,929	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/22/2014 11:51 am
		Component CCN: 15T100	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed 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	0.276164	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.144499	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.421700	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.026155	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.137139	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0.069038	495	0	0	0	34 54.02
54.03 05403 NUCLEAR MEDICINE	0.083593	0	0	0	0	54.03
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.051831	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.073970	0	0	0	0	59.00
60.00 06000 LABORATORY	0.194275	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.243566	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.232865	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.168190	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.236948	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.195250	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.167098	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.061665	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	1.021158	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	3.482510	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0.173631	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	3,434	0	0	0	378 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.198908	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.367109	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.166974	0	0	0	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	1.731390	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.682350	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	1.162114	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 BARIATRICS	1.757986	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.122427	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.174996	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.452771		0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		3,929	0	0	412 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		3,929	0	0	412 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/22/2014 11:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	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	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/22/2014 11:51 am
--	--	----------------------	---	---

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,524,963	0	2,524,963	61,370	41.14	30.00
31.00	INTENSIVE CARE UNIT	938,372		938,372	14,689	63.88	31.00
31.02	NICU	275,821		275,821	5,348	51.57	31.02
32.00	CORONARY CARE UNIT	236,199		236,199	1,864	126.72	32.00
40.00	SUBPROVIDER - IPF	160,828	0	160,828	2,798	57.48	40.00
41.00	SUBPROVIDER - IRF	436,811	0	436,811	4,846	90.14	41.00
43.00	NURSERY	12,964		12,964	2,881	4.50	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,585,958		4,585,958	93,796		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	3,253	133,828	30.00
31.00	INTENSIVE CARE UNIT	848	54,170	31.00
31.02	NICU	1,423	73,384	31.02
32.00	CORONARY CARE UNIT	73	9,251	32.00
40.00	SUBPROVIDER - IPF	531	30,522	40.00
41.00	SUBPROVIDER - IRF	185	16,676	41.00
43.00	NURSERY	582	2,619	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	6,895	320,450	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/22/2014 11:51 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	Cost		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,238,977	208,634,676	0.010732	4,227,247	45,367	50.00
51.00	05100	RECOVERY ROOM	152,891	21,851,874	0.006997	418,499	2,928	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,883	12,204,350	0.026047	1,339,333	34,886	52.00
53.00	05300	ANESTHESIOLOGY	103,215	16,335,882	0.006318	371,020	2,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,446	39,372,621	0.020533	724,121	14,868	54.00
54.02	05402	ULTRASOUND	87,821	19,064,882	0.004606	402,298	1,853	54.02
54.03	05403	NUCLEAR MEDICINE	105,253	29,424,466	0.003577	287,132	1,027	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	226,543	50,347,524	0.004500	955,936	4,302	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	213,771	19,526,743	0.010948	182,628	1,999	58.00
59.00	05900	CARDIAC CATHETERIZATION	863,627	55,259,279	0.015629	1,840,704	28,768	59.00
60.00	06000	LABORATORY	346,583	95,188,177	0.003641	2,223,906	8,097	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,341	8,593,066	0.003065	353,258	1,083	63.00
64.00	06400	INTRAVENOUS THERAPY	68,955	17,756,896	0.003883	857,539	3,330	64.00
65.00	06500	RESPIRATORY THERAPY	155,370	31,732,963	0.004896	2,917,409	14,284	65.00
66.00	06600	PHYSICAL THERAPY	118,651	20,489,681	0.005791	330,493	1,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,084	10,633,432	0.001983	275,545	546	67.00
68.00	06800	SPEECH PATHOLOGY	6,512	3,970,567	0.001640	113,890	187	68.00
69.00	06900	ELECTROCARDIOLOGY	287,619	38,239,794	0.007521	737,843	5,549	69.00
69.02	06902	CARDIAC REHAB	111,020	1,187,972	0.093453	0	0	69.02
69.03	06903	DIABETIC EDUCATION	56,035	247,624	0.226291	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,289	9,008,634	0.016461	90,996	1,498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,187	132,734,169	0.001825	630,537	1,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,902	50,620,920	0.006794	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,247	135,155,517	0.002325	3,758,589	8,739	73.00
74.00	07400	RENAL DIALYSIS	57,189	4,687,650	0.012200	107,873	1,316	74.00
76.00	03020	OTHER ANCILLARY	4,743	1,564,149	0.003032	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	30,875	662,627	0.046595	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	26,154	1,353,868	0.019318	428	8	90.00
90.01	09001	OUTPATIENT PSYCH	125,242	475,616	0.263326	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	3,985	245,283	0.016247	0	0	90.04
91.00	09100	EMERGENCY	905,728	110,849,563	0.008171	1,549,005	12,657	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	255,660	20,438,388	0.012509	416,172	5,206	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	618,636	10,190,081	0.060710	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	9,393,434	1,178,048,934		25,112,401	203,907	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/22/2014 11:51 am
---	--	----------------------	---	---

Cost Center Description			Title XIX			Hospital		Total Costs (sum of cols. 1 through 3, minus col. 4)
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Cost	
			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
31.02	03102	NICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
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	61,370	0.00	3,253	0		30.00
31.00	03100	INTENSIVE CARE UNIT	14,689	0.00	848	0		31.00
31.02	03102	NICU	5,348	0.00	1,423	0		31.02
32.00	03200	CORONARY CARE UNIT	1,864	0.00	73	0		32.00
40.00	04000	SUBPROVIDER - IPF	2,798	0.00	531	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,846	0.00	185	0		41.00
43.00	04300	NURSERY	2,881	0.00	582	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	93,796		6,895	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
--	----------------------	---	--

Cost Center Description	Title XIX				Hospital		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	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		0	54.00
54.02 05402 ULTRASOUND	0	0	0	0		0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0		0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0		0	56.00
57.00 05700 CT SCAN	0	0	0	0		0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		0	59.00
60.00 06000 LABORATORY	0	0	0	0		0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0		0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0		0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0		0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0		0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0		0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0	0	0		0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0	89.00
90.00 09000 CLINIC	0	0	0	0		0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0		0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0		0	90.02
90.04 09004 BARIATRICS	0	0	0	0		0	90.04
91.00 09100 EMERGENCY	0	0	0	0		0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0		0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0		0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		0	97.00
200.00 Total (lines 50-199)	0	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150100

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	208,634,676	0.000000	0.000000	4,227,247	50.00
51.00	05100	RECOVERY ROOM	0	21,851,874	0.000000	0.000000	418,499	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,204,350	0.000000	0.000000	1,339,333	52.00
53.00	05300	ANESTHESIOLOGY	0	16,335,882	0.000000	0.000000	371,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,372,621	0.000000	0.000000	724,121	54.00
54.02	05402	ULTRASOUND	0	19,064,882	0.000000	0.000000	402,298	54.02
54.03	05403	NUCLEAR MEDICINE	0	29,424,466	0.000000	0.000000	287,132	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	50,347,524	0.000000	0.000000	955,936	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,526,743	0.000000	0.000000	182,628	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,259,279	0.000000	0.000000	1,840,704	59.00
60.00	06000	LABORATORY	0	95,188,177	0.000000	0.000000	2,223,906	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,593,066	0.000000	0.000000	353,258	63.00
64.00	06400	INTRAVENOUS THERAPY	0	17,756,896	0.000000	0.000000	857,539	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,732,963	0.000000	0.000000	2,917,409	65.00
66.00	06600	PHYSICAL THERAPY	0	20,489,681	0.000000	0.000000	330,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,633,432	0.000000	0.000000	275,545	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,970,567	0.000000	0.000000	113,890	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,239,794	0.000000	0.000000	737,843	69.00
69.02	06902	CARDIAC REHAB	0	1,187,972	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	247,624	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,008,634	0.000000	0.000000	90,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,734,169	0.000000	0.000000	630,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,620,920	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	135,155,517	0.000000	0.000000	3,758,589	73.00
74.00	07400	RENAL DIALYSIS	0	4,687,650	0.000000	0.000000	107,873	74.00
76.00	03020	OTHER ANCILLARY	0	1,564,149	0.000000	0.000000	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	662,627	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,353,868	0.000000	0.000000	428	90.00
90.01	09001	OUTPATIENT PSYCH	0	475,616	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	245,283	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	110,849,563	0.000000	0.000000	1,549,005	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	20,438,388	0.000000	0.000000	416,172	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,178,048,934			25,112,401	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
--	----------------------	---------------------------------------	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	4,821,537	0		50.00
51.00	05100 RECOVERY ROOM	0	407,818	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	67,565	0		52.00
53.00	05300 ANESTHESIOLOGY	0	268,353	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,448,298	0		54.00
54.02	05402 ULTRASOUND	0	821,404	0		54.02
54.03	05403 NUCLEAR MEDICINE	0	1,097,365	0		54.03
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	2,437,562	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	683,753	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	820,258	0		59.00
60.00	06000 LABORATORY	0	2,955,662	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	90,497	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,179,301	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	274,423	0		65.00
66.00	06600 PHYSICAL THERAPY	0	444,588	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	22,456	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	10,015	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,189,979	0		69.00
69.02	06902 CARDIAC REHAB	0	20,902	0		69.02
69.03	06903 DIABETIC EDUCATION	0	13,320	0		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	323,948	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	106,502	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,268,782	0		73.00
74.00	07400 RENAL DIALYSIS	0	135,471	0		74.00
76.00	03020 OTHER ANCILLARY	0	29,875	0		76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	85,721	0		90.00
90.01	09001 OUTPATIENT PSYCH	0	7,784	0		90.01
90.02	09002 PEDS CLINIC	0	0	0		90.02
90.04	09004 BARIATRICS	0	0	0		90.04
91.00	09100 EMERGENCY	0	7,146,031	0		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	848,490	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	31,027,660	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/22/2014 11:51 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.276164	4,821,537	0	0	1,331,535
51.00 05100 RECOVERY ROOM	0.144499	407,818	0	0	58,929
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.421700	67,565	0	0	28,492
53.00 05300 ANESTHESIOLOGY	0.026155	268,353	0	0	7,019
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.137139	1,448,298	0	0	198,618
54.02 05402 ULTRASOUND	0.069038	821,404	0	0	56,708
54.03 05403 NUCLEAR MEDICINE	0.083593	1,097,365	0	0	91,732
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.051831	2,437,562	0	0	126,341
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218	683,753	0	0	50,063
59.00 05900 CARDIAC CATHETERIZATION	0.073970	820,258	0	0	60,674
60.00 06000 LABORATORY	0.194275	2,955,662	0	0	574,211
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.243566	90,497	0	0	22,042
64.00 06400 INTRAVENOUS THERAPY	0.232865	1,179,301	0	0	274,618
65.00 06500 RESPIRATORY THERAPY	0.168190	274,423	0	0	46,155
66.00 06600 PHYSICAL THERAPY	0.236948	444,588	0	0	105,344
67.00 06700 OCCUPATIONAL THERAPY	0.195250	22,456	0	0	4,385
68.00 06800 SPEECH PATHOLOGY	0.167098	10,015	0	0	1,673
69.00 06900 ELECTROCARDIOLOGY	0.061665	1,189,979	0	0	73,380
69.02 06902 CARDIAC REHAB	1.021158	20,902	0	0	21,344
69.03 06903 DIABETIC EDUCATION	3.482510	13,320	0	0	46,387
70.00 07000 ELECTROENCEPHALOGRAPHY	0.173631	323,948	0	0	56,247
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	106,502	0	0	11,737
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.198908	3,268,782	0	0	650,187
74.00 07400 RENAL DIALYSIS	0.367109	135,471	0	0	49,733
76.00 03020 OTHER ANCILLARY	0.166974	29,875	0	0	4,988
76.01 03021 MOBILE OUTREACH CLINIC	1.731390	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.682350	85,721	0	0	58,492
90.01 09001 OUTPATIENT PSYCH	1.162114	7,784	0	0	9,046
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0
90.04 09004 BARIATRICS	1.757986	0	0	0	0
91.00 09100 EMERGENCY	0.122427	7,146,031	0	0	874,867
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.174996	848,490	0	0	148,482
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.452771	662,958	0	0	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00		31,027,660	0	0	5,343,597
201.00			0	0	
202.00		31,027,660	0	0	5,343,597

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150100

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

Worksheet D
Part V
Date/Time Prepared:
11/22/2014 11:51 am

		Title XIX		Hospital	Cost
Cost Center Description	Costs		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	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
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	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	0	69.00
69.02	06902	CARDIAC REHAB	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARIATRICS	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/22/2014 11:51 am	
		Component CCN: 15S100		Title XIX		Subprovider - IPF Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,238,977	208,634,676	0.010732	1,623	17 50.00
51.00	05100	RECOVERY ROOM	152,891	21,851,874	0.006997	3,211	22 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,883	12,204,350	0.026047	0	0 52.00
53.00	05300	ANESTHESIOLOGY	103,215	16,335,882	0.006318	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,446	39,372,621	0.020533	21,480	441 54.00
54.02	05402	ULTRASOUND	87,821	19,064,882	0.004606	6,142	28 54.02
54.03	05403	NUCLEAR MEDICINE	105,253	29,424,466	0.003577	7,162	26 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	226,543	50,347,524	0.004500	62,895	283 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	213,771	19,526,743	0.010948	18,250	200 58.00
59.00	05900	CARDIAC CATHETERIZATION	863,627	55,259,279	0.015629	0	0 59.00
60.00	06000	LABORATORY	346,583	95,188,177	0.003641	137,426	500 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,341	8,593,066	0.003065	294	1 63.00
64.00	06400	INTRAVENOUS THERAPY	68,955	17,756,896	0.003883	14,703	57 64.00
65.00	06500	RESPIRATORY THERAPY	155,370	31,732,963	0.004896	11,263	55 65.00
66.00	06600	PHYSICAL THERAPY	118,651	20,489,681	0.005791	4,397	25 66.00
67.00	06700	OCCUPATIONAL THERAPY	21,084	10,633,432	0.001983	2,200	4 67.00
68.00	06800	SPEECH PATHOLOGY	6,512	3,970,567	0.001640	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	287,619	38,239,794	0.007521	24,427	184 69.00
69.02	06902	CARDIAC REHAB	111,020	1,187,972	0.093453	0	0 69.02
69.03	06903	DIABETIC EDUCATION	56,035	247,624	0.226291	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,289	9,008,634	0.016461	1,045	17 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,187	132,734,169	0.001825	2,408	4 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,902	50,620,920	0.006794	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,247	135,155,517	0.002325	120,303	280 73.00
74.00	07400	RENAL DIALYSIS	57,189	4,687,650	0.012200	0	0 74.00
76.00	03020	OTHER ANCILLARY	4,743	1,564,149	0.003032	28,680	87 76.00
76.01	03021	MOBILE OUTREACH CLINIC	30,875	662,627	0.046595	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	26,154	1,353,868	0.019318	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	125,242	475,616	0.263326	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	3,985	245,283	0.016247	0	0 90.04
91.00	09100	EMERGENCY	905,728	110,849,563	0.008171	270,312	2,209 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	255,660	20,438,388	0.012509	11,469	143 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50-199)	8,774,798	1,178,048,934		749,690	4,583 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
Title XIX		Subprovider - IPF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100 Component CCN: 15S100		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am		
				Title XIX		Subprovider - IPF	Cost	
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	208,634,676	0.000000	0.000000	1,623	50.00
51.00	05100	RECOVERY ROOM	0	21,851,874	0.000000	0.000000	3,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,204,350	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	16,335,882	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,372,621	0.000000	0.000000	21,480	54.00
54.02	05402	ULTRASOUND	0	19,064,882	0.000000	0.000000	6,142	54.02
54.03	05403	NUCLEAR MEDICINE	0	29,424,466	0.000000	0.000000	7,162	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	50,347,524	0.000000	0.000000	62,895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,526,743	0.000000	0.000000	18,250	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,259,279	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	95,188,177	0.000000	0.000000	137,426	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,593,066	0.000000	0.000000	294	63.00
64.00	06400	INTRAVENOUS THERAPY	0	17,756,896	0.000000	0.000000	14,703	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,732,963	0.000000	0.000000	11,263	65.00
66.00	06600	PHYSICAL THERAPY	0	20,489,681	0.000000	0.000000	4,397	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,633,432	0.000000	0.000000	2,200	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,970,567	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,239,794	0.000000	0.000000	24,427	69.00
69.02	06902	CARDIAC REHAB	0	1,187,972	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	247,624	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,008,634	0.000000	0.000000	1,045	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,734,169	0.000000	0.000000	2,408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,620,920	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	135,155,517	0.000000	0.000000	120,303	73.00
74.00	07400	RENAL DIALYSIS	0	4,687,650	0.000000	0.000000	0	74.00
76.00	03020	OTHER ANCILLARY	0	1,564,149	0.000000	0.000000	28,680	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	662,627	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,353,868	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	475,616	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARITRICS	0	245,283	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	110,849,563	0.000000	0.000000	270,312	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	20,438,388	0.000000	0.000000	11,469	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,178,048,934			749,690	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
Title XIX		Subprovider - IPF	Cost

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/22/2014 11:51 am	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,238,977	208,634,676	0.010732	0	0 50.00
51.00	05100	RECOVERY ROOM	152,891	21,851,874	0.006997	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,883	12,204,350	0.026047	0	0 52.00
53.00	05300	ANESTHESIOLOGY	103,215	16,335,882	0.006318	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	808,446	39,372,621	0.020533	3,871	79 54.00
54.02	05402	ULTRASOUND	87,821	19,064,882	0.004606	12,976	60 54.02
54.03	05403	NUCLEAR MEDICINE	105,253	29,424,466	0.003577	0	0 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	226,543	50,347,524	0.004500	4,424	20 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	213,771	19,526,743	0.010948	2,000	22 58.00
59.00	05900	CARDIAC CATHETERIZATION	863,627	55,259,279	0.015629	0	0 59.00
60.00	06000	LABORATORY	346,583	95,188,177	0.003641	31,887	116 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,341	8,593,066	0.003065	87	0 63.00
64.00	06400	INTRAVENOUS THERAPY	68,955	17,756,896	0.003883	1,825	7 64.00
65.00	06500	RESPIRATORY THERAPY	155,370	31,732,963	0.004896	5,809	28 65.00
66.00	06600	PHYSICAL THERAPY	118,651	20,489,681	0.005791	167,648	971 66.00
67.00	06700	OCCUPATIONAL THERAPY	21,084	10,633,432	0.001983	177,020	351 67.00
68.00	06800	SPEECH PATHOLOGY	6,512	3,970,567	0.001640	99,309	163 68.00
69.00	06900	ELECTROCARDIOLOGY	287,619	38,239,794	0.007521	730	5 69.00
69.02	06902	CARDIAC REHAB	111,020	1,187,972	0.093453	0	0 69.02
69.03	06903	DIABETIC EDUCATION	56,035	247,624	0.226291	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	148,289	9,008,634	0.016461	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	242,187	132,734,169	0.001825	7,560	14 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343,902	50,620,920	0.006794	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,247	135,155,517	0.002325	51,232	119 73.00
74.00	07400	RENAL DIALYSIS	57,189	4,687,650	0.012200	0	0 74.00
76.00	03020	OTHER ANCILLARY	4,743	1,564,149	0.003032	0	0 76.00
76.01	03021	MOBILE OUTREACH CLINIC	30,875	662,627	0.046595	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	26,154	1,353,868	0.019318	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	125,242	475,616	0.263326	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	3,985	245,283	0.016247	0	0 90.04
91.00	09100	EMERGENCY	905,728	110,849,563	0.008171	0	0 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	255,660	20,438,388	0.012509	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50-199)	8,774,798	1,178,048,934		566,378	1,955 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
		Title XIX	Subprovider - IRF
		Cost	

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am		
		Title XIX		Subprovider - IRF		Cost		
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	208,634,676	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	21,851,874	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,204,350	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	16,335,882	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,372,621	0.000000	0.000000	3,871	54.00
54.02	05402	ULTRASOUND	0	19,064,882	0.000000	0.000000	12,976	54.02
54.03	05403	NUCLEAR MEDICINE	0	29,424,466	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	50,347,524	0.000000	0.000000	4,424	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,526,743	0.000000	0.000000	2,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,259,279	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	95,188,177	0.000000	0.000000	31,887	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,593,066	0.000000	0.000000	87	63.00
64.00	06400	INTRAVENOUS THERAPY	0	17,756,896	0.000000	0.000000	1,825	64.00
65.00	06500	RESPIRATORY THERAPY	0	31,732,963	0.000000	0.000000	5,809	65.00
66.00	06600	PHYSICAL THERAPY	0	20,489,681	0.000000	0.000000	167,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,633,432	0.000000	0.000000	177,020	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,970,567	0.000000	0.000000	99,309	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,239,794	0.000000	0.000000	730	69.00
69.02	06902	CARDIAC REHAB	0	1,187,972	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	247,624	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,008,634	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	132,734,169	0.000000	0.000000	7,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,620,920	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	135,155,517	0.000000	0.000000	51,232	73.00
74.00	07400	RENAL DIALYSIS	0	4,687,650	0.000000	0.000000	0	74.00
76.00	03020	OTHER ANCILLARY	0	1,564,149	0.000000	0.000000	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	662,627	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,353,868	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	475,616	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARIATRICS	0	245,283	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	110,849,563	0.000000	0.000000	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	20,438,388	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,190,081	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,178,048,934			566,378	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/22/2014 11:51 am
Title XIX		Subprovider - IRF	Cost

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/22/2014 11:51 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		61,370	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,370	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)		46,334	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		20,815	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,441,343	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		43,441,343	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,441,343	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)		707.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,734,106	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)		14,734,106	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 11/22/2014 11:51 am							
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	18,101,288	14,689	1,232.30	7,135	8,792,461		43.00
43.02 NICU	5,593,603	5,348	1,045.92	0	0		43.02
44.00 CORONARY CARE UNIT	3,649,499	1,864	1,957.89	854	1,672,038		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)					38,505,443		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,704,048		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)					1,420,332		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,486,402		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,906,734		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,797,314		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)					15,036		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					707.86		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,643,383		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,524,963	43,441,343	0.058124	10,643,383	618,636	90.00
91.00	Nursing School cost	0	43,441,343	0.000000	10,643,383	0	91.00
92.00	Allied health cost	0	43,441,343	0.000000	10,643,383	0	92.00
93.00	All other Medical Education	0	43,441,343	0.000000	10,643,383	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 15S100		Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,798	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,798	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,798	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		933	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,819,483	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)		2,819,483	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)		2,819,483	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)		1,007.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		940,165	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)		940,165	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15S100				Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					257,797		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,197,962		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)					53,629		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,517		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					83,146		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,114,816		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100 Component CCN: 15S100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	160,828	2,819,483	0.057042	0	0	90.00
91.00	Nursing School cost	0	2,819,483	0.000000	0	0	91.00
92.00	Allied health cost	0	2,819,483	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,819,483	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 15T100		Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,846	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,846	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)		4,846	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,332	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,890,692	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,890,692	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,890,692	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,009.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,353,501	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,353,501	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15T100				Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,309,870		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,663,371		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)					210,206		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,137		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					235,343		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,428,028		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	436,811	4,890,692	0.089315	0	0	90.00
91.00	Nursing School cost	0	4,890,692	0.000000	0	0	91.00
92.00	Allied health cost	0	4,890,692	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,890,692	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/22/2014 11:51 am
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)		61,370	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,370	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)		46,334	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,253	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)		2,881	15.00
16.00	Nursery days (title V or XIX only)		582	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,441,343	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		43,441,343	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,441,343	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)		707.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,302,669	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,302,669	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,576,621	2,881	547.25	582	318,500	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,101,288	14,689	1,232.30	848	1,044,990	43.00
43.02	NICU	5,593,603	5,348	1,045.92	1,423	1,488,344	43.02
44.00	CORONARY CARE UNIT	3,649,499	1,864	1,957.89	73	142,926	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,692,909	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,990,338	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)					15,036	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					707.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,643,383	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,524,963	43,441,343	0.058124	10,643,383	618,636	90.00
91.00	Nursing School cost	0	43,441,343	0.000000	10,643,383	0	91.00
92.00	Allied health cost	0	43,441,343	0.000000	10,643,383	0	92.00
93.00	All other Medical Education	0	43,441,343	0.000000	10,643,383	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 15S100		Date/Time Prepared: 11/22/2014 11:51 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,798	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,798	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,798	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		531	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)		2,881	15.00
16.00	Nursery days (title V or XIX only)		582	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)		2,819,483	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)		2,819,483	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)		2,819,483	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)		1,007.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		535,078	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)		535,078	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15S100				Date/Time Prepared: 11/22/2014 11:51 am	
		Title XIX		Subprovider - IPF		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)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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)					108,807		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					643,885		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100 Component CCN: 15S100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/22/2014 11:51 am	
		Title XIX		Subprovider - IPF		Cost	
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	160,828	2,819,483	0.057042	0	0	90.00
91.00	Nursing School cost	0	2,819,483	0.000000	0	0	91.00
92.00	Allied health cost	0	2,819,483	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,819,483	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 15T100		Date/Time Prepared: 11/22/2014 11:51 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,846	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,846	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)		4,846	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		185	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)		2,881	15.00
16.00	Nursery days (title V or XIX only)		582	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,890,692	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,890,692	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,890,692	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,009.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		186,706	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)		186,706	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 15T100				Date/Time Prepared: 11/22/2014 11:51 am	
		Title XIX		Subprovider - IRF		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)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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)					111,369		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					298,075		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/22/2014 11:51 am	
		Title XIX		Subprovider - IRF		Cost	
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	436,811	4,890,692	0.089315	0	0	90.00
91.00	Nursing School cost	0	4,890,692	0.000000	0	0	91.00
92.00	Allied health cost	0	4,890,692	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,890,692	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,361,436	30.00
31.00	03100	INTENSIVE CARE UNIT		12,097,632	31.00
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		1,786,498	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.276164	31,438,221	50.00
51.00	05100	RECOVERY ROOM	0.144499	5,460,605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.421700	60,778	52.00
53.00	05300	ANESTHESIOLOGY	0.026155	3,641,464	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137139	5,204,478	54.00
54.02	05402	ULTRASOUND	0.069038	3,164,533	54.02
54.03	05403	NUCLEAR MEDICINE	0.083593	3,359,086	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.051831	6,772,860	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073218	1,356,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073970	17,671,787	59.00
60.00	06000	LABORATORY	0.194275	17,053,471	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.243566	2,928,922	63.00
64.00	06400	INTRAVENOUS THERAPY	0.232865	1,455,893	64.00
65.00	06500	RESPIRATORY THERAPY	0.168190	12,668,046	65.00
66.00	06600	PHYSICAL THERAPY	0.236948	4,228,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195250	3,075,615	67.00
68.00	06800	SPEECH PATHOLOGY	0.167098	1,116,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061665	8,018,961	69.00
69.02	06902	CARDIAC REHAB	1.021158	780	69.02
69.03	06903	DIABETIC EDUCATION	3.482510	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173631	1,072,509	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	27,372,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430441	11,629,843	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198908	27,919,345	73.00
74.00	07400	RENAL DIALYSIS	0.367109	3,328,035	74.00
76.00	03020	OTHER ANCILLARY	0.166974	1,195	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.731390	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.682350	14,842	90.00
90.01	09001	OUTPATIENT PSYCH	1.162114	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	1.757986	0	90.04
91.00	09100	EMERGENCY	0.122427	12,919,585	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.174996	3,251,427	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.044485	16,812	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		216,202,915	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)		216,202,915	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15S100		Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		1,378,950		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.276164	2,499	690	50.00
51.00	05100 RECOVERY ROOM	0.144499	1,065	154	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421700	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026155	998	26	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137139	19,046	2,612	54.00
54.02	05402 ULTRASOUND	0.069038	5,530	382	54.02
54.03	05403 NUCLEAR MEDICINE	0.083593	7,021	587	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.051831	36,022	1,867	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218	2,000	146	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073970	0	0	59.00
60.00	06000 LABORATORY	0.194275	112,602	21,876	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.243566	579	141	63.00
64.00	06400 INTRAVENOUS THERAPY	0.232865	730	170	64.00
65.00	06500 RESPIRATORY THERAPY	0.168190	4,217	709	65.00
66.00	06600 PHYSICAL THERAPY	0.236948	24,717	5,857	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195250	22,818	4,455	67.00
68.00	06800 SPEECH PATHOLOGY	0.167098	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061665	19,318	1,191	69.00
69.02	06902 CARDIAC REHAB	1.021158	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.482510	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173631	290	50	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	23,305	2,568	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441	340	146	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198908	303,416	60,352	73.00
74.00	07400 RENAL DIALYSIS	0.367109	50,980	18,715	74.00
76.00	03020 OTHER ANCILLARY	0.166974	65,725	10,974	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.731390	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.682350	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.162114	98,070	113,969	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	1.757986	0	0	90.04
91.00	09100 EMERGENCY	0.122427	75,101	9,194	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.174996	5,519	966	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		881,908	257,797	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)		881,908		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15T100		Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,061,500		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.276164	50,242	13,875	50.00
51.00	05100 RECOVERY ROOM	0.144499	11,448	1,654	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421700	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026155	4,553	119	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137139	48,202	6,610	54.00
54.02	05402 ULTRASOUND	0.069038	145,953	10,076	54.02
54.03	05403 NUCLEAR MEDICINE	0.083593	6,723	562	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.051831	27,240	1,412	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218	11,468	840	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073970	0	0	59.00
60.00	06000 LABORATORY	0.194275	345,115	67,047	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.243566	25,273	6,156	63.00
64.00	06400 INTRAVENOUS THERAPY	0.232865	4,604	1,072	64.00
65.00	06500 RESPIRATORY THERAPY	0.168190	94,801	15,945	65.00
66.00	06600 PHYSICAL THERAPY	0.236948	1,854,934	439,523	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195250	1,922,416	375,352	67.00
68.00	06800 SPEECH PATHOLOGY	0.167098	704,480	117,717	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061665	10,742	662	69.00
69.02	06902 CARDIAC REHAB	1.021158	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.482510	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173631	2,038	354	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	233,210	25,701	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441	10,494	4,517	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198908	718,423	142,900	73.00
74.00	07400 RENAL DIALYSIS	0.367109	200,202	73,496	74.00
76.00	03020 OTHER ANCILLARY	0.166974	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.731390	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.682350	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.162114	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	1.757986	0	0	90.04
91.00	09100 EMERGENCY	0.122427	1,575	193	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.174996	23,355	4,087	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		6,457,491	1,309,870	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)		6,457,491		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/22/2014 11:51 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,683,699	30.00
31.00	03100	INTENSIVE CARE UNIT		1,609,244	31.00
31.02	03102	NICU		1,508,771	31.02
32.00	03200	CORONARY CARE UNIT		207,212	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		948,236	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.276164	4,227,247	1,167,413 50.00
51.00	05100	RECOVERY ROOM	0.144499	418,499	60,473 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.421700	1,339,333	564,797 52.00
53.00	05300	ANESTHESIOLOGY	0.026155	371,020	9,704 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137139	724,121	99,305 54.00
54.02	05402	ULTRASOUND	0.069038	402,298	27,774 54.02
54.03	05403	NUCLEAR MEDICINE	0.083593	287,132	24,002 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.051831	955,936	49,547 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073218	182,628	13,372 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073970	1,840,704	136,157 59.00
60.00	06000	LABORATORY	0.194275	2,223,906	432,049 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.243566	353,258	86,042 63.00
64.00	06400	INTRAVENOUS THERAPY	0.232865	857,539	199,691 64.00
65.00	06500	RESPIRATORY THERAPY	0.168190	2,917,409	490,679 65.00
66.00	06600	PHYSICAL THERAPY	0.236948	330,493	78,310 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195250	275,545	53,800 67.00
68.00	06800	SPEECH PATHOLOGY	0.167098	113,890	19,031 68.00
69.00	06900	ELECTROCARDIOLOGY	0.061665	737,843	45,499 69.00
69.02	06902	CARDIAC REHAB	1.021158	0	0 69.02
69.03	06903	DIABETIC EDUCATION	3.482510	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173631	90,996	15,800 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	630,537	69,490 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.430441	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198908	3,758,589	747,613 73.00
74.00	07400	RENAL DIALYSIS	0.367109	107,873	39,601 74.00
76.00	03020	OTHER ANCILLARY	0.166974	0	0 76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.731390	0	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.682350	428	292 90.00
90.01	09001	OUTPATIENT PSYCH	1.162114	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARIATRICS	1.757986	0	0 90.04
91.00	09100	EMERGENCY	0.122427	1,549,005	189,640 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.174996	416,172	72,828 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.044485	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		25,112,401	4,692,909 200.00
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)		25,112,401	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15S100		Date/Time Prepared: 11/22/2014 11:51 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		328,296		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.276164	1,623	448	50.00
51.00	05100 RECOVERY ROOM	0.144499	3,211	464	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421700	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026155	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137139	21,480	2,946	54.00
54.02	05402 ULTRASOUND	0.069038	6,142	424	54.02
54.03	05403 NUCLEAR MEDICINE	0.083593	7,162	599	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.051831	62,895	3,260	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218	18,250	1,336	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073970	0	0	59.00
60.00	06000 LABORATORY	0.194275	137,426	26,698	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.243566	294	72	63.00
64.00	06400 INTRAVENOUS THERAPY	0.232865	14,703	3,424	64.00
65.00	06500 RESPIRATORY THERAPY	0.168190	11,263	1,894	65.00
66.00	06600 PHYSICAL THERAPY	0.236948	4,397	1,042	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195250	2,200	430	67.00
68.00	06800 SPEECH PATHOLOGY	0.167098	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061665	24,427	1,506	69.00
69.02	06902 CARDIAC REHAB	1.021158	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.482510	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173631	1,045	181	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	2,408	265	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198908	120,303	23,929	73.00
74.00	07400 RENAL DIALYSIS	0.367109	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.166974	28,680	4,789	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.731390	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.682350	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.162114	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	1.757986	0	0	90.04
91.00	09100 EMERGENCY	0.122427	270,312	33,093	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.174996	11,469	2,007	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		749,690	108,807	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)		749,690		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 15T100		Date/Time Prepared: 11/22/2014 11:51 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		188,906		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.276164	0	0	50.00
51.00	05100 RECOVERY ROOM	0.144499	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.421700	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026155	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137139	3,871	531	54.00
54.02	05402 ULTRASOUND	0.069038	12,976	896	54.02
54.03	05403 NUCLEAR MEDICINE	0.083593	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.051831	4,424	229	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073218	2,000	146	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073970	0	0	59.00
60.00	06000 LABORATORY	0.194275	31,887	6,195	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.243566	87	21	63.00
64.00	06400 INTRAVENOUS THERAPY	0.232865	1,825	425	64.00
65.00	06500 RESPIRATORY THERAPY	0.168190	5,809	977	65.00
66.00	06600 PHYSICAL THERAPY	0.236948	167,648	39,724	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195250	177,020	34,563	67.00
68.00	06800 SPEECH PATHOLOGY	0.167098	99,309	16,594	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061665	730	45	69.00
69.02	06902 CARDIAC REHAB	1.021158	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.482510	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173631	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.110207	7,560	833	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.430441	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198908	51,232	10,190	73.00
74.00	07400 RENAL DIALYSIS	0.367109	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.166974	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.731390	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.682350	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.162114	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	1.757986	0	0	90.04
91.00	09100 EMERGENCY	0.122427	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.174996	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.044485	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		566,378	111,369	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)		566,378		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		12,416,635		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		36,528,811		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		1,177,721		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		10,816,924		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		363.81		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)		16.42		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)		5.20		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.		6.56		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		4.66		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.		5.00		11.00
12.00	Current year allowable FTE (see instructions)		5.00		12.00
13.00	Total allowable FTE count for the prior year.		4.00		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.		3.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		4.00		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		4.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.010995		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.010972		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.010972		21.00
22.00	IME payment adjustment (see instructions)		357,319		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-4.66		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		357,319		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.00		30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.56		31.00
32.00	Sum of lines 30 and 31		23.56		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		8.65	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,863,975		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				0
35.01	Factor 3 (see instructions)				0.000000000
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				4,497,644
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				3,363,990
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,363,990		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		55,708,451		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		55,708,451		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,122,676		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		124,989		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		0		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		59,956,116		
60.00	Primary payer payments		30,344		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		59,925,772		
62.00	Deductibles billed to program beneficiaries		5,150,987		
63.00	Coinurance billed to program beneficiaries		229,752		
64.00	Allowable bad debts (see instructions)		376,800		
65.00	Adjusted reimbursable bad debts (see instructions)		244,920		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		110,320		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		54,789,953		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (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
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		8,874		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-62,748		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		54,736,079		71.00
71.01	Sequestration adjustment (see instructions)		1,094,722		71.01
72.00	Interim payments		53,650,018		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		-8,661		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,279,827		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150100

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2014 11:51 am

		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, 2013	1.01	12,416,635	0	12,416,635	0	12,416,635	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	36,528,811	0	0	36,528,811	36,528,811	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	1,177,721	0	279,659	898,062	1,177,721	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	10,816,924	8,459,746	2,357,178	0	10,816,924	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.010972	0.010972	0.010972	0.010972		5.00
6.00	IME payment adjustment (see instructions)	22.00	357,319	50,581	88,333	218,405	357,319	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (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
9.00	Total IME payment (sum of lines 6 and 8)	29.00	357,319	50,581	88,333	218,405	357,319	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0865	0.0865	0.0865	0.0865		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,863,975	0	1,074,039	789,936	1,863,975	11.00
11.01	Uncompensated care payments	36.00	3,363,990	0	0	3,363,990	3,363,990	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	55,708,451	50,581	13,858,666	41,799,204	55,708,451	13.00
14.00	Hospital specific payments (to be 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 SCH and MDH only (see instructions)	49.00	55,708,451	50,581	13,858,666	41,799,204	55,708,451	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	4,122,676	0	1,033,685	3,088,991	4,122,676	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			50,581	14,892,351	44,888,195	59,831,127	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150100

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2014 11:51 am

		Title XVIII		Hospital		PPS		
		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	3,850,494	0	973,078	2,877,417	3,850,495	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	60,790	0	7,185	53,606	60,791	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	0.0060	0.0060	0.0060	0.0060		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	23,103	0	5,838	17,265	23,103	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0489	0.0489	0.0489	0.0489		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	188,289	0	47,584	140,705	188,289	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	4,122,676	0	1,033,685	3,088,991	4,122,676	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	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/22/2014 11:51 am
		Title VIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,504	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,168,824	2.00
3.00	PPS payments		29,365,119	3.00
4.00	Outlier payment (see instructions)		322,664	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,504	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		100,376	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		100,376	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)		100,376	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		73,872	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)		26,504	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)		29,687,783	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,330	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,020,717	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		23,688,240	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		58,701	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		23,746,941	30.00
31.00	Primary payer payments		8,415	31.00
32.00	Subtotal (line 30 minus line 31)		23,738,526	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		747,475	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		485,859	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		522,408	36.00
37.00	Subtotal (see instructions)		24,224,385	37.00
38.00	MSP-LCC reconciliation amount from PS&R		14,399	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,209,986	40.00
40.01	Sequestration adjustment (see instructions)		484,200	40.01
41.00	Interim payments		23,622,705	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		103,081	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/22/2014 11:51 am
		Component CCN: 15S100	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
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)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/22/2014 11:51 am
		Component CCN: 15T100	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		412	2.00
3.00	PPS payments		81	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	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)		81	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)		20	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		61	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		61	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		61	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		61	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		61	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		60	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 150100

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2014 11:51 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		53,650,018		23,622,705	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)		53,650,018		23,622,705	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		103,081	6.01	
6.02	SETTLEMENT TO PROGRAM		8,661		0	6.02	
7.00	Total Medicare program liability (see instructions)		53,641,357		23,725,786	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: 150100
Component CCN: 15S100

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2014 11:51 am
PPS

Title XVIII

Subprovider -
IPF

		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		699,755		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)		699,755		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		5,415		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		705,170		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
				0		
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150100
Component CCN: 15T100

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2014 11:51 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,033,311		60	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)		3,033,311		60	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		41,714		0	6.02
7.00	Total Medicare program liability (see instructions)		2,991,597		60	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: 150100

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

Worksheet E-1
Part II
Date/Time Prepared:
11/22/2014 11:51 am

Title XVIII Hospital PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	15,226	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	28,804	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	6,831	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	68,235	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	1,278,272,942	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	66,870,137	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	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)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 11/22/2014 11:51 am
		Component CCN: 15S100	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		675,808	1.00
2.00	Net IPF PPS Outlier Payments		117,102	2.00
3.00	Net IPF PPS ECT Payments		15,011	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		7.665753	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		807,921	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		807,921	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		807,921	18.00
19.00	Deductibles		93,568	19.00
20.00	Subtotal (line 18 minus line 19)		714,353	20.00
21.00	Coinsurance		296	21.00
22.00	Subtotal (line 20 minus line 21)		714,057	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		8,467	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		5,504	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		719,561	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		719,561	31.00
31.01	Sequestration adjustment (see instructions)		14,391	31.01
32.00	Interim payments		699,755	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		5,415	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		117,102	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	1,002,044	1,800,596	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0247		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	47,096	57,799	3.00
4.00	Outlier Payments	166,232		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	13.276712		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	3,073,767		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		16.00
17.00	Subtotal (see instructions)	3,073,767		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	3,073,767		19.00
20.00	Deductibles	19,072		20.00
21.00	Subtotal (line 19 minus line 20)	3,054,695		21.00
22.00	Coinsurance	3,584		22.00
23.00	Subtotal (line 21 minus line 22)	3,051,111		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,368		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,539		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,184		26.00
27.00	Subtotal (sum of lines 23 and 25)	3,052,650		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	3,052,650		32.00
32.01	Sequestration adjustment (see instructions)	61,053		32.01
33.00	Interim payments	3,033,311		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-41,714		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	166,232		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2014 11:51 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		9,990,338		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		9,990,338	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		9,990,338	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		5,008,926		8.00
9.00	Ancillary service charges		25,112,401	31,027,660	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		30,121,327	31,027,660	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		30,121,327	31,027,660	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		20,130,989	31,027,660	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		9,990,338	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		9,990,338	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		9,990,338	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		9,990,338	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		9,990,338	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		9,990,338	0	40.00
41.00	Interim payments		9,990,338	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2014 11:51 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	643,885		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	643,885	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	643,885	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	328,296		8.00
9.00	Ancillary service charges	749,690	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,077,986	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,077,986	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	434,101	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	643,885	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	643,885	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	643,885	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	643,885	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	643,885	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	643,885	0	40.00
41.00	Interim payments	643,885	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2014 11:51 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	298,075		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	298,075	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	298,075	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	188,906		8.00
9.00	Ancillary service charges	566,378	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	755,284	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	755,284	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	457,209	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	298,075	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	298,075	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	298,075	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	298,075	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	298,075	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	298,075	0	40.00
41.00	Interim payments	298,075	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/22/2014 11:51 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			7.29	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.50		10.00
11.00	Total weighted FTE count	0.00	4.50		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	3.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	3.67		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	3.67		17.00
18.00	Per resident amount	104,770.47	99,208.42		18.00
19.00	Approved amount for resident costs	0	364,095	364,095	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			364,095	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,069	7,235		26.00
27.00	Total Inpatient Days (see instructions)	75,879	75,879		27.00
28.00	Ratio of inpatient days to total inpatient days	0.422633	0.095349		28.00
29.00	Program direct GME amount	153,879	34,716		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		4,905		30.00
31.00	Net Program direct GME amount			183,690	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,687,650	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		68,565,381	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		30,344	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		68,535,037	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,195,740	42.00
43.00	Primary payer payments (see instructions)		8,415	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,187,325	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		100,722,362	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.680435	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.319565	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		183,690	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		124,989	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		58,701	50.00

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

Provider CCN: 150100

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

Worksheet G

Date/Time Prepared:
11/22/2014 11:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	342,125	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	166,095,985	0	0	0	4.00
5.00	Other receivable	10,969,130	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-104,726,340	0	0	0	6.00
7.00	Inventory	7,950,756	0	0	0	7.00
8.00	Prepaid expenses	2,493,175	0	0	0	8.00
9.00	Other current assets	60,872	0	0	0	9.00
10.00	Due from other funds	2,756,338	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	85,942,041	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	8,185,082	0	0	0	13.00
14.00	Accumulated depreciation	-6,024,804	0	0	0	14.00
15.00	Buildings	158,648,412	0	0	0	15.00
16.00	Accumulated depreciation	-130,442,187	0	0	0	16.00
17.00	Leasehold improvements	12,027,000	0	0	0	17.00
18.00	Accumulated depreciation	-6,107,995	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	873,455	0	0	0	21.00
22.00	Accumulated depreciation	-770,691	0	0	0	22.00
23.00	Major movable equipment	129,070,087	0	0	0	23.00
24.00	Accumulated depreciation	-103,693,338	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)	69,501,813	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	427,264,548	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	34,493,373	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	461,757,921	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	617,201,775	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,469,093	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,450,037	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,938,045	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	2,869,899	0	0	0	43.00
44.00	Other current liabilities	158,264,252	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	190,991,326	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	444,580	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,043,422	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,488,002	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	198,479,328	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	418,722,447				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)	418,722,447	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	617,201,775	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150100

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

Worksheet G-1

Date/Time Prepared:
11/22/2014 11:51 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		400,893,545			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		101,507,842				2.00
3.00	Total (sum of line 1 and line 2)		502,401,387			0	3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	54,175		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		54,175			0	10.00
11.00	Subtotal (line 3 plus line 10)		502,455,562			0	11.00
12.00	OTHER UNRESTRICTED ACTIVITY	83,304,730		0		0	12.00
13.00	DEFERRED PENSION COSTS	428,383		0		0	13.00
14.00	ROUNDING	2		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		83,733,115			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		418,722,447			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	RESTRICTED CONTRIBUTIONS OF PROPERTY		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	OTHER UNRESTRICTED ACTIVITY		0				12.00
13.00	DEFERRED PENSION COSTS		0				13.00
14.00	ROUNDING		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: 150100

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2014 11:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	55,072,599		55,072,599	1.00
2.00	SUBPROVIDER - IPF	4,163,796		4,163,796	2.00
3.00	SUBPROVIDER - IRF	4,764,708		4,764,708	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	64,001,103		64,001,103	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,315,049		25,315,049	11.00
11.02	NICU	10,352,588		10,352,588	11.02
12.00	CORONARY CARE UNIT	3,949,622		3,949,622	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)	39,617,259		39,617,259	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,618,362		103,618,362	17.00
18.00	Ancillary services	485,706,113	543,691,608	1,029,397,721	18.00
19.00	Outpatient services	43,811,677	94,369,792	138,181,469	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	241,022	8,532,504	8,773,526	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRIVATE OFFICES	11,569,408	17,229,087	28,798,495	27.00
27.01	APOTHECARY	0	259,463	259,463	27.01
27.02	CONV CARE	0	2,480,820	2,480,820	27.02
27.03	OTHER PATIENT REVENUE	68,421	32,869	101,290	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	645,015,003	666,596,143	1,311,611,146	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		392,212,037		29.00
30.00	BAD DEBT	14,674,473			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)		14,674,473		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)		406,886,510		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150100

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

Worksheet G-3

Date/Time Prepared:

11/22/2014 11:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,311,611,146	1.00
2.00	Less contractual allowances and discounts on patients' accounts	862,247,410	2.00
3.00	Net patient revenues (line 1 minus line 2)	449,363,736	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	406,886,510	4.00
5.00	Net income from service to patients (line 3 minus line 4)	42,477,226	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	226,216	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	1,178	16.00
17.00	Revenue from sale of drugs to other than patients	48,579	17.00
18.00	Revenue from sale of medical records and abstracts	79,599	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	631,151	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	9,786,534	24.00
24.01	NON-OPERATING GAINS/LOSSES		
25.00	Total other income (sum of lines 6-24)	48,257,359	24.01
26.00	Total (line 5 plus line 25)	59,030,616	25.00
27.00		101,507,842	26.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	27.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	101,507,842	28.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet I-5 Date/Time Prepared: 11/22/2014 11:51 am
--	----------------------	---	---

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)		0	1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	0	0	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)		0	12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)		0	13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		0.000000	14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150100	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/22/2014 11:51 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,850,494	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		60,790	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)		189.78	3.00
4.00	Number of interns & residents (see instructions)		4.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.60	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		23,103	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.56	8.00
9.00	Sum of lines 7 and 8		23.56	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.89	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		188,289	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,122,676	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