

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: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/29/2015 10:53 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: 5/29/2015	Time: 10:53 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 DEARBORN COUNTY HOSPITAL (150086) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-115,929	-26,020	54,184	-998,270	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-115,929	-26,020	54,184	-998,270	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 8:57 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47025-		County: DEARBORN			
2.00 City: LAWRENCEBURG		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00	9.00	
3.00 Hospital and Hospital-Based Component Identification:		DEARBORN COUNTY HOSPITAL		150086	17140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA	HEALTH SERVICES CORP. OF SE IN		157055	17140		10/01/1978	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice	HOSPICE OF SOUTHEASTERN INDIANA		151531	17140		12/22/1994				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						9			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,147	485	0	534	874	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 8:57 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)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150086

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2015 8:57 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 Nonprovider Settings</u>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	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: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 8:57 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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 8:57 am	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
					1.00 2.00 3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	249,086	0		118.01
					1.00 2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
DO NOT USE THIS LINE					
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 8:57 am	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N			145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/29/2015 8:57 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2014	12/31/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/29/2015 8:57 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
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	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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	05/06/2015	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: 150086

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2015 8:57 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KYLE		SMITH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMITH@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/06/2015	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	70	25,550	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)		70	25,550	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		78	28,470	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		78				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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	6,693	1,093	13,350			1.00
2.00 HMO and other (see instructions)	1,633	1,893				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,693	1,093	13,350			7.00
8.00 INTENSIVE CARE UNIT	1,140	0	2,208			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	704			13.00
14.00 Total (see instructions)	7,833	1,093	16,262	0.00	602.06	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	6,030	783	8,965	0.00	18.28	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	3,424	748	4,987	0.00	4.38	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	624.72	27.00
28.00 Observation Bed Days		172	1,588			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	54	87			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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,908	232	4,364	1.00
2.00 HMO and other (see instructions)			346	668		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,908	232	4,364	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/29/2015 8:57 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	31,917,686	0	31,917,686	1,293,750.00	24.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		132,261	0	132,261	1,590.00	83.18	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,675,967	12,122	1,688,089	64,557.00	26.15	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		272,880	0	272,880	5,085.00	53.66	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		300,583	0	300,583	1,590.00	189.05	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		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)		10,171,984	0	10,171,984			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		534,234	0	534,234			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		19,749	0	19,749			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	417,231	0	417,231	12,531.00	33.30	26.00
27.00	Administrative & General	5.00	4,075,001	0	4,075,001	164,015.00	24.85	27.00
28.00	Administrative & General under contract (see inst.)		155,366	0	155,366	907.00	171.30	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,002,306	-12,122	990,184	37,852.00	26.16	30.00
31.00	Laundry & Linen Service	8.00	162,630	0	162,630	12,744.00	12.76	31.00
32.00	Housekeeping	9.00	742,938	0	742,938	64,857.00	11.46	32.00
33.00	Housekeeping under contract (see instructions)		146,251	0	146,251	4,160.00	35.16	33.00
34.00	Dietary	10.00	1,054,489	-772,624	281,865	18,309.00	15.39	34.00
35.00	Dietary under contract (see instructions)		126,888	0	126,888	4,160.00	30.50	35.00
36.00	Cafeteria	11.00	0	772,624	772,624	50,731.00	15.23	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	922,874	0	922,874	23,371.00	39.49	38.00
39.00	Central Services and Supply	14.00	301,324	0	301,324	18,833.00	16.00	39.00
40.00	Pharmacy	15.00	1,568,631	0	1,568,631	43,985.00	35.66	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2015 8:57 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 806,281	0	806,281	39,255.00	20.54	41.00
42.00	Social Service	17.00 289,926	0	289,926	10,210.00	28.40	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2015 8:57 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)	32,213,930	0	32,213,930	1,301,387.00	24.75	1.00
2.00	Excluded area salaries (see instructions)	1,675,967	12,122	1,688,089	64,557.00	26.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,537,963	-12,122	30,525,841	1,236,830.00	24.68	3.00
4.00	Subtotal other wages & related costs (see inst.)	573,463	0	573,463	6,675.00	85.91	4.00
5.00	Subtotal wage-related costs (see inst.)	10,171,984	0	10,171,984	0.00	33.32	5.00
6.00	Total (sum of lines 3 thru 5)	41,283,410	-12,122	41,271,288	1,243,505.00	33.19	6.00
7.00	Total overhead cost (see instructions)	11,772,136	-12,122	11,760,014	505,920.00	23.24	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150086

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2015 8:57 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,233,622	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,218,362	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	206,674	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	42,151	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	110,972	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	209,494	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	1,842,986	17.00
18.00	Medicare Taxes - Employers Portion Only	438,546	18.00
19.00	Unemployment Insurance	14,072	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	209,088	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,525,967	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	90,527	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/29/2015 8:57 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150086 Component CCN: 157055		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/29/2015 8:57 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County	DEARBORN				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	336.00	0.00	245.00	581.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		2.84	0.00	2.84	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			10.81	0.00	10.81	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.70	0.00	1.70	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.48	0.00	0.48	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.19	0.00	0.19	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.32	0.00	0.32	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.94	0.00	1.94	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	PERSONAL CARE ATTENDANT			0.01	0.00	0.01	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			17140			20.00
20.01				50031			20.01
20.02				50034			20.02
20.03				99915			20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,704	344	258	59	3,365	21.00
22.00	Skilled Nursing Visit Charges	487,723	68,238	37,532	10,436	603,929	22.00
23.00	Physical Therapy Visits	1,109	0	81	22	1,212	23.00
24.00	Physical Therapy Visit Charges	235,060	0	12,995	4,185	252,240	24.00
25.00	Occupational Therapy Visits	279	0	8	4	291	25.00
26.00	Occupational Therapy Visit Charges	61,450	0	1,762	881	64,093	26.00
27.00	Speech Pathology Visits	105	0	5	9	119	27.00
28.00	Speech Pathology Visit Charges	22,025	0	661	1,982	24,668	28.00
29.00	Medical Social Service Visits	30	1	1	3	35	29.00
30.00	Medical Social Service Visit Charges	8,994	300	300	899	10,493	30.00
31.00	Home Health Aide Visits	696	307	1	4	1,008	31.00
32.00	Home Health Aide Visit Charges	133,387	82,578	234	584	216,783	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,923	652	354	101	6,030	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	948,639	151,116	53,484	18,967	1,172,206	35.00
36.00	Total Number of Episodes (standard/non outlier)	349		95	11	455	36.00
37.00	Total Number of Outlier Episodes		9		0	9	37.00
38.00	Total Non-Routine Medical Supply Charges	21,130	3,935	2,296	105	27,466	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150086
Component CCN: 151531

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/29/2015 8:57 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	3,313	748	0	0	815	4,876	2.00
3.00	Inpatient Respite Care	0	0	0	0	0	0	3.00
4.00	General Inpatient Care	111	0	0	0	0	111	4.00
5.00	Total Hospice Days	3,424	748	0	0	815	4,987	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	120	8	0	0	26	154	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	28.53	93.50	0.00	0.00	31.35	32.38	8.00
9.00	Unduplicated Census Count	108	8	0	0	26	142	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/29/2015 8:57 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)		0.345308	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,416,242	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		-1,631,784	5.00	
6.00	Medicaid charges		20,628,657	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,123,240	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)		2,338,782	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,338,782	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	2,012,704	0	2,012,704	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	695,003	0	695,003	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	695,003	0	695,003	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)		9,474,617	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		124,196	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		9,350,421	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,228,775	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,923,778	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,262,560	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		3,417,476	3,417,476	68,213	3,485,689	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2,316,530	2,316,530	51,583	2,368,113	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	417,231	10,848,826	11,266,057	0	11,266,057	4.00
5.01	01160	COMMUNICATIONS	120,961	178,688	299,649	0	299,649	5.01
5.02	00550	DATA PROCESSING	844,044	890,531	1,734,575	0	1,734,575	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	230,494	66,364	296,858	-208	296,650	5.03
5.04	00570	ADMITTING	608,690	83,180	691,870	0	691,870	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	728,298	487,150	1,215,448	0	1,215,448	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,542,514	10,960,889	12,503,403	-128,153	12,375,250	5.06
7.00	00700	OPERATION OF PLANT	1,002,306	2,040,694	3,043,000	-57,925	2,985,075	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	162,630	125,589	288,219	0	288,219	8.00
9.00	00900	HOUSEKEEPING	742,938	261,805	1,004,743	11,904	1,016,647	9.00
10.00	01000	DIETARY	1,054,489	891,672	1,946,161	-1,425,954	520,207	10.00
11.00	01100	CAFETERIA	0	0	0	1,425,952	1,425,952	11.00
13.00	01300	NURSING ADMINISTRATION	922,874	26,791	949,665	0	949,665	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	301,324	692,583	993,907	-556,533	437,374	14.00
15.00	01500	PHARMACY	1,568,631	151,977	1,720,608	-19,256	1,701,352	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	806,281	137,185	943,466	-2,243	941,223	16.00
17.00	01700	SOCIAL SERVICE	289,926	5,037	294,963	0	294,963	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,756,384	866,601	6,622,985	-761,328	5,861,657	30.00
31.00	03100	INTENSIVE CARE UNIT	1,233,415	71,648	1,305,063	-162	1,304,901	31.00
43.00	04300	NURSERY	0	0	0	482,786	482,786	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,762,205	2,095,581	3,857,786	-1,527,907	2,329,879	50.00
51.00	05100	RECOVERY ROOM	720,599	31,481	752,080	-13,983	738,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	260,595	260,595	52.00
53.00	05300	ANESTHESIOLOGY	0	1,286,677	1,286,677	-44,071	1,242,606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,336,523	1,043,234	3,379,757	-17,150	3,362,607	54.00
54.01	05401	ULTRASOUND	196,893	43,957	240,850	-9,950	230,900	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	411,662	370,906	782,568	-181,673	600,895	55.00
57.00	05700	CT SCAN	0	432,665	432,665	-88,972	343,693	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	320,969	320,969	-8,757	312,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,230,668	3,061,613	5,292,281	-1,210	5,291,071	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	788,009	121,304	909,313	-71,930	837,383	65.00
65.01	03950	SLEEP CLINIC	0	189,153	189,153	-154	188,999	65.01
66.00	06600	PHYSICAL THERAPY	928,750	53,668	982,418	-5,879	976,539	66.00
67.00	06700	OCCUPATIONAL THERAPY	235,310	16,837	252,147	-8,820	243,327	67.00
68.00	06800	SPEECH PATHOLOGY	183,264	3,263	186,527	-5	186,522	68.00
69.00	06900	ELECTROCARDIOLOGY	466,849	870,313	1,337,162	-558	1,336,604	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,652,956	2,652,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,447,164	2,447,164	0	2,447,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,408,637	3,408,637	0	3,408,637	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,647,557	219,291	1,866,848	-7,048	1,859,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,083,422	148,331	1,231,753	-13,231	1,218,522	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	283,340	190,451	473,791	-56,807	416,984	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,608,481	50,876,711	82,485,192	-55,878	82,429,314	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,374	0	73,374	0	73,374	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	131,482	131,482	56,216	187,698	192.00
192.01	19201	PHYSICIAN CLINIC	75,716	36,756	112,472	-338	112,134	192.01
192.02	19202	LIFELINE	0	37,100	37,100	0	37,100	192.02
192.03	19203	CREDIT UNION	0	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	1,184,904	1,184,904	0	1,184,904	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	112,922	133,712	246,634	0	246,634	194.01
194.02	07953	OCCUPATIONAL HEALTH	47,193	1,263	48,456	0	48,456	194.02
194.03	07952	PATHS EDUCATION	0	37,347	37,347	0	37,347	194.03
200.00		TOTAL (SUM OF LINES 118-199)	31,917,686	52,439,275	84,356,961	0	84,356,961	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-177,014	3,308,675	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,109	2,367,004	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-16,263	11,249,794	4.00
5.01	01160	COMMUNICATIONS	-11,407	288,242	5.01
5.02	00550	DATA PROCESSING	0	1,734,575	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	296,650	5.03
5.04	00570	ADMINITTING	0	691,870	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-19,623	1,195,825	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-10,157,685	2,217,565	5.06
7.00	00700	OPERATION OF PLANT	-101,774	2,883,301	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	288,219	8.00
9.00	00900	HOUSEKEEPING	0	1,016,647	9.00
10.00	01000	DIETARY	-2,360	517,847	10.00
11.00	01100	CAFETERIA	-404,094	1,021,858	11.00
13.00	01300	NURSING ADMINISTRATION	0	949,665	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	437,374	14.00
15.00	01500	PHARMACY	0	1,701,352	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-29,189	912,034	16.00
17.00	01700	SOCIAL SERVICE	0	294,963	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-386,740	5,474,917	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,304,901	31.00
43.00	04300	NURSERY	0	482,786	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-66,000	2,263,879	50.00
51.00	05100	RECOVERY ROOM	0	738,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	260,595	52.00
53.00	05300	ANESTHESIOLOGY	-1,212,276	30,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,478	3,351,129	54.00
54.01	05401	ULTRASOUND	0	230,900	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	600,895	55.00
57.00	05700	CT SCAN	-2,600	341,093	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	312,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-112,738	5,178,333	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-11,852	825,531	65.00
65.01	03950	SLEEP CLINIC	0	188,999	65.01
66.00	06600	PHYSICAL THERAPY	0	976,539	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	243,327	67.00
68.00	06800	SPEECH PATHOLOGY	0	186,522	68.00
69.00	06900	ELECTROCARDIOLOGY	-305,656	1,030,948	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,652,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,447,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-918,097	2,490,540	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-175,440	1,684,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,218,522	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-4,602	412,382	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,127,997	68,301,317	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	73,374	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	187,698	192.00
192.01	19201	PHYSICIAN CLINIC	0	112,134	192.01
192.02	19202	LIFELINE	0	37,100	192.02
192.03	19203	CREDIT UNION	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	192.04
192.05	19205	HOSPITALIST	0	1,184,904	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	194.00
194.01	07951	MARKETING	0	246,634	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	48,456	194.02
194.03	07952	PATHS EDUCATION	0	37,347	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-14,127,997	70,228,964	200.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/29/2015 8:57 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	772,624	653,328	1.00
	O		772,624	653,328	
B - NURSERY					
1.00	NURSERY	43.00	400,772	82,014	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	216,326	44,269	2.00
	O		617,098	126,283	
C - UTILIZATION REVIEW COST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,243	1.00
	O		0	2,243	
D - SECURITY GUARD					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	12,122	30,697	1.00
	O		12,122	30,697	
E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,652,956	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	O		0	2,652,956	
F - POB HOUSEKEEPING					
1.00	HOUSEKEEPING	9.00	0	11,985	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,867	2.00
	O		0	14,852	
G - INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	119,796	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,530	2.00
	O		0	130,326	
500.00	Grand Total: Increases		1,401,844	3,610,685	500.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6
Date/Time Prepared:
5/29/2015 8:57 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	772,624	653,328	0	1.00
	0		772,624	653,328		
B - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	617,098	126,283	0	1.00
2.00		0.00	0	0	0	2.00
	0		617,098	126,283		
C - UTILIZATION REVIEW COST						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,243	0	1.00
	0		0	2,243		
D - SECURITY GUARD						
1.00	OPERATION OF PLANT	7.00	12,122	30,697	0	1.00
	0		12,122	30,697		
E - MED SUPPLY RECLASS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	208	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	70	0	2.00
3.00	OPERATION OF PLANT	7.00	0	254	0	3.00
4.00	HOUSEKEEPING	9.00	0	81	0	4.00
5.00	DIETARY	10.00	0	2	0	5.00
6.00	CENTRAL SERVICE & SUPPLY	14.00	0	556,533	0	6.00
7.00	PHARMACY	15.00	0	19,256	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	17,947	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	162	0	9.00
10.00	OPERATING ROOM	50.00	0	1,527,907	0	10.00
11.00	RECOVERY ROOM	51.00	0	13,983	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	44,071	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,150	0	13.00
14.00	ULTRASOUND	54.01	0	9,950	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	181,673	0	15.00
16.00	CT SCAN	57.00	0	88,972	0	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,757	0	17.00
18.00	LABORATORY	60.00	0	1,210	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	71,930	0	19.00
20.00	SLEEP CLINIC	65.01	0	154	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	5,879	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	8,820	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	5	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	558	0	24.00
25.00	EMERGENCY	91.00	0	7,048	0	25.00
26.00	HOME HEALTH AGENCY	101.00	0	13,231	0	26.00
27.00	HOSPICE	116.00	0	56,807	0	27.00
28.00	PHYSICIAN CLINIC	192.01	0	338	0	28.00
	0		0	2,652,956		
F - POB HOUSEKEEPING						
1.00	OPERATION OF PLANT	7.00	0	14,852	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	14,852		
G - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	130,326	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	130,326		
500.00	Grand Total: Decreases		1,401,844	3,610,685		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2015 8:57 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	75,208	0	0	0	1.00
2.00	Land Improvements	1,491,456	23,065	0	23,065	2.00
3.00	Buildings and Fixtures	62,337,108	531,938	0	531,938	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	45,914,056	4,717,751	0	4,717,751	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	109,817,828	5,272,754	0	5,272,754	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	109,817,828	5,272,754	0	5,272,754	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	75,208	0			1.00
2.00	Land Improvements	1,514,521	0			2.00
3.00	Buildings and Fixtures	62,639,106	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	48,570,575	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	112,799,410	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	112,799,410	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2015 8:57 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	NEW CAP REL COSTS-BLDG & FIXT	2,985,388	0	432,088	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,896,766	419,764	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,882,154	419,764	432,088	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,417,476				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,316,530				2.00
3.00	Total (sum of lines 1-2)	0	5,734,006				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2015 8:57 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	NEW CAP REL COSTS-BLDG & FIXT	64,228,835	0	64,228,835	0.569408	68,213	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	48,570,575	0	48,570,575	0.430592	51,583	2.00
3.00	Total (sum of lines 1-2)	112,799,410	0	112,799,410	1.000000	119,796	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	68,213	2,861,796	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	51,583	1,895,657	419,764	2.00
3.00	Total (sum of lines 1-2)	0	0	119,796	4,757,453	419,764	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	378,666	68,213	0	0	3,308,675	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	51,583	0	0	2,367,004	2.00
3.00	Total (sum of lines 1-2)	378,666	119,796	0	0	5,675,679	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150086

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

Worksheet A-8

Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-13,208	OTHER ADMINISTRATIVE AND GENERAL	5.06		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)	A	-11,407	COMMUNICATIONS	5.01		0	7.00
8.00 Television and radio service (chapter 21)	A	-1,109	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,256,979				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-404,094	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-918,097	DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-29,189	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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW 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		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Provider CCN: 150086

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

Worksheet A-8

Date/Time Prepared:
 5/29/2015 8:57 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 REV - FITNESS CENTER	B	-16,263	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
34.00 AMBULANCE BILLING OFFSET	B	-19,623	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 34.00
35.00 HEALTH SERV/WIC MANAGMNT FEE	B	-4,627	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 35.00
36.00 RENT - LUDLOW HILL CLINIC	B	-9,510	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 36.00
37.00 DIET - NUTRITION COUNSELING	B	-2,360	DIETARY		10.00	0 37.00
38.00 REV - COMMUNITY EDUCATION PROGRAM	B	-18,237	ADULTS & PEDIATRICS		30.00	0 38.00
39.00 CLINIC INCOME	B	-8,946	ADULTS & PEDIATRICS		30.00	0 39.00
40.00 MISCELLANEOUS INCOME	B	-618	RADIOLOGY-DIAGNOSTIC		54.00	0 40.00
41.00 ADVERTISING	A	-129,416	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 41.00
42.00 AHA & IHA DUES	A	-6,273	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 42.00
43.00 MISC. OFFSET	A	-23,921	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 43.00
44.00 ADVERTISING STAFF	A	-11,146	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 44.00
45.00 NON ALLOWABLE REPAIRS	A	-47,932	OPERATION OF PLANT		7.00	0 45.00
45.01 PHYSICIAN RECRUITMENT & HSC LOSS	A	-5,940,223	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.01
45.02 MENTAL HEALTH UTILITIES	A	-53,842	OPERATION OF PLANT		7.00	0 45.02
45.03 NON-ALLOWABLE DEPRECIATION	A	-123,592	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 45.03
45.04 NON ALLOWABLE INTEREST	A	-53,422	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 45.04
45.05 MISC. NONALLOWABLE	A	-4,602	HOSPICE		116.00	0 45.05
45.06 HAF OFFSET	A	-4,019,361	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,127,997				50.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2015 8:57 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	30.00	ADULTS & PEDIATRICS	359,557	359,557	0	0	0	1.00
2.00	50.00	OPERATING ROOM	66,000	66,000	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,212,276	1,212,276	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	10,860	10,860	0	0	0	4.00
5.00	57.00	CT SCAN	2,600	2,600	0	0	0	5.00
6.00	60.00	LABORATORY	175,000	0	175,000	219,500	590	6.00
7.00	65.00	RESPIRATORY THERAPY	11,852	11,852	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	305,656	305,656	0	0	0	8.00
9.00	91.00	EMERGENCY	257,844	132,261	125,583	171,400	1,000	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,401,645	2,101,062	300,583		1,590	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	62,262	3,113	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	82,404	4,120	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			144,666	7,233	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	30.00	ADULTS & PEDIATRICS	0	0	0	359,557		1.00
2.00	50.00	OPERATING ROOM	0	0	0	66,000		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,212,276		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	10,860		4.00
5.00	57.00	CT SCAN	0	0	0	2,600		5.00
6.00	60.00	LABORATORY	0	62,262	112,738	112,738		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	11,852		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	305,656		8.00
9.00	91.00	EMERGENCY	0	82,404	43,179	175,440		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	144,666	155,917	2,256,979		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	3,308,675	3,308,675				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	2,367,004		2,367,004			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	11,249,794	18,446	13,357	11,281,597		4.00
5.01 01160 COMMUNICATIONS	288,242	3,479	2,519	43,321	337,561	5.01
5.02 00550 DATA PROCESSING	1,734,575	20,917	15,147	302,287	17,875	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	296,650	73,130	52,955	82,549	4,125	5.03
5.04 00570 ADMITTING	691,870	39,535	28,628	217,997	9,969	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,195,825	39,569	28,653	260,833	15,469	5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL	2,217,565	120,446	87,218	552,438	12,031	5.06
7.00 00700 OPERATION OF PLANT	2,883,301	1,116,707	808,632	354,625	25,094	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	288,219	18,217	13,191	58,244	344	8.00
9.00 00900 HOUSEKEEPING	1,016,647	13,480	9,761	266,077	4,469	9.00
10.00 01000 DIETARY	517,847	45,771	33,144	100,947	7,219	10.00
11.00 01100 CAFETERIA	1,021,858	32,463	23,507	276,708	0	11.00
13.00 01300 NURSING ADMINISTRATION	949,665	6,866	4,972	330,519	5,156	13.00
14.00 01400 CENTRAL SERVICE & SUPPLY	437,374	63,942	46,302	107,916	3,781	14.00
15.00 01500 PHARMACY	1,701,352	13,365	9,678	561,791	11,344	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	912,034	55,005	39,831	288,762	29,562	16.00
17.00 01700 SOCIAL SERVICE	294,963	6,671	4,831	103,834	3,781	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,474,917	620,859	449,579	1,840,585	43,313	30.00
31.00 03100 INTENSIVE CARE UNIT	1,304,901	84,676	61,316	441,736	5,844	31.00
43.00 04300 NURSERY	482,786	4,577	3,314	143,533	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,263,879	295,062	213,661	631,118	23,719	50.00
51.00 05100 RECOVERY ROOM	738,097	13,308	9,637	258,076	4,125	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	260,595	5,767	4,176	77,475	0	52.00
53.00 05300 ANESTHESIOLOGY	30,330	183	133	0	687	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,351,129	131,946	95,545	836,805	22,000	54.00
54.01 05401 ULTRASOUND	230,900	7,094	5,137	70,515	687	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	600,895	13,216	9,570	147,433	2,406	55.00
57.00 05700 CT SCAN	341,093	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	312,212	9,189	6,654	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	5,178,333	76,895	55,682	798,894	13,750	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	825,531	13,319	9,645	282,218	2,406	65.00
65.01 03950 SLEEP CLINIC	188,999	0	0	0	6,187	65.01
66.00 06600 PHYSICAL THERAPY	976,539	86,553	62,675	332,623	3,437	66.00
67.00 06700 OCCUPATIONAL THERAPY	243,327	9,086	6,579	84,274	344	67.00
68.00 06800 SPEECH PATHOLOGY	186,522	4,852	3,513	65,634	11,344	68.00
69.00 06900 ELECTROCARDIOLOGY	1,030,948	54,479	39,449	167,198	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,652,956	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,447,164	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,490,540	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	1,684,360	110,811	80,241	590,058	9,969	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	1,218,522	35,301	25,562	388,018	2,062	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	412,382	3,604	2,610	101,476	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	68,301,317	3,268,786	2,367,004	11,166,517	302,499	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,374	27,920	0	26,278	1,719	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	187,698	0	0	4,341	24,406	192.00
192.01 19201 PHYSICIAN CLINIC	112,134	0	0	27,117	4,469	192.01
192.02 19202 LIFELINE	37,100	0	0	0	0	192.02
192.03 19203 CREDIT UNION	0	11,969	0	0	3,437	192.03
192.04 19204 BREAST MRI STUDY	0	0	0	0	0	192.04
192.05 19205 HOSPITALIST	1,184,904	0	0	0	0	192.05
194.00 07950 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01 07951 MARKETING	246,634	0	0	40,442	1,031	194.01
194.02 07953 OCCUPATIONAL HEALTH	48,456	0	0	16,902	0	194.02
194.03 07952 PATHS EDUCATION	37,347	0	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	70,228,964	3,308,675	2,367,004	11,281,597	337,561	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B Part I Date/Time Prepared: 5/29/2015 8:57 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	2,090,801				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	25,090	534,499			5.03
5.04	00570	ADMINITTING	68,996	2,194	1,059,189		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	106,631	1,180	0	1,648,160	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	112,903	1,415	0	0	3,104,016
7.00	00700	OPERATION OF PLANT	27,180	8,932	0	0	5,224,471
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,313	0	0	383,528
9.00	00900	HOUSEKEEPING	10,454	6,932	0	0	1,327,820
10.00	01000	DIETARY	66,906	6,628	0	0	778,462
11.00	01100	CAFETERIA	0	0	0	0	1,354,536
13.00	01300	NURSING ADMINISTRATION	35,544	636	0	0	1,333,358
14.00	01400	CENTRAL SERVICE & SUPPLY	43,907	38,206	0	0	741,428
15.00	01500	PHARMACY	64,815	4,599	0	0	2,366,944
16.00	01600	MEDICAL RECORDS & LIBRARY	112,903	1,325	0	0	1,439,422
17.00	01700	SOCIAL SERVICE	18,817	217	0	0	433,114
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	370,071	15,579	865,272	123,982	9,804,157
31.00	03100	INTENSIVE CARE UNIT	56,452	2,230	109,218	26,936	2,093,309
43.00	04300	NURSERY	0	0	84,699	4,348	723,257
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	129,630	107,980	0	190,934	3,855,983
51.00	05100	RECOVERY ROOM	0	1,825	0	26,152	1,051,220
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	12,685	360,698
53.00	05300	ANESTHESIOLOGY	0	3,360	0	12,670	47,363
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,358	22,512	0	166,376	4,726,671
54.01	05401	ULTRASOUND	20,908	1,601	0	32,534	369,376
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,485	0	56,579	846,584
57.00	05700	CT SCAN	0	10,081	0	174,664	525,838
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,297	0	57,727	389,079
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	140,084	99,845	0	312,906	6,676,389
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	73,178	4,179	0	54,877	1,265,353
65.01	03950	SLEEP CLINIC	0	34	0	6,824	202,044
66.00	06600	PHYSICAL THERAPY	45,998	1,295	0	42,070	1,551,190
67.00	06700	OCCUPATIONAL THERAPY	0	779	0	5,679	350,068
68.00	06800	SPEECH PATHOLOGY	0	62	0	4,587	276,514
69.00	06900	ELECTROCARDIOLOGY	0	1,908	0	65,199	1,359,181
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	45,990	2,698,946
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	152,109	0	21,579	2,620,852
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	106,142	2,596,682
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	71,087	4,106	0	74,723	2,625,355
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	83,632	2,273	0	15,366	1,770,736
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	3,779	0	6,631	530,482
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,785,544	532,896	1,059,189	1,648,160	67,804,426
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	129,291
192.00	19200	PHYSICIANS' PRIVATE OFFICES	275,986	768	0	0	493,199
192.01	19201	PHYSICIAN CLINIC	18,817	267	0	0	162,804
192.02	19202	LIFELINE	0	5	0	0	37,105
192.03	19203	CREDIT UNION	0	0	0	0	15,406
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
192.05	19205	HOSPITALIST	8,363	85	0	0	1,193,352
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0
194.01	07951	MARKETING	2,091	371	0	0	290,569
194.02	07953	OCCUPATIONAL HEALTH	0	30	0	0	65,388
194.03	07952	PATHS EDUCATION	0	77	0	0	37,424
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,090,801	534,499	1,059,189	1,648,160	70,228,964

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,104,016				5.06	
7.00	00700	OPERATION OF PLANT	241,590	5,466,061			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	17,735	53,065	454,328		8.00	
9.00	00900	HOUSEKEEPING	61,401	39,266	74,179	1,502,666	9.00	
10.00	01000	DIETARY	35,998	133,330	14,518	37,283	999,591	10.00
11.00	01100	CAFETERIA	62,636	94,564	0	26,443	0	11.00
13.00	01300	NURSING ADMINISTRATION	61,657	19,999	0	5,592	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	34,285	186,262	820	52,085	0	14.00
15.00	01500	PHARMACY	109,452	38,932	0	10,887	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	66,562	160,229	0	44,805	0	16.00
17.00	01700	SOCIAL SERVICE	20,028	19,433	0	5,434	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	453,386	1,808,555	157,438	505,729	778,380	30.00
31.00	03100	INTENSIVE CARE UNIT	96,799	246,660	26,891	68,974	68,707	31.00
43.00	04300	NURSERY	33,445	13,333	0	3,728	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	178,308	859,511	25,983	240,347	0	50.00
51.00	05100	RECOVERY ROOM	48,611	38,766	19,881	10,840	2,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,679	16,800	0	4,698	0	52.00
53.00	05300	ANESTHESIOLOGY	2,190	533	0	149	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	218,571	384,357	24,337	107,478	0	54.00
54.01	05401	ULTRASOUND	17,081	20,666	6,626	5,779	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	39,148	38,499	4,022	10,766	0	55.00
57.00	05700	CT SCAN	24,316	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,992	26,766	0	7,485	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	308,730	223,994	55	62,636	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	58,512	38,799	5,296	10,849	0	65.00
65.01	03950	SLEEP CLINIC	9,343	0	1,811	0	0	65.01
66.00	06600	PHYSICAL THERAPY	71,730	252,127	6,264	70,503	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,188	26,466	427	7,401	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,787	14,133	0	3,952	0	68.00
69.00	06900	ELECTROCARDIOLOGY	62,851	158,696	1,916	44,376	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	124,805	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	121,193	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	120,076	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	121,402	322,792	76,380	90,263	11,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	81,882	102,831	0	28,755	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	24,531	10,500	0	2,936	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,991,900	5,349,864	446,844	1,470,173	861,558	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,979	81,331	0	22,743	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,807	0	354	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	7,528	0	0	0	0	192.01
192.02	19202	LIFELINE	1,716	0	0	0	0	192.02
192.03	19203	CREDIT UNION	712	34,866	0	9,750	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	55,183	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	7,130	0	138,033	194.00
194.01	07951	MARKETING	13,436	0	0	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	3,024	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	1,731	0	0	0	0	194.03
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)	3,104,016	5,466,061	454,328	1,502,666	999,591	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & 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
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,538,179					11.00
13.00	01300	40,438	1,461,044				13.00
14.00	01400	32,671	61,495	1,109,046			14.00
15.00	01500	76,157	0	0	2,602,372		15.00
16.00	01600	68,170	0	0	0	1,779,188	16.00
17.00	01700	17,666	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	371,609	699,474	0	0	120,303	30.00
31.00	03100	77,972	146,765	0	0	29,783	31.00
43.00	04300	23,734	44,674	0	0	4,844	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	109,066	205,293	0	0	212,135	50.00
51.00	05100	39,107	73,611	0	0	29,135	51.00
52.00	05200	12,811	24,113	0	0	13,845	52.00
53.00	05300	0	0	0	0	14,115	53.00
54.00	05400	155,134	0	0	0	180,998	54.00
54.01	05401	11,953	0	0	0	36,246	54.01
55.00	05500	20,967	0	0	0	62,861	55.00
57.00	05700	0	0	0	0	194,591	57.00
58.00	05800	0	0	0	0	63,692	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	180,915	0	0	0	348,673	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	49,584	0	0	0	60,365	65.00
65.01	03950	0	0	0	0	7,603	65.01
66.00	06600	58,121	0	0	0	46,870	66.00
67.00	06700	10,857	0	0	0	6,327	67.00
68.00	06800	7,762	0	0	0	5,110	68.00
69.00	06900	33,446	0	0	0	63,978	69.00
71.00	07100	0	0	1,109,046	0	51,237	71.00
72.00	07200	0	0	0	0	24,986	72.00
73.00	07300	0	0	0	2,602,372	118,252	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	109,240	205,619	0	0	83,239	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,507,380	1,461,044	1,109,046	2,602,372	1,779,188	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	12,295	0	0	0	0	190.00
192.00	19200	715	0	0	0	0	192.00
192.01	19201	9,580	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	6,852	0	0	0	0	194.01
194.02	07953	1,357	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,538,179	1,461,044	1,109,046	2,602,372	1,779,188	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	495,675				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	462,697	15,161,728	0	15,161,728	30.00
31.00	03100	INTENSIVE CARE UNIT	17,914	2,873,774	0	2,873,774	31.00
43.00	04300	NURSERY	0	847,015	0	847,015	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	611	5,687,237	0	5,687,237	50.00
51.00	05100	RECOVERY ROOM	7,328	1,321,060	0	1,321,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	449,644	0	449,644	52.00
53.00	05300	ANESTHESIOLOGY	0	64,350	0	64,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,797,546	0	5,797,546	54.00
54.01	05401	ULTRASOUND	0	467,727	0	467,727	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,022,847	0	1,022,847	55.00
57.00	05700	CT SCAN	0	744,745	0	744,745	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	505,014	0	505,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,801,392	0	7,801,392	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,488,758	0	1,488,758	65.00
65.01	03950	SLEEP CLINIC	0	220,801	0	220,801	65.01
66.00	06600	PHYSICAL THERAPY	0	2,056,805	0	2,056,805	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	417,734	0	417,734	67.00
68.00	06800	SPEECH PATHOLOGY	0	320,258	0	320,258	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,724,444	0	1,724,444	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,984,034	0	3,984,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,767,031	0	2,767,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,437,382	0	5,437,382	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	6,921	3,653,121	0	3,653,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,984,204	0	1,984,204	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	568,449	0	568,449	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	495,471	67,367,100	0	67,367,100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	251,639	0	251,639	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	204	517,279	0	517,279	192.00
192.01	19201	PHYSICIAN CLINIC	0	179,912	0	179,912	192.01
192.02	19202	LIFELINE	0	38,821	0	38,821	192.02
192.03	19203	CREDIT UNION	0	60,734	0	60,734	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	1,248,535	0	1,248,535	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	145,163	0	145,163	194.00
194.01	07951	MARKETING	0	310,857	0	310,857	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	69,769	0	69,769	194.02
194.03	07952	PATHS EDUCATION	0	39,155	0	39,155	194.03
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	495,675	70,228,964	0	70,228,964	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,446	13,357	31,803	31,803 4.00
5.01 01160	COMMUNICATIONS	0	3,479	2,519	5,998	122 5.01
5.02 00550	DATA PROCESSING	0	20,917	15,147	36,064	852 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	73,130	52,955	126,085	233 5.03
5.04 00570	ADMITTING	0	39,535	28,628	68,163	615 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	39,569	28,653	68,222	736 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	120,446	87,218	207,664	1,558 5.06
7.00 00700	OPERATION OF PLANT	0	1,116,707	808,632	1,925,339	1,000 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	18,217	13,191	31,408	164 8.00
9.00 00900	HOUSEKEEPING	0	13,480	9,761	23,241	750 9.00
10.00 01000	DIETARY	0	45,771	33,144	78,915	285 10.00
11.00 01100	CAFETERIA	0	32,463	23,507	55,970	780 11.00
13.00 01300	NURSING ADMINISTRATION	0	6,866	4,972	11,838	932 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	63,942	46,302	110,244	304 14.00
15.00 01500	PHARMACY	0	13,365	9,678	23,043	1,584 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	55,005	39,831	94,836	814 16.00
17.00 01700	SOCIAL SERVICE	0	6,671	4,831	11,502	293 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	620,859	449,579	1,070,438	5,179 30.00
31.00 03100	INTENSIVE CARE UNIT	0	84,676	61,316	145,992	1,246 31.00
43.00 04300	NURSERY	0	4,577	3,314	7,891	405 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	295,062	213,661	508,723	1,780 50.00
51.00 05100	RECOVERY ROOM	0	13,308	9,637	22,945	728 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5,767	4,176	9,943	218 52.00
53.00 05300	ANESTHESIOLOGY	0	183	133	316	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	131,946	95,545	227,491	2,360 54.00
54.01 05401	ULTRASOUND	0	7,094	5,137	12,231	199 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	13,216	9,570	22,786	416 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,189	6,654	15,843	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	76,895	55,682	132,577	2,253 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	13,319	9,645	22,964	796 65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	86,553	62,675	149,228	938 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,086	6,579	15,665	238 67.00
68.00 06800	SPEECH PATHOLOGY	0	4,852	3,513	8,365	185 68.00
69.00 06900	ELECTROCARDIOLOGY	0	54,479	39,449	93,928	472 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	110,811	80,241	191,052	1,664 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	35,301	25,562	60,863	1,094 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					0 113.00
116.00 11600	HOSPICE	0	3,604	2,610	6,214	286 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,268,786	2,367,004	5,635,790	31,479 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,920	0	27,920	74 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12 192.00
192.01 19201	PHYSICIAN CLINIC	0	0	0	0	76 192.01
192.02 19202	LIFELINE	0	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	11,969	0	11,969	0 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	0	0	0	0	0 192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	114 194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	0	0	48 194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	0 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	3,308,675	2,367,004	5,675,679	31,803 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B Part II Date/Time Prepared: 5/29/2015 8:57 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	6,120					5.01
5.02	00550	324	37,240				5.02
5.03	00560	75	447	126,840			5.03
5.04	00570	181	1,229	521	70,709		5.04
5.05	00580	280	1,899	280	0	71,417	5.05
5.06	00591	218	2,011	336	0	0	5.06
7.00	00700	455	484	2,120	0	0	7.00
8.00	00800	6	0	1,261	0	0	8.00
9.00	00900	81	186	1,645	0	0	9.00
10.00	01000	131	1,192	1,573	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	93	633	151	0	0	13.00
14.00	01400	69	782	9,066	0	0	14.00
15.00	01500	206	1,154	1,091	0	0	15.00
16.00	01600	536	2,011	314	0	0	16.00
17.00	01700	69	335	51	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	786	6,593	3,697	57,764	5,373	30.00
31.00	03100	106	1,005	529	7,291	1,167	31.00
43.00	04300	0	0	0	5,654	188	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	430	2,309	25,624	0	8,275	50.00
51.00	05100	75	0	433	0	1,133	51.00
52.00	05200	0	0	0	0	550	52.00
53.00	05300	12	0	797	0	549	53.00
54.00	05400	399	1,788	5,342	0	7,210	54.00
54.01	05401	12	372	380	0	1,410	54.01
55.00	05500	44	0	3,912	0	2,452	55.00
57.00	05700	0	0	2,392	0	7,570	57.00
58.00	05800	0	0	782	0	2,502	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	249	2,495	23,693	0	13,551	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	44	1,303	992	0	2,378	65.00
65.01	03950	112	0	8	0	296	65.01
66.00	06600	62	819	307	0	1,823	66.00
67.00	06700	6	0	185	0	246	67.00
68.00	06800	206	0	15	0	199	68.00
69.00	06900	0	0	453	0	2,826	69.00
71.00	07100	0	0	0	0	1,993	71.00
72.00	07200	0	0	36,101	0	935	72.00
73.00	07300	0	0	0	0	4,600	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	181	1,266	974	0	3,238	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	37	1,490	539	0	666	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	897	0	287	116.00
118.00		5,485	31,803	126,461	70,709	71,417	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	31	0	0	0	0	190.00
192.00	19200	442	4,916	182	0	0	192.00
192.01	19201	81	335	63	0	0	192.01
192.02	19202	0	0	1	0	0	192.02
192.03	19203	62	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	149	20	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	19	37	88	0	0	194.01
194.02	07953	0	0	7	0	0	194.02
194.03	07952	0	0	18	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		6,120	37,240	126,840	70,709	71,417	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/29/2015 8:57 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	211,787					5.06
7.00	00700	OPERATION OF PLANT	16,483	1,945,881				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,210	18,891	52,940			8.00
9.00	00900	HOUSEKEEPING	4,189	13,978	8,644	52,714		9.00
10.00	01000	DIETARY	2,456	47,465	1,692	1,308	135,017	10.00
11.00	01100	CAFETERIA	4,274	33,664	0	928	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,207	7,120	0	196	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,339	66,308	96	1,827	0	14.00
15.00	01500	PHARMACY	7,468	13,860	0	382	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,541	57,041	0	1,572	0	16.00
17.00	01700	SOCIAL SERVICE	1,366	6,918	0	191	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,940	643,834	18,344	17,739	105,138	30.00
31.00	03100	INTENSIVE CARE UNIT	6,604	87,809	3,133	2,420	9,280	31.00
43.00	04300	NURSERY	2,282	4,746	0	131	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,166	305,980	3,028	8,431	0	50.00
51.00	05100	RECOVERY ROOM	3,317	13,800	2,317	380	346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,138	5,981	0	165	0	52.00
53.00	05300	ANESTHESIOLOGY	149	190	0	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,913	136,828	2,836	3,770	0	54.00
54.01	05401	ULTRASOUND	1,165	7,357	772	203	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,671	13,705	469	378	0	55.00
57.00	05700	CT SCAN	1,659	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,228	9,529	0	263	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	21,064	79,740	6	2,197	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,992	13,812	617	381	0	65.00
65.01	03950	SLEEP CLINIC	637	0	211	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,894	89,755	730	2,473	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,104	9,422	50	260	0	67.00
68.00	06800	SPEECH PATHOLOGY	872	5,031	0	139	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,288	56,495	223	1,557	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,515	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,269	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,193	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,283	114,912	8,900	3,166	1,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,587	36,607	0	1,009	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,674	3,738	0	103	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	204,137	1,904,516	52,068	51,574	116,373	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	408	28,953	0	798	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,556	0	41	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	514	0	0	0	0	192.01
192.02	19202	LIFELINE	117	0	0	0	0	192.02
192.03	19203	CREDIT UNION	49	12,412	0	342	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	3,765	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	831	0	18,644	194.00
194.01	07951	MARKETING	917	0	0	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	206	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	118	0	0	0	0	194.03
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)	211,787	1,945,881	52,940	52,714	135,017	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & 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
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	95,616					11.00
13.00	01300	2,514	27,684				13.00
14.00	01400	2,031	1,165	194,231			14.00
15.00	01500	4,734	0	0	53,522		15.00
16.00	01600	4,238	0	0	0	165,903	16.00
17.00	01700	1,098	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,101	13,254	0	0	11,221	30.00
31.00	03100	4,847	2,781	0	0	2,778	31.00
43.00	04300	1,475	846	0	0	452	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,780	3,890	0	0	19,787	50.00
51.00	05100	2,431	1,395	0	0	2,718	51.00
52.00	05200	796	457	0	0	1,291	52.00
53.00	05300	0	0	0	0	1,317	53.00
54.00	05400	9,643	0	0	0	16,882	54.00
54.01	05401	743	0	0	0	3,381	54.01
55.00	05500	1,303	0	0	0	5,863	55.00
57.00	05700	0	0	0	0	18,150	57.00
58.00	05800	0	0	0	0	5,941	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	11,246	0	0	0	32,473	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	3,082	0	0	0	5,630	65.00
65.01	03950	0	0	0	0	709	65.01
66.00	06600	3,613	0	0	0	4,372	66.00
67.00	06700	675	0	0	0	590	67.00
68.00	06800	482	0	0	0	477	68.00
69.00	06900	2,079	0	0	0	5,967	69.00
71.00	07100	0	0	194,231	0	4,779	71.00
72.00	07200	0	0	0	0	2,331	72.00
73.00	07300	0	0	0	53,522	11,030	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	6,791	3,896	0	0	7,764	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		93,702	27,684	194,231	53,522	165,903	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	764	0	0	0	0	190.00
192.00	19200	44	0	0	0	0	192.00
192.01	19201	596	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	426	0	0	0	0	194.01
194.02	07953	84	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		95,616	27,684	194,231	53,522	165,903	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/29/2015 8:57 am
-------------------------------------	--	----------------------	---	--

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	21,823			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,370	2,033,771	0	2,033,771
31.00	03100	INTENSIVE CARE UNIT	789	277,777	0	277,777
43.00	04300	NURSERY	0	24,070	0	24,070
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27	907,230	0	907,230
51.00	05100	RECOVERY ROOM	323	52,341	0	52,341
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,539	0	20,539
53.00	05300	ANESTHESIOLOGY	0	3,335	0	3,335
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	429,462	0	429,462
54.01	05401	ULTRASOUND	0	28,225	0	28,225
55.00	05500	RADIOLOGY-THERAPEUTIC	0	53,999	0	53,999
57.00	05700	CT SCAN	0	29,771	0	29,771
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	36,088	0	36,088
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	321,544	0	321,544
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	55,991	0	55,991
65.01	03950	SLEEP CLINIC	0	1,973	0	1,973
66.00	06600	PHYSICAL THERAPY	0	259,014	0	259,014
67.00	06700	OCCUPATIONAL THERAPY	0	28,441	0	28,441
68.00	06800	SPEECH PATHOLOGY	0	15,971	0	15,971
69.00	06900	ELECTROCARDIOLOGY	0	168,288	0	168,288
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	209,518	0	209,518
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	47,636	0	47,636
73.00	07300	DRUGS CHARGED TO PATIENTS	0	77,345	0	77,345
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	305	354,001	0	354,001
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	107,892	0	107,892
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	13,199	0	13,199
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,814	5,557,421	0	5,557,421
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,948	0	58,948
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9	7,202	0	7,202
192.01	19201	PHYSICIAN CLINIC	0	1,665	0	1,665
192.02	19202	LIFELINE	0	118	0	118
192.03	19203	CREDIT UNION	0	24,834	0	24,834
192.04	19204	BREAST MRI STUDY	0	0	0	0
192.05	19205	HOSPITALIST	0	3,934	0	3,934
194.00	07950	COMMUNITY MENTAL HEALTH	0	19,475	0	19,475
194.01	07951	MARKETING	0	1,601	0	1,601
194.02	07953	OCCUPATIONAL HEALTH	0	345	0	345
194.03	07952	PATHS EDUCATION	0	136	0	136
200.00		Cross Foot Adjustments		0		0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	21,823	5,675,679	0	5,675,679

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	289,151				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		285,665			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,612	1,612	31,500,455		4.00
5.01 01160	COMMUNICATIONS	304	304	120,961	982	5.01
5.02 00550	DATA PROCESSING	1,828	1,828	844,044	52	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,391	6,391	230,494	12	5.03
5.04 00570	ADMINISTRATIVE	3,455	3,455	608,690	29	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,458	3,458	728,298	45	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	10,526	10,526	1,542,514	35	5.06
7.00 00700	OPERATION OF PLANT	97,591	97,591	990,184	73	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,592	1,592	162,630	1	8.00
9.00 00900	HOUSEKEEPING	1,178	1,178	742,938	13	9.00
10.00 01000	DIETARY	4,000	4,000	281,865	21	10.00
11.00 01100	CAFETERIA	2,837	2,837	772,624	0	11.00
13.00 01300	NURSING ADMINISTRATION	600	600	922,874	15	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	5,588	5,588	301,324	11	14.00
15.00 01500	PHARMACY	1,168	1,168	1,568,631	33	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	806,281	86	16.00
17.00 01700	SOCIAL SERVICE	583	583	289,926	11	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	54,258	54,258	5,139,286	126	30.00
31.00 03100	INTENSIVE CARE UNIT	7,400	7,400	1,233,415	17	31.00
43.00 04300	NURSERY	400	400	400,772	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,786	25,786	1,762,205	69	50.00
51.00 05100	RECOVERY ROOM	1,163	1,163	720,599	12	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	504	504	216,326	0	52.00
53.00 05300	ANESTHESIOLOGY	16	16	0	2	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,531	11,531	2,336,523	64	54.00
54.01 05401	ULTRASOUND	620	620	196,893	2	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,155	1,155	411,662	7	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	803	803	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	6,720	6,720	2,230,668	40	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,164	1,164	788,009	7	65.00
65.01 03950	SLEEP CLINIC	0	0	0	18	65.01
66.00 06600	PHYSICAL THERAPY	7,564	7,564	928,750	10	66.00
67.00 06700	OCCUPATIONAL THERAPY	794	794	235,310	1	67.00
68.00 06800	SPEECH PATHOLOGY	424	424	183,264	33	68.00
69.00 06900	ELECTROCARDIOLOGY	4,761	4,761	466,849	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	9,684	9,684	1,647,557	29	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,085	3,085	1,083,422	6	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	315	315	283,340	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	285,665	285,665	31,179,128	880	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	73,374	5	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,122	71	192.00
192.01 19201	PHYSICIAN CLINIC	0	0	75,716	13	192.01
192.02 19202	LIFELINE	0	0	0	0	192.02
192.03 19203	CREDIT UNION	1,046	0	0	10	192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05 19205	HOSPITALIST	0	0	0	0	192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	112,922	3	194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	47,193	0	194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	3,308,675	2,367,004	11,281,597	337,561	2,090,801	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.442724	8.285943	0.358141	343.748473	2,090.801000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			31,803	6,120	37,240	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001010	6.232179	37.240000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (ADMINISTRATIVE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,599,136					5.03
5.04	00570	ADMINITTING	35,301	4,752				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	18,982	0	197,316,424			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	22,758	0	0	-3,104,016	67,124,948	5.06
7.00	00700	OPERATION OF PLANT	143,706	0	0	0	5,224,471	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85,481	0	0	0	383,528	8.00
9.00	00900	HOUSEKEEPING	111,525	0	0	0	1,327,820	9.00
10.00	01000	DIETARY	106,630	0	0	0	778,462	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,354,536	11.00
13.00	01300	NURSING ADMINISTRATION	10,231	0	0	0	1,333,358	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	614,669	0	0	0	741,428	14.00
15.00	01500	PHARMACY	73,990	0	0	0	2,366,944	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,321	0	0	0	1,439,422	16.00
17.00	01700	SOCIAL SERVICE	3,486	0	0	0	433,114	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	250,633	3,882	14,842,756	0	9,804,157	30.00
31.00	03100	INTENSIVE CARE UNIT	35,871	490	3,224,652	0	2,093,309	31.00
43.00	04300	NURSERY	0	380	520,552	0	723,257	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,737,208	0	22,858,131	0	3,855,983	50.00
51.00	05100	RECOVERY ROOM	29,367	0	3,130,829	0	1,051,220	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,518,633	0	360,698	52.00
53.00	05300	ANESTHESIOLOGY	54,049	0	1,516,770	0	47,363	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	362,173	0	19,918,158	0	4,726,671	54.00
54.01	05401	ULTRASOUND	25,751	0	3,894,892	0	369,376	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	265,217	0	6,773,442	0	846,584	55.00
57.00	05700	CT SCAN	162,180	0	20,910,286	0	525,838	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	53,038	0	6,910,982	0	389,079	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,606,335	0	37,463,256	0	6,676,389	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	67,229	0	6,569,777	0	1,265,353	65.00
65.01	03950	SLEEP CLINIC	550	0	816,965	0	202,044	65.01
66.00	06600	PHYSICAL THERAPY	20,829	0	5,036,491	0	1,551,190	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,539	0	679,873	0	350,068	67.00
68.00	06800	SPEECH PATHOLOGY	993	0	549,127	0	276,514	68.00
69.00	06900	ELECTROCARDIOLOGY	30,694	0	7,805,491	0	1,359,181	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,505,804	0	2,698,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,447,164	0	2,583,333	0	2,620,852	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,707,091	0	2,596,682	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	66,063	0	8,945,644	0	2,625,355	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	36,571	0	1,839,637	0	1,770,736	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	60,803	0	793,852	0	530,482	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,573,337	4,752	197,316,424	-3,104,016	64,700,410	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	129,291	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,358	0	0	0	493,199	192.00
192.01	19201	PHYSICIAN CLINIC	4,292	0	0	0	162,804	192.01
192.02	19202	LIFELINE	88	0	0	0	37,105	192.02
192.03	19203	CREDIT UNION	0	0	0	0	15,406	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	1,373	0	0	0	1,193,352	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	5,975	0	0	0	290,569	194.01
194.02	07953	OCCUPATIONAL HEALTH	480	0	0	0	65,388	194.02
194.03	07952	PATHS EDUCATION	1,233	0	0	0	37,424	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	534,499	1,059,189	1,648,160		3,104,016	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.062157	222.893308	0.008353		0.046242	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	126,840	70,709	71,417		211,787	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.014750	14.879840	0.000362		0.003155	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	163,986				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	859,710			8.00
9.00	00900	HOUSEKEEPING	1,178	140,367	161,216		9.00
10.00	01000	DIETARY	4,000	27,471	4,000	58,165	10.00
11.00	01100	CAFETERIA	2,837	0	2,837	0	11.00
13.00	01300	NURSING ADMINISTRATION	600	0	600	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	5,588	1,551	5,588	0	14.00
15.00	01500	PHARMACY	1,168	0	1,168	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	16.00
17.00	01700	SOCIAL SERVICE	583	0	583	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,258	297,920	54,258	45,293	30.00
31.00	03100	INTENSIVE CARE UNIT	7,400	50,884	7,400	3,998	31.00
43.00	04300	NURSERY	400	0	400	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,786	49,166	25,786	0	50.00
51.00	05100	RECOVERY ROOM	1,163	37,621	1,163	149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	0	504	0	52.00
53.00	05300	ANESTHESIOLOGY	16	0	16	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,531	46,052	11,531	0	54.00
54.01	05401	ULTRASOUND	620	12,538	620	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	7,610	1,155	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,720	105	6,720	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,164	10,022	1,164	0	65.00
65.01	03950	SLEEP CLINIC	0	3,426	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,564	11,853	7,564	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	794	808	794	0	67.00
68.00	06800	SPEECH PATHOLOGY	424	0	424	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,761	3,625	4,761	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,684	144,531	9,684	693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,085	0	3,085	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	315	0	315	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	160,500	845,550	157,730	50,133	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	669	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	0	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	192.02
192.03	19203	CREDIT UNION	1,046	0	1,046	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	13,491	0	8,032	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,466,061	454,328	1,502,666	999,591	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.332486	0.528467	9.320824	17.185438	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	1,945,881	52,940	52,714	135,017	95,616	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.866141	0.061579	0.326977	2.321276	0.107556	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	448,611					13.00
14.00	01400	18,882	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	191,182,916		16.00
17.00	01700	0	0	0	0	2,435	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	214,772	0	0	12,927,424	2,273	30.00
31.00	03100	45,064	0	0	3,200,438	88	31.00
43.00	04300	13,717	0	0	520,552	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	63,035	0	0	22,795,524	3	50.00
51.00	05100	22,602	0	0	3,130,829	36	51.00
52.00	05200	7,404	0	0	1,487,748	0	52.00
53.00	05300	0	0	0	1,516,770	0	53.00
54.00	05400	0	0	0	19,449,590	0	54.00
54.01	05401	0	0	0	3,894,892	0	54.01
55.00	05500	0	0	0	6,754,862	0	55.00
57.00	05700	0	0	0	20,910,286	0	57.00
58.00	05800	0	0	0	6,844,203	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	37,463,256	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	6,486,675	0	65.00
65.01	03950	0	0	0	816,965	0	65.01
66.00	06600	0	0	0	5,036,491	0	66.00
67.00	06700	0	0	0	679,873	0	67.00
68.00	06800	0	0	0	549,127	0	68.00
69.00	06900	0	0	0	6,874,942	0	69.00
71.00	07100	0	100	0	5,505,804	0	71.00
72.00	07200	0	0	0	2,684,942	0	72.00
73.00	07300	0	0	100	12,707,091	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	63,135	0	0	8,944,632	34	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		448,611	100	100	191,182,916	2,434	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	1	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		1,461,044	1,109,046	2,602,372	1,779,188	495,675	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		(GROSS HOURS)	(100%)				
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	3.256817	11,090.460000	26,023.720000	0.009306	203.562628	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	27,684	194,231	53,522	165,903	21,823	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.061710	1,942.310000	535.220000	0.000868	8.962218	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 8:57 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,161,728		15,161,728	0	15,161,728	30.00
31.00	03100 INTENSIVE CARE UNIT	2,873,774		2,873,774	0	2,873,774	31.00
43.00	04300 NURSERY	847,015		847,015	0	847,015	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,687,237		5,687,237	0	5,687,237	50.00
51.00	05100 RECOVERY ROOM	1,321,060		1,321,060	0	1,321,060	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	449,644		449,644	0	449,644	52.00
53.00	05300 ANESTHESIOLOGY	64,350		64,350	0	64,350	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,797,546		5,797,546	0	5,797,546	54.00
54.01	05401 ULTRASOUND	467,727		467,727	0	467,727	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,022,847		1,022,847	0	1,022,847	55.00
57.00	05700 CT SCAN	744,745		744,745	0	744,745	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	505,014		505,014	0	505,014	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	7,801,392		7,801,392	112,738	7,914,130	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,488,758	0	1,488,758	0	1,488,758	65.00
65.01	03950 SLEEP CLINIC	220,801	0	220,801	0	220,801	65.01
66.00	06600 PHYSICAL THERAPY	2,056,805	0	2,056,805	0	2,056,805	66.00
67.00	06700 OCCUPATIONAL THERAPY	417,734	0	417,734	0	417,734	67.00
68.00	06800 SPEECH PATHOLOGY	320,258	0	320,258	0	320,258	68.00
69.00	06900 ELECTROCARDIOLOGY	1,724,444		1,724,444	0	1,724,444	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,984,034		3,984,034	0	3,984,034	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,767,031		2,767,031	0	2,767,031	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,437,382		5,437,382	0	5,437,382	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	3,653,121		3,653,121	43,179	3,696,300	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,611,788		1,611,788		1,611,788	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	1,984,204		1,984,204		1,984,204	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	568,449		568,449		568,449	116.00
200.00	Subtotal (see instructions)	68,978,888	0	68,978,888	155,917	69,134,805	200.00
201.00	Less Observation Beds	1,611,788		1,611,788		1,611,788	201.00
202.00	Total (see instructions)	67,367,100	0	67,367,100	155,917	67,523,017	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 8:57 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,927,424		12,927,424		30.00
31.00	03100	INTENSIVE CARE UNIT	3,200,438		3,200,438		31.00
43.00	04300	NURSERY	520,552		520,552		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,843,695	16,951,829	22,795,524	0.249489	50.00
51.00	05100	RECOVERY ROOM	538,236	2,592,593	3,130,829	0.421952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,396,802	90,946	1,487,748	0.302231	52.00
53.00	05300	ANESTHESIOLOGY	496,705	1,020,065	1,516,770	0.042426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,362,802	16,086,788	19,449,590	0.298081	54.00
54.01	05401	ULTRASOUND	748,942	3,145,950	3,894,892	0.120087	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,871,288	3,883,574	6,754,862	0.151424	55.00
57.00	05700	CT SCAN	4,961,990	15,948,296	20,910,286	0.035616	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,020,485	5,823,718	6,844,203	0.073787	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,348,050	26,115,206	37,463,256	0.208241	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	5,398,407	1,088,268	6,486,675	0.229510	65.00
65.01	03950	SLEEP CLINIC	0	816,965	816,965	0.270270	65.01
66.00	06600	PHYSICAL THERAPY	1,470,934	3,565,557	5,036,491	0.408381	66.00
67.00	06700	OCCUPATIONAL THERAPY	333,555	346,318	679,873	0.614429	67.00
68.00	06800	SPEECH PATHOLOGY	160,223	388,904	549,127	0.583213	68.00
69.00	06900	ELECTROCARDIOLOGY	2,598,724	4,276,218	6,874,942	0.250830	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,732,861	1,772,943	5,505,804	0.723606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,958,162	726,780	2,684,942	1.030574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,852,548	3,854,543	12,707,091	0.427901	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,144,098	6,800,534	8,944,632	0.408415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	193,931	1,082,304	1,276,235	1.262924	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,839,637	1,839,637		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	793,852	793,852		116.00
200.00		Subtotal (see instructions)	76,080,852	119,011,788	195,092,640		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	76,080,852	119,011,788	195,092,640		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/29/2015 8:57 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
43.00	04300 NURSERY		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.249489	50.00
51.00	05100 RECOVERY ROOM	0.421952	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302231	52.00
53.00	05300 ANESTHESIOLOGY	0.042426	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.298081	54.00
54.01	05401 ULTRASOUND	0.120087	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.151424	55.00
57.00	05700 CT SCAN	0.035616	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073787	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000 LABORATORY	0.211250	60.00
60.01	06001 BLOOD LABORATORY	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	0.229510	65.00
65.01	03950 SLEEP CLINIC	0.270270	65.01
66.00	06600 PHYSICAL THERAPY	0.408381	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.614429	67.00
68.00	06800 SPEECH PATHOLOGY	0.583213	68.00
69.00	06900 ELECTROCARDIOLOGY	0.250830	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.723606	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1.030574	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.427901	73.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.413242	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.262924	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE		116.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 8:57 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	15,161,728		15,161,728	0	15,161,728	30.00
31.00	03100	INTENSIVE CARE UNIT	2,873,774		2,873,774	0	2,873,774	31.00
43.00	04300	NURSERY	847,015		847,015	0	847,015	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,687,237		5,687,237	0	5,687,237	50.00
51.00	05100	RECOVERY ROOM	1,321,060		1,321,060	0	1,321,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	449,644		449,644	0	449,644	52.00
53.00	05300	ANESTHESIOLOGY	64,350		64,350	0	64,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,797,546		5,797,546	0	5,797,546	54.00
54.01	05401	ULTRASOUND	467,727		467,727	0	467,727	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,022,847		1,022,847	0	1,022,847	55.00
57.00	05700	CT SCAN	744,745		744,745	0	744,745	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	505,014		505,014	0	505,014	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	7,801,392		7,801,392	112,738	7,914,130	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,488,758	0	1,488,758	0	1,488,758	65.00
65.01	03950	SLEEP CLINIC	220,801	0	220,801	0	220,801	65.01
66.00	06600	PHYSICAL THERAPY	2,056,805	0	2,056,805	0	2,056,805	66.00
67.00	06700	OCCUPATIONAL THERAPY	417,734	0	417,734	0	417,734	67.00
68.00	06800	SPEECH PATHOLOGY	320,258	0	320,258	0	320,258	68.00
69.00	06900	ELECTROCARDIOLOGY	1,724,444		1,724,444	0	1,724,444	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,984,034		3,984,034	0	3,984,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,767,031		2,767,031	0	2,767,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,437,382		5,437,382	0	5,437,382	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,653,121		3,653,121	43,179	3,696,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,611,788		1,611,788		1,611,788	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,984,204		1,984,204		1,984,204	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	568,449		568,449		568,449	116.00
200.00		Subtotal (see instructions)	68,978,888	0	68,978,888	155,917	69,134,805	200.00
201.00		Less Observation Beds	1,611,788		1,611,788		1,611,788	201.00
202.00		Total (see instructions)	67,367,100	0	67,367,100	155,917	67,523,017	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 8:57 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	12,927,424		12,927,424		30.00
31.00	03100	INTENSIVE CARE UNIT	3,200,438		3,200,438		31.00
43.00	04300	NURSERY	520,552		520,552		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,843,695	16,951,829	22,795,524	0.249489	50.00
51.00	05100	RECOVERY ROOM	538,236	2,592,593	3,130,829	0.421952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,396,802	90,946	1,487,748	0.302231	52.00
53.00	05300	ANESTHESIOLOGY	496,705	1,020,065	1,516,770	0.042426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,362,802	16,086,788	19,449,590	0.298081	54.00
54.01	05401	ULTRASOUND	748,942	3,145,950	3,894,892	0.120087	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,871,288	3,883,574	6,754,862	0.151424	55.00
57.00	05700	CT SCAN	4,961,990	15,948,296	20,910,286	0.035616	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,020,485	5,823,718	6,844,203	0.073787	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,348,050	26,115,206	37,463,256	0.208241	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	5,398,407	1,088,268	6,486,675	0.229510	65.00
65.01	03950	SLEEP CLINIC	0	816,965	816,965	0.270270	65.01
66.00	06600	PHYSICAL THERAPY	1,470,934	3,565,557	5,036,491	0.408381	66.00
67.00	06700	OCCUPATIONAL THERAPY	333,555	346,318	679,873	0.614429	67.00
68.00	06800	SPEECH PATHOLOGY	160,223	388,904	549,127	0.583213	68.00
69.00	06900	ELECTROCARDIOLOGY	2,598,724	4,276,218	6,874,942	0.250830	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,732,861	1,772,943	5,505,804	0.723606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,958,162	726,780	2,684,942	1.030574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,852,548	3,854,543	12,707,091	0.427901	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,144,098	6,800,534	8,944,632	0.408415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	193,931	1,082,304	1,276,235	1.262924	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,839,637	1,839,637		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	793,852	793,852		116.00
200.00		Subtotal (see instructions)	76,080,852	119,011,788	195,092,640		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	76,080,852	119,011,788	195,092,640		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	03950	SLEEP CLINIC	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/29/2015 8:57 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	2,033,771	0	2,033,771	14,938	136.15	30.00
31.00	INTENSIVE CARE UNIT	277,777		277,777	2,208	125.80	31.00
43.00	NURSERY	24,070		24,070	704	34.19	43.00
200.00	Total (Lines 30-199)	2,335,618		2,335,618	17,850		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	6,693	911,252	30.00
31.00	INTENSIVE CARE UNIT	1,140	143,412	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	7,833	1,054,664	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/29/2015 8:57 am
		Title XVIII	Hospital	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	907,230	22,795,524	0.039799	3,737,787	148,760	50.00
51.00	05100 RECOVERY ROOM	52,341	3,130,829	0.016718	250,128	4,182	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	20,539	1,487,748	0.013805	3,142	43	52.00
53.00	05300 ANESTHESIOLOGY	3,335	1,516,770	0.002199	210,839	464	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	429,462	19,449,590	0.022081	2,202,836	48,641	54.00
54.01	05401 ULTRASOUND	28,225	3,894,892	0.007247	277,876	2,014	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	53,999	6,754,862	0.007994	1,144,239	9,147	55.00
57.00	05700 CT SCAN	29,771	20,910,286	0.001424	2,840,799	4,045	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	36,088	6,844,203	0.005273	535,312	2,823	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	321,544	37,463,256	0.008583	6,056,358	51,982	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	55,991	6,486,675	0.008632	3,651,404	31,519	65.00
65.01	03950 SLEEP CLINIC	1,973	816,965	0.002415	0	0	65.01
66.00	06600 PHYSICAL THERAPY	259,014	5,036,491	0.051427	974,592	50,120	66.00
67.00	06700 OCCUPATIONAL THERAPY	28,441	679,873	0.041833	209,361	8,758	67.00
68.00	06800 SPEECH PATHOLOGY	15,971	549,127	0.029084	122,775	3,571	68.00
69.00	06900 ELECTROCARDIOLOGY	168,288	6,874,942	0.024478	2,482,170	60,759	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	209,518	5,505,804	0.038054	1,302,874	49,580	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	47,636	2,684,942	0.017742	10,996	195	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	77,345	12,707,091	0.006087	5,056,788	30,781	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	354,001	8,944,632	0.039577	1,454,750	57,575	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	216,202	1,276,235	0.169406	121,981	20,664	92.00
200.00	Total (lines 50-199)	3,316,914	175,810,737		32,647,007	585,623	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/29/2015 8:57 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,938	0.00	6,693	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,208	0.00	1,140	0		31.00
43.00	04300	NURSERY	704	0.00	0	0		43.00
200.00		Total (lines 30-199)	17,850		7,833	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150086

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2015 8:57 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
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03950	SLEEP CLINIC	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
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: 150086

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2015 8:57 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)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	22,795,524	0.000000	0.000000	3,737,787	50.00
51.00	05100	RECOVERY ROOM	0	3,130,829	0.000000	0.000000	250,128	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,487,748	0.000000	0.000000	3,142	52.00
53.00	05300	ANESTHESIOLOGY	0	1,516,770	0.000000	0.000000	210,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,449,590	0.000000	0.000000	2,202,836	54.00
54.01	05401	ULTRASOUND	0	3,894,892	0.000000	0.000000	277,876	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,754,862	0.000000	0.000000	1,144,239	55.00
57.00	05700	CT SCAN	0	20,910,286	0.000000	0.000000	2,840,799	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,844,203	0.000000	0.000000	535,312	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	37,463,256	0.000000	0.000000	6,056,358	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	6,486,675	0.000000	0.000000	3,651,404	65.00
65.01	03950	SLEEP CLINIC	0	816,965	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	5,036,491	0.000000	0.000000	974,592	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	679,873	0.000000	0.000000	209,361	67.00
68.00	06800	SPEECH PATHOLOGY	0	549,127	0.000000	0.000000	122,775	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,874,942	0.000000	0.000000	2,482,170	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,505,804	0.000000	0.000000	1,302,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,684,942	0.000000	0.000000	10,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,707,091	0.000000	0.000000	5,056,788	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	8,944,632	0.000000	0.000000	1,454,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,276,235	0.000000	0.000000	121,981	92.00
200.00		Total (lines 50-199)	0	175,810,737			32,647,007	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/29/2015 8:57 am
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	5,547,658	0	50.00
51.00	05100 RECOVERY ROOM	0	876,591	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	170,768	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,799,534	0	54.00
54.01	05401 ULTRASOUND	0	608,460	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,760,702	0	55.00
57.00	05700 CT SCAN	0	4,914,161	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,591,377	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	2,949,950	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	395,213	0	65.00
65.01	03950 SLEEP CLINIC	0	221,922	0	65.01
66.00	06600 PHYSICAL THERAPY	0	140,920	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,652	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,678,978	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,322	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	340,293	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,028,449	0	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	1,571,563	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,003,505	0	92.00
200.00	Total (lines 50-199)	0	29,665,018	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/29/2015 8:57 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	0.249489	5,547,658	0	0	1,384,080	50.00
51.00	05100	RECOVERY ROOM	0.421952	876,591	0	0	369,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302231	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.042426	170,768	0	0	7,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.298081	4,799,534	0	0	1,430,650	54.00
54.01	05401	ULTRASOUND	0.120087	608,460	0	0	73,068	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151424	1,760,702	0	0	266,613	55.00
57.00	05700	CT SCAN	0.035616	4,914,161	0	0	175,023	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073787	1,591,377	0	0	117,423	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.208241	2,949,950	0	0	614,301	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.229510	395,213	9,323	0	90,705	65.00
65.01	03950	SLEEP CLINIC	0.270270	221,922	0	0	59,979	65.01
66.00	06600	PHYSICAL THERAPY	0.408381	140,920	0	0	57,549	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.614429	1,652	0	0	1,015	67.00
68.00	06800	SPEECH PATHOLOGY	0.583213	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.250830	1,678,978	0	0	421,138	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.723606	63,322	0	0	45,820	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.030574	340,293	0	0	350,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.427901	1,028,449	0	2,122	440,074	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.408415	1,571,563	0	0	641,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.262924	1,003,505	0	0	1,267,351	92.00
200.00		Subtotal (see instructions)		29,665,018	9,323	2,122	7,814,460	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		29,665,018	9,323	2,122	7,814,460	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150086

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,140	0	65.00
65.01	03950	SLEEP CLINIC	0	0	65.01
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	908	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	2,140	908	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	2,140	908	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2015 8:57 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)		14,938	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,938	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)		13,350	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)		6,693	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)		15,161,728	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,161,728	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,161,728	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)		1,014.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,793,261	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)		6,793,261	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2015 8:57 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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,873,774	2,208	1,301.53	1,140	1,483,744		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,263,319		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,540,324		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)					1,054,664		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					585,623		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,640,287		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,900,037		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,588		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,014.98		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,611,788		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 8:57 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	2,033,771	15,161,728	0.134138	1,611,788	216,202	90.00
91.00	Nursing School cost	0	15,161,728	0.000000	1,611,788	0	91.00
92.00	Allied health cost	0	15,161,728	0.000000	1,611,788	0	92.00
93.00	All other Medical Education	0	15,161,728	0.000000	1,611,788	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/29/2015 8:57 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)		14,938	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,938	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)		13,350	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)		1,093	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)		704	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,161,728	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,161,728	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,161,728	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)		1,014.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,109,373	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,109,373	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	847,015	704	1,203.15	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,873,774	2,208	1,301.53	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,210,597	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,319,970	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,588	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,014.98	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,611,788	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/29/2015 8:57 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	2,033,771	15,161,728	0.134138	1,611,788	216,202	90.00
91.00	Nursing School cost	0	15,161,728	0.000000	1,611,788	0	91.00
92.00	Allied health cost	0	15,161,728	0.000000	1,611,788	0	92.00
93.00	All other Medical Education	0	15,161,728	0.000000	1,611,788	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 8:57 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		4,257,259	30.00
31.00	03100	INTENSIVE CARE UNIT		1,528,334	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.249489	3,737,787	932,537 50.00
51.00	05100	RECOVERY ROOM	0.421952	250,128	105,542 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302231	3,142	950 52.00
53.00	05300	ANESTHESIOLOGY	0.042426	210,839	8,945 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.298081	2,202,836	656,624 54.00
54.01	05401	ULTRASOUND	0.120087	277,876	33,369 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151424	1,144,239	173,265 55.00
57.00	05700	CT SCAN	0.035616	2,840,799	101,178 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073787	535,312	39,499 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.211250	6,056,358	1,279,406 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.229510	3,651,404	838,034 65.00
65.01	03950	SLEEP CLINIC	0.270270	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.408381	974,592	398,005 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.614429	209,361	128,637 67.00
68.00	06800	SPEECH PATHOLOGY	0.583213	122,775	71,604 68.00
69.00	06900	ELECTROCARDIOLOGY	0.250830	2,482,170	622,603 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.723606	1,302,874	942,767 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.030574	10,996	11,332 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.427901	5,056,788	2,163,805 73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.413242	1,454,750	601,164 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.262924	121,981	154,053 92.00
200.00		Total (sum of lines 50-94 and 96-98)		32,647,007	9,263,319 200.00
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)		32,647,007	9,263,319 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/29/2015 8:57 am
--	--	----------------------	---	---

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		866,996		30.00
31.00	03100 INTENSIVE CARE UNIT		224,321		31.00
43.00	04300 NURSERY		155,487		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.249489	313,065	78,106	50.00
51.00	05100 RECOVERY ROOM	0.421952	27,076	11,425	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302231	345,936	104,553	52.00
53.00	05300 ANESTHESIOLOGY	0.042426	27,627	1,172	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.298081	174,281	51,950	54.00
54.01	05401 ULTRASOUND	0.120087	77,473	9,304	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.151424	162,721	24,640	55.00
57.00	05700 CT SCAN	0.035616	274,970	9,793	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073787	50,287	3,711	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.208241	1,003,898	209,053	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.229510	276,750	63,517	65.00
65.01	03950 SLEEP CLINIC	0.270270	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.408381	40,540	16,556	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.614429	9,698	5,959	67.00
68.00	06800 SPEECH PATHOLOGY	0.583213	6,390	3,727	68.00
69.00	06900 ELECTROCARDIOLOGY	0.250830	113,422	28,450	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.723606	281,067	203,382	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1.030574	42,512	43,812	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.427901	643,656	275,421	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.408415	127,217	51,957	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.262924	11,172	14,109	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,009,758	1,210,597	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)		4,009,758		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 8:57 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,282,160	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		218,652	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		73.65	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.20	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.59	31.00
32.00	Sum of lines 30 and 31		21.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.19	33.00
34.00	Disproportionate share adjustment (see instructions)		238,747	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 8:57 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000095169	0.000088065	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		860,939	673,486	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		643,935	169,756	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		813,691		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		14,553,250		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		14,553,250		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,098,448		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,651,698		59.00
60.00	Primary payer payments		26,332		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,625,366		61.00
62.00	Deductibles billed to program beneficiaries		1,580,288		62.00
63.00	Coinurance billed to program beneficiaries		34,048		63.00
64.00	Allowable bad debts (see instructions)		40,678		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		26,441		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-61,151		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,037,471		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		13,558		70.93
70.94	HRR adjustment amount (see instructions)		-51,339		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/29/2015 8:57 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,999,690		71.00
71.01	Sequestration adjustment (see instructions)		279,994		71.01
72.00	Interim payments		13,835,625		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)		-115,929		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		2,956,042		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2015 8:57 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	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,282,160	0	0	13,282,160	13,282,160	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	218,652	0	0	218,652	218,652	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0719	0.0719	0.0719	0.0719		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	238,747	0	0	238,747	238,747	11.00
11.01	Uncompensated care payments	36.00	813,691	0	643,935	169,756	813,691	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	14,553,250	0	643,935	13,909,315	14,553,250	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,553,250	0	643,935	13,909,315	14,553,250	15.00
16.00	Payment for inpatient program capital	50.00	1,098,448	0	0	1,098,448	1,098,448	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2015 8:57 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	
19.00	SUBTOTAL			0	643,935	15,007,763	15,651,698	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,055,996	0	0	1,055,996	1,055,996	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	42,452	0	0	42,452	42,452	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,098,448	0	0	1,098,448	1,098,448	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 Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2015 8:57 am	
			Title XVIII	Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,282,160		13,282,160	13,282,160
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	218,652	0	218,652	218,652
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0719	0.0719	0.0719	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	238,747	0	238,747	238,747
11.01	Uncompensated care payments	36.00	813,691	643,935	169,756	813,691
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	14,553,250	643,935	13,909,315	14,553,250
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,553,250	643,935	13,909,315	14,553,250
16.00	Payment for inpatient program capital	50.00	1,098,448	0	1,098,448	1,098,448
17.00	Special add-on payments for new technologies	54.00	0	0	0	0
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			643,935	15,007,763	15,651,698

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2015 8:57 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,055,996	0	1,055,996	1,055,996	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	42,452	0	42,452	42,452	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,098,448	0	1,098,448	1,098,448	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	13,558	0	13,558	13,558	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-51,339	0	-51,339	-51,339	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/29/2015 8:57 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,048	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,814,460	2.00
3.00	PPS payments		6,510,869	3.00
4.00	Outlier payment (see instructions)		9,860	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,048	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,445	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		11,445	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)		11,445	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,397	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)		3,048	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)		6,520,729	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,864	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,450,838	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		5,071,075	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		5,071,075	30.00
31.00	Primary payer payments		7,357	31.00
32.00	Subtotal (line 30 minus line 31)		5,063,718	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		150,392	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		97,755	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		58,842	36.00
37.00	Subtotal (see instructions)		5,161,473	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-194	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,161,667	40.00
40.01	Sequestration adjustment (see instructions)		103,233	40.01
41.00	Interim payments		5,084,454	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-26,020	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: 150086

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2015 8:57 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		13,752,989		4,964,061	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	12/31/2014	82,636	12/31/2014	120,393	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)		82,636		120,393	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)		13,835,625		5,084,454	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		115,929		26,020	6.02	
7.00	Total Medicare program liability (see instructions)		13,719,696		5,058,434	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: 150086

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2015 8:57 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, Pt. I col. 15 line 14			4,364 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			7,833 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,633 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			15,558 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			195,092,640 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			2,012,704 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			812,458 8.00
9.00	Sequestration adjustment amount (see instructions)			16,249 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			796,209 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			742,025 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)			54,184 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2015 8:57 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		2,319,970		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)		2,319,970	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)		2,319,970	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,246,804		8.00
9.00	Ancillary service charges		4,009,758	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)		5,256,562	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)		5,256,562	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,936,592	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)		2,319,970	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)		2,319,970	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)		2,319,970	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)		2,319,970	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,319,970	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)		2,319,970	0	40.00
41.00	Interim payments		3,318,240	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-998,270		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

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

Provider CCN: 150086

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

Worksheet G

Date/Time Prepared:
5/29/2015 8:57 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	6,718,536	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	13,755,142	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,387,698	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	56,277,089	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	78,138,465	0	0	0	11.00
FIXED ASSETS						
12.00	Land	75,208	0	0	0	12.00
13.00	Land improvements	1,514,521	0	0	0	13.00
14.00	Accumulated depreciation	-1,099,588	0	0	0	14.00
15.00	Buildings	64,207,670	0	0	0	15.00
16.00	Accumulated depreciation	-35,972,270	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	47,002,013	0	0	0	23.00
24.00	Accumulated depreciation	-37,672,024	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)	38,055,530	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	10,675,553	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,675,553	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	126,869,548	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,743,582	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,388,004	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	500,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,674,223	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,305,809	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	27,000,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,000,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	36,305,809	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	90,563,739				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)	90,563,739	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	126,869,548	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150086

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

Worksheet G-1

Date/Time Prepared:
5/29/2015 8:57 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		89,846,025		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		717,714			2.00
3.00	Total (sum of line 1 and line 2)		90,563,739		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		90,563,739		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		90,563,739		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150086

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	15,363,308		15,363,308	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	15,363,308		15,363,308	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,224,652		3,224,652	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,224,652		3,224,652	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,587,960		18,587,960	17.00
18.00	Ancillary services	57,174,829	109,974,502	167,149,331	18.00
19.00	Outpatient services	2,144,468	6,801,176	8,945,644	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		1,839,637	1,839,637	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	793,852	793,852	26.00
27.00	PRO FEES	46,418	150,544	196,962	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	77,953,675	119,559,711	197,513,386	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,356,961		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		84,356,961		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150086

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

Worksheet G-3

Date/Time Prepared:
5/29/2015 8:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	197,513,386	1.00
2.00	Less contractual allowances and discounts on patients' accounts	118,155,500	2.00
3.00	Net patient revenues (line 1 minus line 2)	79,357,886	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	84,356,961	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,999,075	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	3,136,338	24.00
24.01	INVESTMENT INCOME	2,641,833	24.01
24.02	GAIN ON DISPOSAL	5,894	24.02
24.03	MISC INCOME	2,401	24.03
25.00	Total other income (sum of lines 6-24)	5,786,466	25.00
26.00	Total (line 5 plus line 25)	787,391	26.00
27.00	OTHER LOSS	69,677	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	69,677	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	717,714	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet H

HHA CCN: 157055

To 12/31/2014

Date/Time Prepared: 5/29/2015 8:57 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	178,561	0	0	0	148,331	326,892	5.00
HHA REIMBURSABLE SERVICES							
6.00	662,936	0	0	0	0	662,936	6.00
7.00	109,109	0	0	0	0	109,109	7.00
8.00	39,740	0	0	0	0	39,740	8.00
9.00	16,236	0	0	0	0	16,236	9.00
10.00	19,717	0	0	0	0	19,717	10.00
11.00	56,784	0	0	0	0	56,784	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	339	0	0	0	0	339	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,083,422	0	0	0	148,331	1,231,753	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-13,231	313,661	0	313,661			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	662,936	0	662,936			6.00
7.00	0	109,109	0	109,109			7.00
8.00	0	39,740	0	39,740			8.00
9.00	0	16,236	0	16,236			9.00
10.00	0	19,717	0	19,717			10.00
11.00	0	56,784	0	56,784			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	339	0	339			22.00
23.00	0	0	0	0			23.00
24.00	-13,231	1,218,522	0	1,218,522			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/29/2015 8:57 am
		HHA CCN: 157055	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	313,661	0	0	0	313,661	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	662,936	0	0	0	662,936	6.00	
7.00	Physical Therapy	109,109	0	0	0	109,109	7.00	
8.00	Occupational Therapy	39,740	0	0	0	39,740	8.00	
9.00	Speech Pathology	16,236	0	0	0	16,236	9.00	
10.00	Medical Social Services	19,717	0	0	0	19,717	10.00	
11.00	Home Health Aide	56,784	0	0	0	56,784	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	339	0	0	0	339	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,218,522	0	0	0	1,218,522	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	313,661					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	229,799	892,735				6.00	
7.00	Physical Therapy	37,822	146,931				7.00	
8.00	Occupational Therapy	13,775	53,515				8.00	
9.00	Speech Pathology	5,628	21,864				9.00	
10.00	Medical Social Services	6,835	26,552				10.00	
11.00	Home Health Aide	19,684	76,468				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	118	457				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,218,522				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part II Date/Time Prepared: 5/29/2015 8:57 am
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-313,661	904,861
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	662,936
7.00	Physical Therapy	0	0	0	0	0	109,109
8.00	Occupational Therapy	0	0	0	0	0	39,740
9.00	Speech Pathology	0	0	0	0	0	16,236
10.00	Medical Social Services	0	0	0	0	0	19,717
11.00	Home Health Aide	0	0	0	0	0	56,784
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	339
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-313,661	904,861
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		313,661
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.346640

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157055

To 12/31/2014

Part I
Date/Time Prepared:
5/29/2015 8:57 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	35,301	25,562	388,018	2,062	83,632	1.00
2.00 Skilled Nursing Care	892,735	0	0	0	0	0	2.00
3.00 Physical Therapy	146,931	0	0	0	0	0	3.00
4.00 Occupational Therapy	53,515	0	0	0	0	0	4.00
5.00 Speech Pathology	21,864	0	0	0	0	0	5.00
6.00 Medical Social Services	26,552	0	0	0	0	0	6.00
7.00 Home Health Aide	76,468	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	457	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,218,522	35,301	25,562	388,018	2,062	83,632	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	2,273	0	15,366	552,214	25,535	102,831	1.00
2.00 Skilled Nursing Care	0	0	0	892,735	41,282	0	2.00
3.00 Physical Therapy	0	0	0	146,931	6,794	0	3.00
4.00 Occupational Therapy	0	0	0	53,515	2,475	0	4.00
5.00 Speech Pathology	0	0	0	21,864	1,011	0	5.00
6.00 Medical Social Services	0	0	0	26,552	1,228	0	6.00
7.00 Home Health Aide	0	0	0	76,468	3,536	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	457	21	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,273	0	15,366	1,770,736	81,882	102,831	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157055

To 12/31/2014

Part I
Date/Time Prepared: 5/29/2015 8:57 am

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	28,755	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	28,755	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	709,335	0	709,335	1.00
2.00	Skilled Nursing Care	0	0	0	934,017	0	934,017	2.00
3.00	Physical Therapy	0	0	0	153,725	0	153,725	3.00
4.00	Occupational Therapy	0	0	0	55,990	0	55,990	4.00
5.00	Speech Pathology	0	0	0	22,875	0	22,875	5.00
6.00	Medical Social Services	0	0	0	27,780	0	27,780	6.00
7.00	Home Health Aide	0	0	0	80,004	0	80,004	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	478	0	478	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	1,984,204	0	1,984,204	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150086	Period: From 01/01/2014	Worksheet H-2
		HHA CCN: 157055	To 12/31/2014	Part I
			Home Health Agency I	Date/Time Prepared: 5/29/2015 8:57 am
				PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	519,685	1,453,702		2.00
3.00	Physical Therapy	85,532	239,257		3.00
4.00	Occupational Therapy	31,153	87,143		4.00
5.00	Speech Pathology	12,728	35,603		5.00
6.00	Medical Social Services	15,457	43,237		6.00
7.00	Home Health Aide	44,514	124,518		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	266	744		18.00
19.00	All Others (specify)	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	709,335	1,984,204		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.556398			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/29/2015 8:57 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	3,085	3,085	1,083,422	6	40	36,571	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,085	3,085	1,083,422	6	40	36,571	20.00
21.00 Total cost to be allocated	35,301	25,562	388,018	2,062	83,632	2,273	21.00
22.00 Unit cost multiplier	11.442788	8.285900	0.358141	343.666667	2,090.800000	0.062153	22.00
Cost Center Description	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	0	1,839,637	0	552,214	3,085	0	1.00
2.00 Skilled Nursing Care	0	0	0	892,735	0	0	2.00
3.00 Physical Therapy	0	0	0	146,931	0	0	3.00
4.00 Occupational Therapy	0	0	0	53,515	0	0	4.00
5.00 Speech Pathology	0	0	0	21,864	0	0	5.00
6.00 Medical Social Services	0	0	0	26,552	0	0	6.00
7.00 Home Health Aide	0	0	0	76,468	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	457	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,839,637	0	1,770,736	3,085	0	20.00
21.00 Total cost to be allocated	0	15,366	0	81,882	102,831	0	21.00
22.00 Unit cost multiplier	0.000000	0.008353	0	0.046242	33.332577	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-2
Part II
Date/Time Prepared:
5/29/2015 8:57 am
PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,085	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,085	0	0	0	0	0	20.00
21.00	Total cost to be allocated	28,755	0	0	0	0	0	21.00
22.00	Unit cost multiplier	9.320908	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19)	0	0					20.00
21.00	Total cost to be allocated	0	0					21.00
22.00	Unit cost multiplier	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/29/2015 8:57 am		
				HHA CCN: 157055	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,453,702		1,453,702	4,613	315.13	1.00
2.00	Physical Therapy	3.00	239,257	0	239,257	1,842	129.89	2.00
3.00	Occupational Therapy	4.00	87,143	0	87,143	467	186.60	3.00
4.00	Speech Pathology	5.00	35,603	0	35,603	180	197.79	4.00
5.00	Medical Social Services	6.00	43,237		43,237	52	831.48	5.00
6.00	Home Health Aide	7.00	124,518		124,518	1,811	68.76	6.00
7.00	Total (sum of lines 1-6)		1,983,460	0	1,983,460	8,965		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description								
Cost Limits		CBSA No. (1)	Part A					
0		1.00	2.00	3.00		4.00		
				5.00				
Limitation Cost Computation								
8.00	Skilled Nursing Care		17140	0	0			8.00
8.01	Skilled Nursing Care		50031	0	3,009			8.01
8.02	Skilled Nursing Care		50034	0	356			8.02
8.03	Skilled Nursing Care		99915	0	0			8.03
9.00	Physical Therapy		17140	0	0			9.00
9.01	Physical Therapy		50031	0	1,058			9.01
9.02	Physical Therapy		50034	0	154			9.02
9.03	Physical Therapy		99915	0	0			9.03
10.00	Occupational Therapy		17140	0	0			10.00
10.01	Occupational Therapy		50031	0	255			10.01
10.02	Occupational Therapy		50034	0	36			10.02
10.03	Occupational Therapy		99915	0	0			10.03
11.00	Speech Pathology		17140	0	0			11.00
11.01	Speech Pathology		50031	0	63			11.01
11.02	Speech Pathology		50034	0	56			11.02
11.03	Speech Pathology		99915	0	0			11.03
12.00	Medical Social Services		17140	0	0			12.00
12.01	Medical Social Services		50031	0	32			12.01
12.02	Medical Social Services		50034	0	3			12.02
12.03	Medical Social Services		99915	0	0			12.03
13.00	Home Health Aide		17140	0	0			13.00
13.01	Home Health Aide		50031	0	972			13.01
13.02	Home Health Aide		50034	0	36			13.02
13.03	Home Health Aide		99915	0	0			13.03
14.00	Total (sum of lines 8-13)			0	6,030			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line		Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)		
0		1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000		15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000		16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-3
Part I
Date/Time Prepared:
5/29/2015 8:57 am
PPS

Title XVIII

Home Health Agency I

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	3,365		0	1,060,412	1.00
2.00	Physical Therapy	0	1,212		0	157,427	2.00
3.00	Occupational Therapy	0	291		0	54,301	3.00
4.00	Speech Pathology	0	119		0	23,537	4.00
5.00	Medical Social Services	0	35		0	29,102	5.00
6.00	Home Health Aide	0	1,008		0	69,310	6.00
7.00	Total (sum of lines 1-6)	0	6,030		0	1,394,089	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Part A	Part B		Part A	Part B	Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	6.00	7.00	8.00	9.00	10.00		
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		86	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-3
Part I
Date/Time Prepared:
5/29/2015 8:57 am
PPS

Title XVII I

Home Health
Agency I

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,060,412		1.00
2.00	Physical Therapy	157,427		2.00
3.00	Occupational Therapy	54,301		3.00
4.00	Speech Pathology	23,537		4.00
5.00	Medical Social Services	29,102		5.00
6.00	Home Health Aide	69,310		6.00
7.00	Total (sum of lines 1-6)	1,394,089		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/29/2015 8:57 am PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.408381	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.614429	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.583213	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.723606	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.427901	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2015 8:57 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	801,351
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	24,670
13.00	Total PPS Reimbursement - LUPA Episodes		0	36,504
14.00	Total PPS Reimbursement - PEP Episodes		0	7,930
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	15,769
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	886,224
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	886,224
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	886,224
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	886,224
30.00	MISC		0	84
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	886,308
31.01	Sequestration adjustment (see instructions)		0	17,724
32.00	Interim payments (see instructions)		0	868,584
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-5
Date/Time Prepared:
5/29/2015 8:57 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		868,584	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		868,584	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		868,584	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151531

To 12/31/2014

Date/Time Prepared: 5/29/2015 8:57 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	135,511	0	0	0	190,451	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	81,783	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	46,290	0	0	0	0	15.00
16.00	Spiritual Counseling	7,433	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	12,323	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	283,340	0	0	0	190,451	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151531

To 12/31/2014

Date/Time Prepared: 5/29/2015 8:57 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	325,962	-56,807	269,155	-4,602	264,553	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	81,783	0	81,783	0	81,783	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	46,290	0	46,290	0	46,290	15.00
16.00	Spiritual Counseling	7,433	0	7,433	0	7,433	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	12,323	0	12,323	0	12,323	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	473,791	-56,807	416,984	-4,602	412,382	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151531

To 12/31/2014

Date/Time Prepared: 5/29/2015 8:57 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	55,299	80,212	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	81,783	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	46,290	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	55,299	80,212	46,290	0	81,783	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151531

To 12/31/2014

Date/Time Prepared: 5/29/2015 8:57 am

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	0	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	7,433	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		12,323	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	12,323	7,433	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151531

To 12/31/2014

Part I
Date/Time Prepared:
5/29/2015 8:57 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	264,553	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	81,783	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	46,290	0	0	0	0	15.00
16.00	Spiritual Counseling	7,433	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	12,323	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	412,382	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151531

To 12/31/2014

Part I
Date/Time Prepared:
5/29/2015 8:57 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	264,553	264,553		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	81,783	146,358	228,141	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	46,290	82,840	129,130	15.00
16.00	Spiritual Counseling	0	7,433	13,302	20,735	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	12,323	22,053	34,376	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	412,382		412,382	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151531

To 12/31/2014

Part II
Date/Time Prepared:
5/29/2015 8:57 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/29/2015 8:57 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-264,553	147,829	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	81,783	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	46,290	15.00
16.00	Spiritual Counseling	0	7,433	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	12,323	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		264,553	39.00
40.00	Unit Cost Multiplier		1.789588	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	3,779	0	6,631	118,100	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	228,141	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	129,130	10.00
11.00	Spiritual Counseling	0	0	0	0	20,735	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	34,376	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	3,779	0	6,631	530,482	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151531

To 12/31/2014

Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	5,461	10,500	0	2,936	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	10,550	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	5,971	0	0	0	0	10.00
11.00	Spiritual Counseling	959	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	1,590	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	24,531	10,500	0	2,936	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151531

To 12/31/2014

Part I
Date/Time Prepared:
5/29/2015 8:57 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151531

To 12/31/2014

Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Hospice I					
		SOCIAL SERVICE	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	136,997				1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	238,691	0	238,691	75,791	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	135,101	0	135,101	42,898	10.00
11.00	Spiritual Counseling	0	21,694	0	21,694	6,888	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	35,966	0	35,966	11,420	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	568,449	0	568,449		34.00
35.00	Unit Cost Multiplier (see instructions)					0.317525	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Total Hospice Costs (col. 26 ± 27)	Hospice I	
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	314,482		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	177,999		10.00
11.00	Spiritual Counseling	28,582		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	47,386		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	568,449		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00 Administrative and General	315	315	283,340	5.01	0	0	1.00
2.00 Inpatient - General Care	0	0	0		0	0	2.00
3.00 Inpatient - Respite Care	0	0	0		0	0	3.00
4.00 Physician Services	0	0	0		0	0	4.00
5.00 Nursing Care	0	0	0		0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0		0	0	6.00
7.00 Physical Therapy	0	0	0		0	0	7.00
8.00 Occupational Therapy	0	0	0		0	0	8.00
9.00 Speech/ Language Pathology	0	0	0		0	0	9.00
10.00 Medical Social Services	0	0	0		0	0	10.00
11.00 Spiritual Counseling	0	0	0		0	0	11.00
12.00 Dietary Counseling	0	0	0		0	0	12.00
13.00 Counseling - Other	0	0	0		0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0		0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0		0	0	15.00
16.00 Other	0	0	0		0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0		0	0	17.00
18.00 Analgesics	0	0	0		0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0		0	0	19.00
20.00 Other - Specify	0	0	0		0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0		0	0	21.00
22.00 Patient Transportation	0	0	0		0	0	22.00
23.00 Imaging Services	0	0	0		0	0	23.00
24.00 Labs and Diagnostics	0	0	0		0	0	24.00
25.00 Medical Supplies	0	0	0		0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0		0	0	26.00
27.00 Radiation Therapy	0	0	0		0	0	27.00
28.00 Chemotherapy	0	0	0		0	0	28.00
29.00 Other	0	0	0		0	0	29.00
30.00 Bereavement Program Costs	0	0	0		0	0	30.00
31.00 Volunteer Program Costs	0	0	0		0	0	31.00
32.00 Fundraising	0	0	0		0	0	32.00
33.00 Other Program Costs	0	0	0		0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	315	315	283,340		0	0	34.00
35.00 Total cost to be allocated	3,604	2,610	101,476		0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	11.441270	8.285714	0.358142	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description		Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (ADMISSIONS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation			
		5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	60,803	0	793,852	0	118,100	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	0	0	0	0	228,141	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	129,130	10.00	
11.00	Spiritual Counseling	0	0	0	0	20,735	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	34,376	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	60,803	0	793,852		530,482	34.00	
35.00	Total cost to be allocated	3,779	0	6,631		24,531	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.062152	0.000000	0.008353		0.046243	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	Hospice I					
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	315	0	315	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	315	0	315	0	0	34.00
35.00 Total cost to be allocated	10,500	0	2,936	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	33.333333	0.000000	9.320635	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2015 8:57 am

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)			
	13.00	14.00	15.00	16.00	17.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-5
 Part III
 Date/Time Prepared:
 5/29/2015 8:57 am

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.408381	0	0
2.00	OCCUPATIONAL THERAPY	67.00	0.614429	0	0
3.00	SPEECH PATHOLOGY	68.00	0.583213	0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.427901	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			
6.00	LABORATORY	60.00	0.211250	0	0
6.01	BLOOD LABORATORY	60.01	0.000000	0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.723606	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.151424	0	0
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			
11.00	Totals (sum of lines 1-10)				0

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150086

Period: From 01/01/2014

Worksheet K-6

Hospice CCN: 151531

To 12/31/2014

Date/Time Prepared: 5/29/2015 8:57 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				568,449	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,987	2.00
3.00	Average cost per diem (line 1 divided by line 2)				113.99	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	3,424				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	390,302				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		748			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		85,265			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			815		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			92,902		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150086	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/29/2015 8:57 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,055,996	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		42,452	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)		42.86	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,098,448	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