

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: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/27/2015 7:18 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/27/2015	Time: 7:18 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH CENTRAL (150003) for the cost reporting period beginning 01/01/2014 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	697,055	50,309	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	697,055	50,309	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet S-2 Part I Date/Time Prepared: 2/27/2015 7:02 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1501 HARTFORD STREET			PO Box:				1.00		
2.00	City: LAFAYETTE			State: IN		Zip Code: 47904-		County: TIPPECANOE		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. ELIZABETH CENTRAL	150003	29140	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ST. ELIZABETH HOSPICE	151563	29140		01/01/1984			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	09/30/2014		20.00
21.00	Type of Control (see instructions)						1		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)								22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			482	58	2	0	155	28	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0		25.00
							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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/27/2015 7:02 am		
		Beginning: 1.00	Ending: 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 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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 Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 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
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					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 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					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
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
					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		Y	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		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		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		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 yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	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.		2			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	575,934	187,001			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
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
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		158014	140.00

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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: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290					
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00			
				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, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
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	168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				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	09/30/2014	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/27/2015 7:02 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.	Y	09/30/2014	V	2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		06/01/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y		Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/23/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/27/2015 7:02 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID		OSTHEIMER	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSEH -CENTRAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5925		DAVID.OSTHEIMER@FRANCISCANALIANCE.0	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/27/2015 7:02 am
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		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	01/23/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCOUNTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2015 7:02 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	85	23,205	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)		85	23,205	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	2,457	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)		94	25,662	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		94				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: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2015 7:02 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,468	570	4,279			1.00
2.00 HMO and other (see instructions)	426	155				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)	2,468	570	4,279			7.00
8.00 INTENSIVE CARE UNIT	565	0	1,083			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	0			13.00
14.00 Total (see instructions)	3,033	570	5,362	0.00	350.29	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	350.29	27.00
28.00 Observation Bed Days		94	415			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2015 7:02 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	747	140	1,211	1.00
2.00	HMO and other (see instructions)			95	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	747	140	1,211	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet S-3 Part II Date/Time Prepared: 2/27/2015 7:02 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	19,674,878	-3,450,405	16,224,473	728,612.00	22.27	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		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,532,072	150,833	4,682,905	165,574.00	28.28	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		2,651,307	0	2,651,307	47,721.00	55.56	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)		7,783,882	0	7,783,882			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,035,436	0	1,035,436			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		0	0	0			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	0	238,762	238,762	3,921.00	60.89	26.00
27.00	Administrative & General	5.00	2,207,121	-1,617,773	589,348	44,772.00	13.16	27.00
28.00	Administrative & General under contract (see inst.)		68,948	0	68,948	520.00	132.59	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	945,395	-497,075	448,320	16,826.00	26.64	30.00
31.00	Laundry & Linen Service	8.00	110,657	-79,497	31,160	1,400.00	22.26	31.00
32.00	Housekeeping	9.00	511,646	0	511,646	40,523.00	12.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	401,164	-127,008	274,156	22,398.00	12.24	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	139,906	127,008	266,914	23,528.00	11.34	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	690	342,350	343,040	9,643.00	35.57	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	429,754	0	429,754	14,571.00	29.49	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2015 7:02 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 45,885	56,922	102,807	7,001.00	14.68	41.00
42.00	Social Service	17.00 0	64,077	64,077	2,618.00	24.48	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2015 7:02 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	19,743,826	-3,450,405	16,293,421	729,132.00	22.35	1.00
2.00	Excluded area salaries (see instructions)	4,532,072	150,833	4,682,905	165,574.00	28.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	15,211,754	-3,601,238	11,610,516	563,558.00	20.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,651,307	0	2,651,307	47,721.00	55.56	4.00
5.00	Subtotal wage-related costs (see inst.)	7,783,882	0	7,783,882	0.00	67.04	5.00
6.00	Total (sum of lines 3 thru 5)	25,646,943	-3,601,238	22,045,705	611,279.00	36.06	6.00
7.00	Total overhead cost (see instructions)	4,861,166	-1,492,234	3,368,932	187,721.00	17.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2015 7:02 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			-1,139 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,730,725 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)			3,146,111 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			138,098 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			12,368 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			101,302 14.00
15.00	'Workers' Compensation Insurance			218,831 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			1,454,423 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			43,023 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			23,050 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			7,866,792 24.00
Part B - Other than Core Related Cost				
25.00	EMPLOYEE ASSISTANCE			245,443 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S-3 Part V Date/Time Prepared: 2/27/2015 7:02 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	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 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	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150003 Component CCN: 151563	Period: From 01/01/2014 To 09/30/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 2/27/2015 7:02 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of col.s. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	11,470	405	0	0	243	12,118	2.00
3.00	Inpatient Respite Care	38	2	0	0	0	40	3.00
4.00	General Inpatient Care	8	0	0	0	2	10	4.00
5.00	Total Hospice Days	11,516	407	0	0	245	12,168	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	253	12	0	0	20	285	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)	45.52	33.92	0.00	0.00	12.25	42.69	8.00
9.00	Unduplicated Census Count	228	0	0	0	0	228	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/27/2015 7:02 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.314264	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,838,682	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?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		16,544,948	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,199,482	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)		2,360,800	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)		2,360,800	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	9,017,764	0	9,017,764	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,833,959	0	2,833,959	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)	2,833,959	0	2,833,959	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)		5,951,732	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		261,628	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,690,104	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,788,195	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,622,154	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,982,954	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	286,447	286,447	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	183,416	183,416	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	333,131	2,182	335,313	335,313	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	679,126	3,169,133	3,848,259	3,848,259	5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	1,194,864	2,113,144	3,308,008	3,278,949	5.06
7.00	00700	OPERATION OF PLANT	945,395	795,135	1,740,530	1,740,530	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	110,657	455,994	566,651	566,651	8.00
9.00	00900	HOUSEKEEPING	511,646	172,780	684,426	684,426	9.00
10.00	01000	DIETARY	401,164	128,266	529,430	379,763	10.00
11.00	01100	CAFETERIA	139,906	82,407	222,313	371,858	11.00
13.00	01300	NURSING ADMINISTRATION	690	-800	-110	-110	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	429,754	1,167,558	1,597,312	639,507	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45,885	157,231	203,116	11,152	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	1,845,032	135,320	1,980,352	2,223,611	20.00
23.00	02300	PARAMED PRGM	123,487	9,702	133,189	196,540	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,745,356	124,577	1,869,933	1,749,296	30.00
31.00	03100	INTENSIVE CARE UNIT	1,876,718	184,448	2,061,166	1,897,732	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	726,116	400,121	1,126,237	809,614	54.00
56.00	05600	RADIOISOTOPE	99,436	184,603	284,039	278,963	56.00
56.02	05602	MRI	20,543	5,978	26,521	23,168	56.02
56.03	05603	ULTRASOUND	79,720	4,191	83,911	81,328	56.03
57.00	05700	CT SCAN	185,562	59,256	244,818	195,450	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,038,784	3,038,784	3,033,155	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	474,213	102,590	576,803	540,442	65.00
66.00	06600	PHYSICAL THERAPY	2,395,052	292,234	2,687,286	2,424,824	66.00
68.00	06800	SPEECH PATHOLOGY	312,901	4,877	317,778	317,341	68.00
69.00	06900	ELECTROCARDIOLOGY	629,842	931,508	1,561,350	1,557,366	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,040,467	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	915,448	73.00
74.00	07400	RENAL DIALYSIS	9,284	389,368	398,652	396,279	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	258,208	258,208	256,753	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	1,034,251	128,624	1,162,875	1,050,152	91.00
91.01	09101	WOUND CARE	761,594	229,437	991,031	809,662	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,517,717	576,768	2,094,485	1,944,803	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	782,239	307,876	1,090,115	954,226	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,411,281	15,611,500	35,022,781	35,022,781	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	61,275	158,679	219,954	219,954	194.00
194.01	07951	SETON LEASE 1 NORTH	202,322	10,892	213,214	213,214	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet A Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
194.03 07953 HHA (FSEH-E)	0	0	0	0	0	0	194.03
194.04 07956 PSYCH (FSEH-E)	0	0	0	0	0	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	0	194.05
200.00 TOTAL (SUM OF LINES 118-199)	19,674,878	15,781,071	35,455,949	0	35,455,949	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/27/2015 7:02 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	2,340,315	2,626,762	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,363,103	1,546,519	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,188,373	7,188,373	4.00
5.02	00550	DATA PROCESSING	145,306	145,306	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	66,953	66,953	5.03
5.04	00570	ADMITTING	-300,619	34,694	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-3,649,454	198,805	5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	1,544,617	4,823,566	5.06
7.00	00700	OPERATION OF PLANT	-99,971	1,640,559	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-407,086	159,565	8.00
9.00	00900	HOUSEKEEPING	0	684,426	9.00
10.00	01000	DIETARY	-52,773	326,990	10.00
11.00	01100	CAFETERIA	-192,023	179,835	11.00
13.00	01300	NURSING ADMINISTRATION	350,012	349,902	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-48,488	591,019	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	59,334	70,486	16.00
17.00	01700	SOCIAL SERVICE	64,510	64,510	17.00
20.00	02000	NURSING SCHOOL	-1,909	2,221,702	20.00
23.00	02300	PARAMED ED PRGM	166,074	362,614	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,749,296	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,380,834	516,898	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	809,614	54.00
56.00	05600	RADIOISOTOPE	-83	278,880	56.00
56.02	05602	MRI	0	23,168	56.02
56.03	05603	ULTRASOUND	0	81,328	56.03
57.00	05700	CT SCAN	0	195,450	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	71,484	3,104,639	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,153	541,595	65.00
66.00	06600	PHYSICAL THERAPY	-856,282	1,568,542	66.00
68.00	06800	SPEECH PATHOLOGY	0	317,341	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,087,604	469,762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	254,196	254,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	516,056	1,556,523	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	77,298	77,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	915,448	73.00
74.00	07400	RENAL DIALYSIS	-184,660	211,619	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	256,753	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-13,892	1,036,260	91.00
91.01	09101	WOUND CARE	-1,236	808,426	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1,571	1,946,374	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-111	954,115	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,933,330	40,956,111	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	219,954	194.00
194.01	07951	SETON LEASE 1 NORTH	0	213,214	194.01
194.02	07952	REHAB (FSEH-E)	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet A Date/Time Prepared: 2/27/2015 7:02 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.05 07955	VACANT SPACE	6.00	7.00	
		0	0	194.05
200.00	TOTAL (SUM OF LINES 118-199)	5,933,330	41,389,279	200.00

RECLASSIFICATIONS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	286,447	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
TOTALS			0	286,447	
B - EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	183,416	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
TOTALS			0	183,416	
C - CAFETERIA					
1.00	CAFETERIA	11.00	127,008	22,659	1.00
TOTALS			127,008	22,659	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,040,467	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
TOTALS			0	1,040,467	
E - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	915,448	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
TOTALS			0	915,448	
F - FSEH - SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	238,762	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	48,585	0	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	339,860	0	3.00
4.00	OPERATION OF PLANT	7.00	251,861	0	4.00
5.00	NURSING ADMINISTRATION	13.00	342,350	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	127,071	0	6.00
7.00	SOCIAL SERVICE	17.00	64,077	0	7.00
8.00	RESPIRATORY THERAPY	65.00	2,438	0	8.00
9.00	PHYSICAL THERAPY	66.00	72,430	0	9.00
10.00	EMERGENCY	91.00	0	55,131	10.00
11.00	ADMINITING	5.04	0	298,662	11.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	608,857	12.00
13.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,071,233	13.00
14.00	OPERATION OF PLANT	7.00	0	748,936	14.00
15.00	LAUNDRY & LINEN SERVICE	8.00	0	79,497	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	38,030	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	262,497	17.00
	TOTALS		1,487,434	3,162,843	
G - PURCHASED SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	0	1,257,267	1.00
2.00	LABORATORY	60.00	15,756	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	864,264	3.00
4.00	ELECTROCARDIOLOGY	69.00	40,317	0	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	227,033	0	5.00
	TOTALS		283,106	2,121,531	
H - NURSING SCHOOL					
1.00	NURSING SCHOOL	20.00	87,404	160,376	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		87,404	160,376	
I - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM	23.00	41,207	0	1.00
2.00	PARAMED ED PRGM	23.00	22,222	0	2.00
	TOTALS		63,429	0	
500.00	Grand Total: Increases		2,048,381	7,893,187	500.00

RECLASSIFICATIONS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BUILDING RENTAL							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	232,133	10		1.00
2.00	LABORATORY	60.00	0	5,629	10		2.00
3.00	PHYSICAL THERAPY	66.00	0	31,360	10		3.00
4.00	AMBULANCE SERVICES	95.00	0	17,325	10		4.00
	TOTALS		0	286,447			
B - EQUIPMENT RENTAL							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	990	10		1.00
2.00	CAFETERIA	11.00	0	122	10		2.00
3.00	PHARMACY	15.00	0	167,364	10		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	990	10		4.00
5.00	RADIOISOTOPE	56.00	0	3,000	10		5.00
6.00	PHYSICAL THERAPY	66.00	0	10,455	10		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	495	10		7.00
	TOTALS		0	183,416			
C - CAFETERIA							
1.00	DIETARY	10.00	127,008	22,659	0		1.00
	TOTALS		127,008	22,659			
D - MEDICAL SUPPLIES							
1.00	PHARMACY	15.00	0	52,289	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	72	0		2.00
3.00	NURSING SCHOOL	20.00	0	4,455	0		3.00
4.00	PARAMED PRGM	23.00	0	78	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	83,795	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	150,344	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,584	0		7.00
8.00	RADIOISOTOPE	56.00	0	2,076	0		8.00
9.00	MRI	56.02	0	39	0		9.00
10.00	ULTRASOUND	56.03	0	2,556	0		10.00
11.00	CT SCAN	57.00	0	34,769	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	36,268	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	220,121	0		13.00
14.00	SPEECH PATHOLOGY	68.00	0	437	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	3,489	0		15.00
16.00	RENAL DIALYSIS	74.00	0	2,169	0		16.00
17.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,450	0		17.00
18.00	EMERGENCY	91.00	0	71,516	0		18.00
19.00	WOUND CARE	91.01	0	177,283	0		19.00
20.00	AMBULANCE SERVICES	95.00	0	90,949	0		20.00
21.00	HOSPICE	116.00	0	23,728	0		21.00
	TOTALS		0	1,040,467			
E - DRUGS							
1.00	PHARMACY	15.00	0	738,152	0		1.00
2.00	NURSING SCHOOL	20.00	0	66	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	9,023	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	13,090	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	916	0		5.00
6.00	MRI	56.02	0	3,314	0		6.00
7.00	ULTRASOUND	56.03	0	27	0		7.00
8.00	CT SCAN	57.00	0	14,599	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	93	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	526	0		10.00
11.00	RENAL DIALYSIS	74.00	0	204	0		11.00
12.00	HYPERBARIC OXYGEN THERAPY	76.98	0	5	0		12.00
13.00	WOUND CARE	91.01	0	4,086	0		13.00
14.00	AMBULANCE SERVICES	95.00	0	19,186	0		14.00
15.00	HOSPICE	116.00	0	112,161	0		15.00
	TOTALS		0	915,448			
F - FSEH - SHARED SERVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	238,762	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	48,585	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	0	339,860	0		3.00
4.00	OPERATION OF PLANT	7.00	0	251,861	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	342,350	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	127,071	0		6.00
7.00	SOCIAL SERVICE	17.00	0	64,077	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	2,438	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	72,430	0		9.00
10.00	EMERGENCY	91.00	55,131	0	0		10.00
11.00	ADMINISTRATIVE	5.04	298,662	0	0		11.00
12.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	608,857	0	0		12.00
13.00	ADMINISTRATIVE AND GENERAL	5.06	1,071,233	0	0		13.00

RECLASSIFICATIONS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-6

Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
14.00	OPERATION OF PLANT	7.00	748,936	0	0		14.00
15.00	LAUNDRY & LINEN SERVICE	8.00	79,497	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	38,030	0	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	262,497	0	0		17.00
TOTALS			3,162,843	1,487,434			
G - PURCHASED SERVICES							
1.00	ADULTS & PEDIATRICALS	30.00	1,257,267	0	0		1.00
2.00	LABORATORY	60.00	0	15,756	0		2.00
3.00	PHYSICAL THERAPY	66.00	864,264	0	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	0	40,317	0		4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	227,033	0		5.00
TOTALS			2,121,531	283,106			
H - NURSING SCHOOL							
1.00	ADMINISTRATIVE AND GENERAL	5.06	27,466	603	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	32,119	159,773	0		2.00
3.00	ADULTS & PEDIATRICALS	30.00	27,819	0	0		3.00
TOTALS			87,404	160,376			
I - PARA MEDICAL EDUCATION							
1.00	EMERGENCY	91.00	0	41,207	0		1.00
2.00	AMBULANCE SERVICES	95.00	0	22,222	0		2.00
TOTALS			0	63,429			
500.00	Grand Total: Decreases		5,498,786	4,442,782			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,191,082	0	0	0	1.00
2.00	Land Improvements	3,723,866	55,308	0	55,308	2.00
3.00	Buildings and Fixtures	92,814,043	1,396,839	0	1,396,839	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	24,251,540	0	0	0	3,730,150
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	124,980,531	1,452,147	0	1,452,147	3,730,150
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	124,980,531	1,452,147	0	1,452,147	3,730,150
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,191,082	0			1.00
2.00	Land Improvements	3,779,174	0			2.00
3.00	Buildings and Fixtures	94,210,882	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	20,521,390	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	122,702,528	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	122,702,528	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
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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	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet A-7 Part III Date/Time Prepared: 2/27/2015 7:02 am
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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	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,924,344	286,447	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,124,437	183,416	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,048,781	469,863	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	415,971	0	0	0	2,626,762	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	238,666	0	0	0	1,546,519	2.00
3.00	Total (sum of lines 1-2)	654,637	0	0	0	4,173,281	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8

Date/Time Prepared:
2/27/2015 7:02 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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,602	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-3,214	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-642,821			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	6,939,899			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-171,970	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-20,053	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	*** Cost Center Deleted ***	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8

Date/Time Prepared:
2/27/2015 7:02 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	MARKETING EXP	A	-9	DIETARY	10.00	0	33.00
33.01	MARKETING EXP	A	-1,011	WOUND CARE	91.01	0	33.01
33.02	MARKETING EXP	A	-111	HOSPICE	116.00	0	33.02
33.03	SON ADVERTISING	A	-1,909	NURSING SCHOOL	20.00	0	33.03
33.04	DAY CARE FOOD SERVICE REV	B	-2,255	DIETARY	10.00	0	33.04
33.05	DISCOUNTS EARNED/REBATES	B	-50,509	DIETARY	10.00	0	33.05
33.06	ATHLETIC TRAINING REV	B	-2,465	PHYSICAL THERAPY	66.00	0	33.06
33.07	DISCOUNTS EARNED/REBATES	B	-3,010	LABORATORY	60.00	0	33.07
33.08	DISCOUNTS EARNED/REBATES	B	-1,306	RESPIRATORY THERAPY	65.00	0	33.08
33.09	MISC - OTHER REV	B	-83	RADIOISOTOPE	56.00	0	33.09
33.10	MISC - OTHER REV	B	-225	WOUND CARE	91.01	0	33.10
33.11	DISCOUNTS EARNED/REBATES	B	-64,581	PHARMACY	15.00	0	33.11
33.12	BLDG RENTAL INCOME	B	-35,435	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,933,330				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 150003

Period: From 01/01/2014 To 09/30/2014

Worksheet A-8-1

Date/Time Prepared: 2/27/2015 7:02 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	FRANCI SCAN DEPRECIATION	463,534	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	FRANCI SCAN DEPRECIATION	265,956	0
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	FRANCI SCAN INTEREST	421,573	0
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	FRANCI SCAN INTEREST	241,880	0
4.01	5.06	ADMINISTRATIVE AND GENERAL	FRANCI SCAN A&G	3,963,538	0
4.02	15.00	PHARMACY	FRANCI SCAN COEP	174,165	0
4.03	5.05	CASHIERING/ACCOUNTS RECEIVAB	PATI ENT ACCOUNTS	0	1,887,525
4.04	5.05	CASHIERING/ACCOUNTS RECEIVAB	PATI ENT ACCOUNTS	0	39,339
4.05	15.00	PHARMACY	PHARMACY	0	158,072
4.06	5.04	ADMITTING	FSEH-C SHARED SERVICES	34,694	335,313
4.07	5.05	CASHIERING/ACCOUNTS RECEIVAB	FSEH-C SHARED SERVICES	198,805	1,921,395
4.08	5.06	ADMINISTRATIVE AND GENERAL	FSEH-C SHARED SERVICES	210,470	3,308,007
4.09	7.00	OPERATION OF PLANT	FSEH-C SHARED SERVICES	348,958	1,740,530
4.10	8.00	LAUNDRY & LINEN SERVICE	FSEH-C SHARED SERVICES	159,565	566,651
4.11	16.00	MEDICAL RECORDS & LIBRARY	FSEH-C SHARED SERVICES	28,120	203,115
4.12	69.00	ELECTROCARDIOLOGY	FSEH-C SHARED SERVICES	94,906	600,532
4.13	1.00	NEW CAP REL COSTS-BLDG & FIX	FSEH-E SHARED SERVICES	1,496,245	0
4.14	2.00	NEW CAP REL COSTS-MVBLE EQUI	FSEH-E SHARED SERVICES	858,481	0
4.15	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH-E SHARED SERVICES	7,188,373	0
4.16	5.06	ADMINISTRATIVE AND GENERAL	FSEH-E SHARED SERVICES	58,910	0
4.17	5.02	DATA PROCESSING	FSEH-E SHARED SERVICES	145,306	0
4.18	5.03	PURCHASING RECEIVING AND STO	FSEH-E SHARED SERVICES	66,953	0
4.19	5.06	ADMINISTRATIVE AND GENERAL	FSEH-E SHARED SERVICES	619,706	0
4.20	7.00	OPERATION OF PLANT	FSEH-E SHARED SERVICES	1,291,601	0
4.21	13.00	NURSING ADMINISTRATION	FSEH-E SHARED SERVICES	350,012	0
4.22	16.00	MEDICAL RECORDS & LIBRARY	FSEH-E SHARED SERVICES	234,329	0
4.23	17.00	SOCIAL SERVICE	FSEH-E SHARED SERVICES	64,510	0
4.24	65.00	RESPIRATORY THERAPY	FSEH-E SHARED SERVICES	2,459	0
4.25	66.00	PHYSICAL THERAPY	FSEH-E SHARED SERVICES	72,890	0
4.26	91.00	EMERGENCY	FSEH-E SHARED SERVICES	0	55,099
4.27	31.00	INTENSIVE CARE UNIT	FSEH PURCHASED SERVICES	0	1,380,834
4.28	60.00	LABORATORY	FSEH PURCHASED SERVICES	74,494	0
4.29	66.00	PHYSICAL THERAPY	FSEH PURCHASED SERVICES	0	926,707
4.30	69.00	ELECTROCARDIOLOGY	FSEH PURCHASED SERVICES	50,448	0
4.31	70.00	ELECTROENCEPHALOGRAPHY	FSEH PURCHASED SERVICES	254,196	0
4.32	71.00	MEDICAL SUPPLIES CHARGED TO	FSEH PURCHASED SERVICES	516,056	0
4.33	72.00	IMPL. DEV. CHARGED TO PATIEN	FSEH PURCHASED SERVICES	77,298	0
4.34	74.00	RENAL DIALYSIS	FSEH PURCHASED SERVICES	0	184,660
4.35	23.00	PARAMED ED PRGM	FSEH-PHARMACY PROGRAM	63,759	0
4.36	91.00	EMERGENCY	FSEH-PHARMACY PROGRAM	41,207	0
4.37	95.00	AMBULANCE SERVICES	FSEH-PARAMED PROGRAM	11,966	0
4.38	23.00	PARAMED ED PRGM	FSEH-PHARMACY PROGRAM	102,315	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,247,678	13,307,779

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

6.00	G	FSEH	100.00	FSEH - EAST	100.00	6.00
7.00	B	FRANCI SCAN ALLI	100.00	FRANCI SCAN ALLI	100.00	7.00
8.00			0.00		0.00	8.00

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

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/27/2015 7:02 am

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
9.00			0.00			9.00
10.00			0.00			10.00
100.00	G. Other (financial or non-financial) specify:	FSEH- SHARED SV				100.00

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

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

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

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/27/2015 7:02 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	463,534	9		1.00
2.00	265,956	9		2.00
3.00	421,573	11		3.00
4.00	241,880	11		4.00
4.01	3,963,538	0		4.01
4.02	174,165	0		4.02
4.03	-1,887,525	0		4.03
4.04	-39,339	0		4.04
4.05	-158,072	0		4.05
4.06	-300,619	0		4.06
4.07	-1,722,590	0		4.07
4.08	-3,097,537	0		4.08
4.09	-1,391,572	0		4.09
4.10	-407,086	0		4.10
4.11	-174,995	0		4.11
4.12	-505,626	0		4.12
4.13	1,496,245	9		4.13
4.14	858,481	9		4.14
4.15	7,188,373	0		4.15
4.16	58,910	0		4.16
4.17	145,306	0		4.17
4.18	66,953	0		4.18
4.19	619,706	0		4.19
4.20	1,291,601	0		4.20
4.21	350,012	0		4.21
4.22	234,329	0		4.22
4.23	64,510	0		4.23
4.24	2,459	0		4.24
4.25	72,890	0		4.25
4.26	-55,099	0		4.26
4.27	-1,380,834	0		4.27
4.28	74,494	0		4.28
4.29	-926,707	0		4.29
4.30	50,448	0		4.30
4.31	254,196	0		4.31
4.32	516,056	0		4.32
4.33	77,298	0		4.33
4.34	-184,660	0		4.34
4.35	63,759	0		4.35
4.36	41,207	0		4.36
4.37	11,966	0		4.37
4.38	102,315	0		4.38
5.00	6,939,899			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

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

6.00	SISTER FACILITY		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8-1

Date/Time Prepared:
2/27/2015 7:02 am

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet A-8-2

Date/Time Prepared:
2/27/2015 7:02 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	69.00	ELECTROCARDIOLOGY	635,499	0	6,000	159,800	40	1.00
2.00	91.01	WOUND CARE	11,250	0	11,250	159,800	180	2.00
3.00	95.00	AMBULANCE SERVICES	33,750	0	33,750	159,800	304	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			680,499	0	51,000		524	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	69.00	ELECTROCARDIOLOGY	3,073	154	0	0	0	1.00
2.00	91.01	WOUND CARE	13,829	691	0	0	0	2.00
3.00	95.00	AMBULANCE SERVICES	23,355	1,168	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			40,257	2,013	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	69.00	ELECTROCARDIOLOGY	0	3,073	2,927	632,426	1.00
2.00	91.01	WOUND CARE	0	13,829	0	0	2.00
3.00	95.00	AMBULANCE SERVICES	0	23,355	10,395	10,395	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	40,257	13,322	642,821	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	2,626,762	2,626,762			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	1,546,519		1,546,519		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,188,373	6,946	629	7,195,948	4.00
5.02 00550	DATA PROCESSING	145,306	7,791	87,549	0	5.02
5.03 00561	PURCHASING RECEIVING AND STORES	66,953	62,528	68,631	21,870	5.03
5.04 00570	ADMITTING	34,694	8,916	1,687	15,516	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	198,805	40,961	4,176	31,632	5.05
5.06 00560	ADMINISTRATIVE AND GENERAL	4,823,566	224,364	34,978	196,276	5.06
7.00 00700	OPERATION OF PLANT	1,640,559	711,561	97,313	201,811	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	159,565	83,053	15,419	14,027	8.00
9.00 00900	HOUSEKEEPING	684,426	47,725	6,846	230,317	9.00
10.00 01000	DIETARY	326,990	53,254	21,578	123,411	10.00
11.00 01100	CAFETERIA	179,835	31,802	5,504	120,151	11.00
13.00 01300	NURSING ADMINISTRATION	349,902	7,432	28,285	154,419	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	25,308	23,919	0	14.00
15.00 01500	PHARMACY	591,019	18,638	19,272	193,453	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	70,486	19,697	1,941	46,278	16.00
17.00 01700	SOCIAL SERVICE	64,510	0	0	28,844	17.00
20.00 02000	NURSING SCHOOL	2,221,702	299,069	36,779	869,880	20.00
23.00 02300	PARAMED PRGM	362,614	2,505	0	84,140	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,749,296	164,440	40,672	207,190	30.00
31.00 03100	INTENSIVE CARE UNIT	516,898	26,710	53,418	844,803	31.00
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	809,614	109,652	276,313	326,860	54.00
56.00 05600	RADIOISOTOPE	278,880	21,639	96,406	44,761	56.00
56.02 05602	MRI	23,168	9,148	1,826	9,247	56.02
56.03 05603	ULTRASOUND	81,328	3,548	17,410	35,886	56.03
57.00 05700	CT SCAN	195,450	10,163	159,632	83,531	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	3,104,639	60,068	1,829	7,093	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	541,595	16,767	66,055	214,564	65.00
66.00 06600	PHYSICAL THERAPY	1,568,542	62,330	65,743	721,687	66.00
68.00 06800	SPEECH PATHOLOGY	317,341	13,540	17,070	140,852	68.00
69.00 06900	ELECTROCARDIOLOGY	469,762	25,617	103,965	183,509	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	254,196	20,486	41,682	102,199	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,556,523	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	77,298	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	915,448	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	211,619	76,206	0	4,179	74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	256,753	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	1,036,260	98,496	53,482	440,750	91.00
91.01 09101	WOUND CARE	808,426	53,629	6,198	342,831	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,946,374	19,691	50,453	683,199	95.00
97.00 09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	97.00
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	954,115	25,904	0	352,124	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	40,956,111	2,469,584	1,506,660	7,077,290	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,386	646	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
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To 09/30/2014

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.02	
194.00 07950 PATIENT TRANSPORT	219,954	0	36,164	27,583	0	194.00
194.01 07951 SETON LEASE 1 NORTH	213,214	46,136	3,049	91,075	2,948	194.01
194.02 07952 REHAB (FSEH-E)	0	58,523	0	0	0	194.02
194.03 07953 HHA (FSEH-E)	0	10,284	0	0	0	194.03
194.04 07956 PSYCH (FSEH-E)	0	33,849	0	0	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	41,389,279	2,626,762	1,546,519	7,195,948	240,646	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet B Part I Date/Time Prepared: 2/27/2015 7:02 am		
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL		
			5.03	5.04	5.05	5A.05	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
5.02	00550	DATA PROCESSING							5.02
5.03	00561	PURCHASING RECEIVING AND STORES	221,593						5.03
5.04	00570	ADMINING	7	62,064					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	182	0	278,437				5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	561	0	0	5,287,159	5,287,159		5.06
7.00	00700	OPERATION OF PLANT	514	0	0	2,657,321	389,165		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81	0	0	272,608	39,923		8.00
9.00	00900	HOUSEKEEPING	2,653	0	0	985,366	144,307		9.00
10.00	01000	DIETARY	1,081	0	0	533,720	78,163		10.00
11.00	01100	CAFETERIA	501	0	0	345,572	50,609		11.00
13.00	01300	NURSING ADMINISTRATION	1	0	0	543,227	79,556		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	49,227	7,209		14.00
15.00	01500	PHARMACY	9,589	0	0	836,789	122,548		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5	0	0	140,261	20,541		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	94,220	13,799		17.00
20.00	02000	NURSING SCHOOL	817	0	0	3,447,632	504,907		20.00
23.00	02300	PARAMED PRGM	14	0	0	453,457	66,409		23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	15,367	11,446	17,729	2,228,443	326,355		30.00
31.00	03100	INTENSIVE CARE UNIT	27,571	5,810	8,337	1,505,950	220,546		31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,286	962	19,518	1,568,287	229,676		54.00
56.00	05600	RADIOISOTOPE	381	0	87	443,200	64,907		56.00
56.02	05602	MRI	7	1,491	4,150	49,277	7,217		56.02
56.03	05603	ULTRASOUND	469	615	2,734	142,654	20,892		56.03
57.00	05700	CT SCAN	6,376	3,344	23,265	483,923	70,871		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00	06000	LABORATORY	12,969	13,361	58,129	3,258,088	477,147		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	18,235	3,047	4,895	871,025	127,562		65.00
66.00	06600	PHYSICAL THERAPY	40,365	694	19,566	2,507,688	367,251		66.00
68.00	06800	SPEECH PATHOLOGY	80	635	2,463	495,080	72,504		68.00
69.00	06900	ELECTROCARDIOLOGY	741	1,524	5,844	795,013	116,430		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	265	4,836	423,664	62,046		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,955	15,006	1,576,484	230,876		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	263	434	77,995	11,422		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,330	20,918	946,696	138,644		73.00
74.00	07400	RENAL DIALYSIS	398	1,089	1,659	295,233	43,237		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	445	4,221	261,419	38,285		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00	09100	EMERGENCY	13,115	1,695	30,277	1,688,074	247,218		91.00
91.01	09101	WOUND CARE	32,511	93	9,496	1,262,184	184,847		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0			92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	17,227	0	17,596	2,759,085	404,068		95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0		97.00
99.10	09910	CORF	0	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	4,351	0	7,277	1,351,309	197,899		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	221,455	62,064	278,437	40,637,330	5,177,036		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9,032	1,323		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	283,701	41,548		194.00
194.01	07951	SETON LEASE 1 NORTH	138	0	0	356,560	52,218		194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	58,523	8,571		194.02
194.03	07953	HHA (FSEH-E)	0	0	0	10,284	1,506		194.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
194.04	07956 PSYCH (FSEH-E)	0	0	0	33,849	4,957	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	221,593	62,064	278,437	41,389,279	5,287,159	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
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To 09/30/2014

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		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
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	3,046,486				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	161,809	474,340			8.00
9.00	00900	HOUSEKEEPING	92,981	35,213	1,257,867		9.00
10.00	01000	DIETARY	103,752	13,412	48,664	777,711	10.00
11.00	01100	CAFETERIA	61,959	0	29,061	0	487,201
13.00	01300	NURSING ADMINISTRATION	14,479	0	6,791	0	8,045
14.00	01400	CENTRAL SERVICES & SUPPLY	49,307	14,117	23,127	0	0
15.00	01500	PHARMACY	36,311	0	17,031	0	12,156
16.00	01600	MEDICAL RECORDS & LIBRARY	38,375	0	17,999	0	4,679
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,184
20.00	02000	NURSING SCHOOL	582,665	0	273,298	0	48,913
23.00	02300	PARAMED PRGM	4,880	0	2,289	0	10,557
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	320,372	203,535	150,268	382,070	56,276
31.00	03100	INTENSIVE CARE UNIT	52,037	41,752	24,408	96,703	56,528
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	213,631	25,705	100,202	0	25,440
56.00	05600	RADIOISOTOPE	42,159	0	19,774	0	2,640
56.02	05602	MRI	17,822	0	8,359	0	606
56.03	05603	ULTRASOUND	6,912	0	3,242	0	1,676
57.00	05700	CT SCAN	19,800	0	9,287	0	5,455
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	117,027	4,629	54,891	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	32,667	5,118	15,322	0	14,803
66.00	06600	PHYSICAL THERAPY	121,435	29,218	56,958	0	72,567
68.00	06800	SPEECH PATHOLOGY	26,379	0	12,373	0	7,820
69.00	06900	ELECTROCARDIOLOGY	49,909	1,166	23,409	0	10,222
70.00	07000	ELECTROENCEPHALOGRAPHY	39,912	0	18,720	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	148,469	0	69,638	0	210
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	191,896	82,317	90,008	0	35,324
91.01	09101	WOUND CARE	104,483	18,158	49,007	0	22,709
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	38,364	0	17,994	0	61,932
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	50,468	0	23,672	0	19,020
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,740,260	474,340	1,165,792	478,773	479,762
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,339	0	7,664	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0
194.01	07951	SETON LEASE 1 NORTH	89,885	0	0	0	7,439
194.02	07952	REHAB (FSEH-E)	114,018	0	53,479	134,377	0
194.03	07953	HHA (FSEH-E)	20,037	0	0	0	0
194.04	07956	PSYCH (FSEH-E)	65,947	0	30,932	164,561	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	3,046,486	474,340	1,257,867	777,711	487,201	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet B Part I Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
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
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	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	652,098					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	142,987				14.00
15.00	01500	PHARMACY	0	0	1,024,835			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	221,855		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	110,203	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,934	0	0	14,131	7,020	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,646	3,301	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,558	7,729	54.00
56.00	05600	RADIOISOTOPE	6,474	0	0	69	34	56.00
56.02	05602	MRI	0	0	0	3,308	1,643	56.02
56.03	05603	ULTRASOUND	0	0	0	2,179	1,083	56.03
57.00	05700	CT SCAN	0	0	0	18,544	9,212	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	46,250	22,967	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	41,849	0	0	3,902	1,938	65.00
66.00	06600	PHYSICAL THERAPY	130,732	0	0	15,596	7,748	66.00
68.00	06800	SPEECH PATHOLOGY	19,180	0	0	1,963	975	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,658	2,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,855	1,915	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,987	0	11,961	5,942	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	346	172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,024,835	16,674	8,283	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,323	657	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	3,364	1,671	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	85,863	0	0	24,133	11,989	91.00
91.01	09101	WOUND CARE	36,074	0	0	7,569	3,760	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	152,340	0	0	14,026	6,968	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	46,652	0	0	5,800	2,882	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	652,098	142,987	1,024,835	221,855	110,203	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
194.04	07956	PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	652,098	142,987	1,024,835	221,855	110,203	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		NURSING SCHOOL	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		20.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						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						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
20.00	02000	4,857,415					20.00
23.00	02300	0	537,592				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,857,415	0	8,678,819	-2,369,691	6,309,128	30.00
31.00	03100	0	0	2,007,871	0	2,007,871	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	0	0	2,186,228	0	2,186,228	54.00
56.00	05600	0	0	579,257	0	579,257	56.00
56.02	05602	0	0	88,232	0	88,232	56.02
56.03	05603	0	0	178,638	0	178,638	56.03
57.00	05700	0	0	617,092	0	617,092	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	3,980,999	0	3,980,999	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	1,114,186	0	1,114,186	65.00
66.00	06600	0	0	3,309,193	0	3,309,193	66.00
68.00	06800	0	0	636,274	0	636,274	68.00
69.00	06900	0	0	1,003,121	0	1,003,121	69.00
70.00	07000	0	0	550,112	0	550,112	70.00
71.00	07100	0	0	1,968,250	0	1,968,250	71.00
72.00	07200	0	0	89,935	0	89,935	72.00
73.00	07300	0	311,803	2,446,935	0	2,446,935	73.00
74.00	07400	0	0	558,767	0	558,767	74.00
76.98	07698	0	0	304,739	0	304,739	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	0	225,789	2,682,611	0	2,682,611	91.00
91.01	09101	0	0	1,688,791	0	1,688,791	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	3,454,777	0	3,454,777	95.00
97.00	09700	0	0	0	0	0	97.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	1,697,702	0	1,697,702	116.00
118.00		4,857,415	537,592	39,822,529	0	37,452,838	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	34,358	0	34,358	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	325,249	0	325,249	194.00
194.01	07951	0	0	506,102	0	506,102	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part I
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Cost Center Description		NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		20.00	23.00	24.00	25.00	26.00	
194.02	07952 REHAB (FSEH-E)	0	0	368,968	0	368,968	194.02
194.03	07953 HHA (FSEH-E)	0	0	31,827	0	31,827	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	300,246	0	300,246	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,857,415	537,592	41,389,279	0	39,019,588	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/27/2015 7:02 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	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	6,946	629	7,575	7,575 4.00
5.02 00550	DATA PROCESSING	0	7,791	87,549	95,340	0 5.02
5.03 00561	PURCHASING RECEIVING AND STORES	0	62,528	68,631	131,159	23 5.03
5.04 00570	ADMITTING	0	8,916	1,687	10,603	16 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	40,961	4,176	45,137	33 5.05
5.06 00560	ADMINISTRATIVE AND GENERAL	990	224,364	34,978	260,332	207 5.06
7.00 00700	OPERATION OF PLANT	0	711,561	97,313	808,874	213 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	83,053	15,419	98,472	15 8.00
9.00 00900	HOUSEKEEPING	0	47,725	6,846	54,571	243 9.00
10.00 01000	DIETARY	0	53,254	21,578	74,832	130 10.00
11.00 01100	CAFETERIA	122	31,802	5,504	37,428	127 11.00
13.00 01300	NURSING ADMINISTRATION	0	7,432	28,285	35,717	163 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	25,308	23,919	49,227	0 14.00
15.00 01500	PHARMACY	167,364	18,638	19,272	205,274	204 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	19,697	1,941	21,638	49 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	30 17.00
20.00 02000	NURSING SCHOOL	0	299,069	36,779	335,848	912 20.00
23.00 02300	PARAMED ED PRGM	0	2,505	0	2,505	89 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	164,440	40,672	205,112	218 30.00
31.00 03100	INTENSIVE CARE UNIT	0	26,710	53,418	80,128	890 31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	990	109,652	276,313	386,955	344 54.00
56.00 05600	RADIOISOTOPE	3,000	21,639	96,406	121,045	47 56.00
56.02 05602	MRI	0	9,148	1,826	10,974	10 56.02
56.03 05603	ULTRASOUND	0	3,548	17,410	20,958	38 56.03
57.00 05700	CT SCAN	0	10,163	159,632	169,795	88 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	60,068	1,829	61,897	7 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	16,767	66,055	82,822	226 65.00
66.00 06600	PHYSICAL THERAPY	10,455	62,330	65,743	138,528	760 66.00
68.00 06800	SPEECH PATHOLOGY	0	13,540	17,070	30,610	148 68.00
69.00 06900	ELECTROCARDIOLOGY	495	25,617	103,965	130,077	193 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	20,486	41,682	62,168	108 70.00
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
74.00 07400	RENAL DIALYSIS	0	76,206	0	76,206	4 74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	98,496	53,482	151,978	464 91.00
91.01 09101	WOUND CARE	0	53,629	6,198	59,827	361 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	19,691	50,453	70,144	719 95.00
97.00 09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0 97.00
99.10 09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	25,904	0	25,904	371 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	183,416	2,469,584	1,506,660	4,159,660	7,450 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,386	646	9,032	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	PATIENT TRANSPORT	0	0	36,164	36,164	29 194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
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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			
194.01 07951 SETON LEASE 1 NORTH	0	46,136	3,049	49,185	96	194.01
194.02 07952 REHAB (FSEH-E)	0	58,523	0	58,523	0	194.02
194.03 07953 HHA (FSEH-E)	0	10,284	0	10,284	0	194.03
194.04 07956 PSYCH (FSEH-E)	0	33,849	0	33,849	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	183,416	2,626,762	1,546,519	4,356,697	7,575	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	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
5.02	00550	DATA PROCESSING	95,340					5.02
5.03	00561	PURCHASING RECEIVING AND STORES	638	131,820				5.03
5.04	00570	ADMINING	493	4	11,116			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,062	108	0	46,340		5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	2,937	333	0	0	263,809	5.06
7.00	00700	OPERATION OF PLANT	2,204	306	0	0	19,417	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	183	48	0	0	1,992	8.00
9.00	00900	HOUSEKEEPING	5,308	1,578	0	0	7,200	9.00
10.00	01000	DIETARY	2,934	643	0	0	3,900	10.00
11.00	01100	CAFETERIA	3,082	298	0	0	2,525	11.00
13.00	01300	NURSING ADMINISTRATION	1,263	1	0	0	3,969	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	360	14.00
15.00	01500	PHARMACY	1,909	5,704	0	0	6,114	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	735	3	0	0	1,025	16.00
17.00	01700	SOCIAL SERVICE	343	0	0	0	688	17.00
20.00	02000	NURSING SCHOOL	7,680	486	0	0	25,204	20.00
23.00	02300	PARAMED ED PRGM	1,658	9	0	0	3,313	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,836	9,141	2,053	2,952	16,283	30.00
31.00	03100	INTENSIVE CARE UNIT	8,876	16,401	1,042	1,388	11,004	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,994	9,093	173	3,250	11,459	54.00
56.00	05600	RADIOISOTOPE	414	226	0	14	3,238	56.00
56.02	05602	MRI	95	4	267	691	360	56.02
56.03	05603	ULTRASOUND	263	279	110	455	1,042	56.03
57.00	05700	CT SCAN	856	3,793	600	3,874	3,536	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,715	2,380	9,657	23,807	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,324	10,847	547	815	6,365	65.00
66.00	06600	PHYSICAL THERAPY	11,397	24,014	124	3,258	18,324	66.00
68.00	06800	SPEECH PATHOLOGY	1,228	48	114	410	3,618	68.00
69.00	06900	ELECTROCARDIOLOGY	1,605	441	273	973	5,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	48	805	3,096	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	889	2,499	11,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	47	72	570	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,853	3,483	6,918	73.00
74.00	07400	RENAL DIALYSIS	33	237	195	276	2,157	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	80	703	1,910	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	5,546	7,802	304	5,042	12,335	91.00
91.01	09101	WOUND CARE	3,566	19,340	17	1,581	9,223	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,724	10,248	0	2,930	20,161	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,986	2,588	0	1,212	9,874	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	94,172	131,738	11,116	46,340	258,315	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	66	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	2,073	194.00
194.01	07951	SETON LEASE 1 NORTH	1,168	82	0	0	2,605	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	428	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	75	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5.05	5.06	
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	247	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	95,340	131,820	11,116	46,340	263,809	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/27/2015 7:02 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		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	
5.02	00550	DATA PROCESSING					5.02	
5.03	00561	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	831,014				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	44,138	144,848			8.00	
9.00	00900	HOUSEKEEPING	25,363	10,753	105,016		9.00	
10.00	01000	DIETARY	28,301	4,096	4,063	118,899	10.00	
11.00	01100	CAFETERIA	16,901	0	2,426	0	62,787	11.00
13.00	01300	NURSING ADMINISTRATION	3,950	0	567	0	1,037	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,450	4,311	1,931	0	0	14.00
15.00	01500	PHARMACY	9,905	0	1,422	0	1,567	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,468	0	1,503	0	603	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	281	17.00
20.00	02000	NURSING SCHOOL	158,936	0	22,818	0	6,304	20.00
23.00	02300	PARAMED PRGM	1,331	0	191	0	1,361	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,390	62,152	12,545	58,412	7,252	30.00
31.00	03100	INTENSIVE CARE UNIT	14,195	12,750	2,038	14,784	7,285	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,274	7,850	8,366	0	3,279	54.00
56.00	05600	RADIOISOTOPE	11,500	0	1,651	0	340	56.00
56.02	05602	MRI	4,862	0	698	0	78	56.02
56.03	05603	ULTRASOUND	1,885	0	271	0	216	56.03
57.00	05700	CT SCAN	5,401	0	775	0	703	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	31,922	1,413	4,583	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	8,911	1,563	1,279	0	1,908	65.00
66.00	06600	PHYSICAL THERAPY	33,125	8,922	4,755	0	9,351	66.00
68.00	06800	SPEECH PATHOLOGY	7,196	0	1,033	0	1,008	68.00
69.00	06900	ELECTROCARDIOLOGY	13,614	356	1,954	0	1,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,887	0	1,563	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	40,499	0	5,814	0	27	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	52,345	25,137	7,514	0	4,552	91.00
91.01	09101	WOUND CARE	28,501	5,545	4,091	0	2,927	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,465	0	1,502	0	7,981	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,767	0	1,976	0	2,451	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	747,482	144,848	97,329	73,196	61,828	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,457	0	640	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	24,519	0	0	0	959	194.01
194.02	07952	REHAB (FSEH-E)	31,101	0	4,465	20,544	0	194.02
194.03	07953	HHA (FSEH-E)	5,466	0	0	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	17,989	0	2,582	25,159	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	831,014	144,848	105,016	118,899	62,787	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
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
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	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	46,667					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	69,279				14.00
15.00	01500	PHARMACY	0	0	232,099			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	36,024		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,342	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,513	0	0	2,292	83	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,078	39	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,523	92	54.00
56.00	05600	RADIOISOTOPE	463	0	0	11	0	56.00
56.02	05602	MRI	0	0	0	537	20	56.02
56.03	05603	ULTRASOUND	0	0	0	353	13	56.03
57.00	05700	CT SCAN	0	0	0	3,008	110	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	7,541	302	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,995	0	0	633	23	65.00
66.00	06600	PHYSICAL THERAPY	9,356	0	0	2,530	92	66.00
68.00	06800	SPEECH PATHOLOGY	1,373	0	0	318	12	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	756	28	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	625	23	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	69,279	0	1,940	71	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	56	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	232,099	2,704	99	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	215	8	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	546	20	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	6,145	0	0	3,914	143	91.00
91.01	09101	WOUND CARE	2,582	0	0	1,228	45	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,901	0	0	2,275	83	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,339	0	0	941	34	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,667	69,279	232,099	36,024	1,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
194.04	07956	PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	46,667	69,279	232,099	36,024	1,342	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description	NURSING SCHOOL	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	20.00	23.00	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
5.02 00550	DATA PROCESSING				5.02
5.03 00561	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMINISTRATIVE				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560	ADMINISTRATIVE AND GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
20.00 02000	NURSING SCHOOL	558,188			20.00
23.00 02300	PARAMED PRGM		10,457		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		484,234	0	30.00
31.00 03100	INTENSIVE CARE UNIT		171,898	0	31.00
41.00 04100	SUBPROVIDER - IRF		0	0	41.00
42.00 04200	SUBPROVIDER		0	0	42.00
43.00 04300	NURSERY		0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		0	0	50.00
51.00 05100	RECOVERY ROOM		0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		495,652	0	54.00
56.00 05600	RADIOISOTOPE		138,949	0	56.00
56.02 05602	MRI		18,596	0	56.02
56.03 05603	ULTRASOUND		25,883	0	56.03
57.00 05700	CT SCAN		192,539	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		151,224	0	60.00
60.01 06001	BLOOD LABORATORY		0	0	60.01
65.00 06500	RESPIRATORY THERAPY		121,258	0	65.00
66.00 06600	PHYSICAL THERAPY		264,536	0	66.00
68.00 06800	SPEECH PATHOLOGY		47,116	0	68.00
69.00 06900	ELECTROCARDIOLOGY		157,396	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY		79,323	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		86,197	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		747	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		247,156	0	73.00
74.00 07400	RENAL DIALYSIS		125,671	0	74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY		3,259	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC		0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	89.00
91.00 09100	EMERGENCY		283,221	0	91.00
91.01 09101	WOUND CARE		138,834	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES		147,133	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP. - SOLD		0	0	97.00
99.10 09910	CORF		0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00 10900	PANCREAS ACQUISITION		0	0	109.00
110.00 11000	INTESTINAL ACQUISITION		0	0	110.00
111.00 11100	ISLET ACQUISITION		0	0	111.00
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE		65,443	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	3,446,265	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		14,195	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES		0	0	192.00
194.00 07950	PATIENT TRANSPORT		38,266	0	194.00
194.01 07951	SETON LEASE 1 NORTH		78,614	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description			NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			20.00	23.00	24.00	25.00	26.00	
194.02	07952	REHAB (FSEH-E)			115,061	0	115,061	194.02
194.03	07953	HHA (FSEH-E)			15,825	0	15,825	194.03
194.04	07956	PSYCH (FSEH-E)			79,826	0	79,826	194.04
194.05	07955	VACANT SPACE			0	0	0	194.05
200.00		Cross Foot Adjustments	558,188	10,457	568,645	0	568,645	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	558,188	10,457	4,356,697	0	4,356,697	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description	CAPITAL RELATED COSTS					PURCHASING RECEIVING AND STORES (COSTED REQUIREMENT)
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MANHRS)		
	1.00	2.00	4.00	5.02	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	476,090					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		555,462				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,259	226	15,985,711			4.00
5.02 00550 DATA PROCESSING	1,412	31,445	0	727,809		5.02
5.03 00561 PURCHASING RECEIVING AND STORES	11,333	24,650	48,585	4,871	1,208,361	5.03
5.04 00570 ADMITTING	1,616	606	34,469	3,763	38	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	7,424	1,500	70,269	8,108	990	5.05
5.06 00560 ADMINSTRATIVE AND GENERAL	40,665	12,563	436,025	22,424	3,057	5.06
7.00 00700 OPERATION OF PLANT	128,968	34,952	448,320	16,826	2,801	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	15,053	5,538	31,160	1,400	444	8.00
9.00 00900 HOUSEKEEPING	8,650	2,459	511,646	40,523	14,468	9.00
10.00 01000 DIETARY	9,652	7,750	274,156	22,398	5,894	10.00
11.00 01100 CAFETERIA	5,764	1,977	266,914	23,528	2,731	11.00
13.00 01300 NURSING ADMINISTRATION	1,347	10,159	343,040	9,643	8	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,587	8,591	0	0	0	14.00
15.00 01500 PHARMACY	3,378	6,922	429,754	14,571	52,289	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,570	697	102,807	5,608	28	16.00
17.00 01700 SOCIAL SERVICE	0	0	64,077	2,618	0	17.00
20.00 02000 NURSING SCHOOL	54,205	13,210	1,932,436	58,628	4,455	20.00
23.00 02300 PARAMED PRGM	454	0	186,916	12,654	79	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	29,804	14,608	460,270	67,453	83,795	30.00
31.00 03100 INTENSIVE CARE UNIT	4,841	19,186	1,876,718	67,756	150,344	31.00
41.00 04100 SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,874	99,243	726,116	30,493	83,356	54.00
56.00 05600 RADIOISOTOPE	3,922	34,626	99,436	3,164	2,076	56.00
56.02 05602 MRI	1,658	656	20,543	726	39	56.02
56.03 05603 ULTRASOUND	643	6,253	79,720	2,009	2,556	56.03
57.00 05700 CT SCAN	1,842	57,335	185,562	6,538	34,769	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	10,887	657	15,756	0	70,723	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	3,039	23,725	476,651	17,743	99,436	65.00
66.00 06600 PHYSICAL THERAPY	11,297	23,613	1,603,218	86,981	220,121	66.00
68.00 06800 SPEECH PATHOLOGY	2,454	6,131	312,901	9,373	437	68.00
69.00 06900 ELECTROCARDIOLOGY	4,643	37,341	407,662	12,252	4,039	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,713	14,971	227,033	0	0	70.00
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
74.00 07400 RENAL DIALYSIS	13,812	0	9,284	252	2,169	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	17,852	19,209	979,120	42,340	71,516	91.00
91.01 09101 WOUND CARE	9,720	2,226	761,594	27,219	177,283	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	3,569	18,121	1,517,717	74,233	93,939	95.00
97.00 09700 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	4,695	0	782,239	22,798	23,728	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	447,602	541,146	15,722,114	718,893	1,207,608	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,520	232	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MANHRS)	PURCHASING RECEIVING AND STORES (COSTED REQUIREMENT)	
	1.00	2.00	4.00	5.02	5.03	
194.00 07950 PATIENT TRANSPORT	0	12,989	61,275	0	0	194.00
194.01 07951 SETON LEASE 1 NORTH	8,362	1,095	202,322	8,916	753	194.01
194.02 07952 REHAB (FSEH-E)	10,607	0	0	0	0	194.02
194.03 07953 HHA (FSEH-E)	1,864	0	0	0	0	194.03
194.04 07956 PSYCH (FSEH-E)	6,135	0	0	0	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,626,762	1,546,519	7,195,948	240,646	221,593	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.517364	2.784203	0.450149	0.330644	0.183383	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			7,575	95,340	131,820	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000474	0.130996	0.109090	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580	38,119,828	119,176,231				5.05
5.06	00560			-5,287,159	36,102,120		5.06
7.00	00700				2,657,321	283,413	7.00
8.00	00800				272,608	15,053	8.00
9.00	00900				985,366	8,650	9.00
10.00	01000				533,720	9,652	10.00
11.00	01100				345,572	5,764	11.00
13.00	01300				543,227	1,347	13.00
14.00	01400				49,227	4,587	14.00
15.00	01500				836,789	3,378	15.00
16.00	01600				140,261	3,570	16.00
17.00	01700				94,220		17.00
20.00	02000				3,447,632	54,205	20.00
23.00	02300				453,457	454	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,030,682	7,589,380	0	2,228,443	29,804	30.00
31.00	03100	3,569,070	3,569,070	0	1,505,950	4,841	31.00
41.00	04100			0	0	0	41.00
42.00	04200			0	0	0	42.00
43.00	04300			0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	591,122	8,355,479	0	1,568,287	19,874	54.00
56.00	05600	0	37,038	0	443,200	3,922	56.00
56.02	05602	915,872	1,776,500	0	49,277	1,658	56.02
56.03	05603	377,669	1,170,311	0	142,654	643	56.03
57.00	05700	2,053,879	9,959,170	0	483,923	1,842	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	8,203,775	24,866,667	0	3,258,088	10,887	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,871,839	2,095,378	0	871,025	3,039	65.00
66.00	06600	426,095	8,375,840	0	2,507,688	11,297	66.00
68.00	06800	390,034	1,054,429	0	495,080	2,454	68.00
69.00	06900	936,410	2,501,872	0	795,013	4,643	69.00
70.00	07000	163,041	2,070,119	0	423,664	3,713	70.00
71.00	07100	3,043,337	6,423,737	0	1,576,484	0	71.00
72.00	07200	161,428	185,672	0	77,995	0	72.00
73.00	07300	6,345,160	8,954,775	0	946,696	0	73.00
74.00	07400	669,001	710,284	0	295,233	13,812	74.00
76.98	07698	273,166	1,806,746	0	261,419	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	1,041,154	12,961,049	0	1,688,074	17,852	91.00
91.01	09101	57,094	4,064,958	0	1,262,184	9,720	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	7,532,599	0	2,759,085	3,569	95.00
97.00	09700	0	0	0	0	0	97.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	3,115,158	0	1,351,309	4,695	116.00
118.00		38,119,828	119,176,231	-5,287,159	35,350,171	254,925	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	9,032	1,520	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	283,701	0	194.00
194.01	07951	0	0	0	356,560	8,362	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		ADMINISTRATIVE (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
194.02	07952 REHAB (FSEH-E)	0	0	0	58,523	10,607	194.02
194.03	07953 HHA (FSEH-E)	0	0	0	10,284	1,864	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	0	33,849	6,135	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	62,064	278,437		5,287,159	3,046,486	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001628	0.002336		0.146450	10.749281	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,116	46,340		263,809	831,014	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000292	0.000389		0.007307	2.932166	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
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	
5.02	00550	DATA PROCESSING					5.02	
5.03	00561	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	217,968				8.00	
9.00	00900	HOUSEKEEPING	16,181	249,484			9.00	
10.00	01000	DIETARY	6,163	9,652	55,757		10.00	
11.00	01100	CAFETERIA	0	5,764	0	583,968	11.00	
13.00	01300	NURSING ADMINISTRATION	0	1,347	0	9,643	318,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,487	4,587	0	0	0	14.00
15.00	01500	PHARMACY	0	3,378	0	14,571	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,570	0	5,608	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,618	0	17.00
20.00	02000	NURSING SCHOOL	0	54,205	0	58,628	0	20.00
23.00	02300	PARAMED ED PRGM	0	454	0	12,654	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,528	29,804	27,392	67,453	64,963	30.00
31.00	03100	INTENSIVE CARE UNIT	19,186	4,841	6,933	67,756	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,812	19,874	0	30,493	0	54.00
56.00	05600	RADIOISOTOPE	0	3,922	0	3,164	3,164	56.00
56.02	05602	MRI	0	1,658	0	726	0	56.02
56.03	05603	ULTRASOUND	0	643	0	2,009	0	56.03
57.00	05700	CT SCAN	0	1,842	0	6,538	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,127	10,887	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,352	3,039	0	17,743	20,451	65.00
66.00	06600	PHYSICAL THERAPY	13,426	11,297	0	86,981	63,887	66.00
68.00	06800	SPEECH PATHOLOGY	0	2,454	0	9,373	9,373	68.00
69.00	06900	ELECTROCARDIOLOGY	536	4,643	0	12,252	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,713	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	13,812	0	252	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	37,826	17,852	0	42,340	41,960	91.00
91.01	09101	WOUND CARE	8,344	9,720	0	27,219	17,629	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,569	0	74,233	74,447	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	4,695	0	22,798	22,798	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	217,968	231,222	34,325	575,052	318,672	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,520	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	0	8,916	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
194.02	07952 REHAB (FSEH-E)	0	10,607	9,634	0	0	194.02
194.03	07953 HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	6,135	11,798	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	474,340	1,257,867	777,711	487,201	652,098	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.176191	5.041874	13.948222	0.834294	2.046298	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	144,848	105,016	118,899	62,787	46,667	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.664538	0.420933	2.132450	0.107518	0.146442	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	NURSING SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						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						13.00
14.00	01400	100					14.00
15.00	01500	0	100				15.00
16.00	01600	0	0	119,176,231			16.00
17.00	01700	0	0	0	119,176,231		17.00
20.00	02000	0	0	0	0	100	20.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	7,589,380	7,589,380	100	30.00
31.00	03100	0	0	3,569,070	3,569,070	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	0	0	8,355,479	8,355,479	0	54.00
56.00	05600	0	0	37,038	37,038	0	56.00
56.02	05602	0	0	1,776,500	1,776,500	0	56.02
56.03	05603	0	0	1,170,311	1,170,311	0	56.03
57.00	05700	0	0	9,959,170	9,959,170	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	24,866,667	24,866,667	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	2,095,378	2,095,378	0	65.00
66.00	06600	0	0	8,375,840	8,375,840	0	66.00
68.00	06800	0	0	1,054,429	1,054,429	0	68.00
69.00	06900	0	0	2,501,872	2,501,872	0	69.00
70.00	07000	0	0	2,070,119	2,070,119	0	70.00
71.00	07100	100	0	6,423,737	6,423,737	0	71.00
72.00	07200	0	0	185,672	185,672	0	72.00
73.00	07300	0	100	8,954,775	8,954,775	0	73.00
74.00	07400	0	0	710,284	710,284	0	74.00
76.98	07698	0	0	1,806,746	1,806,746	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	0	0	12,961,049	12,961,049	0	91.00
91.01	09101	0	0	4,064,958	4,064,958	0	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	7,532,599	7,532,599	0	95.00
97.00	09700	0	0	0	0	0	97.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	3,115,158	3,115,158	0	116.00
118.00		100	100	119,176,231	119,176,231	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	NURSING SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	20.00	
194.02	07952 REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953 HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	142,987	1,024,835	221,855	110,203	4,857,415	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,429.870000	10,248.350000	0.001862	0.000925	48,574.150000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	69,279	232,099	36,024	1,342	558,188	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	692.790000	2,320.990000	0.000302	0.000011	5,581.880000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
194.03	07953 HHA (FSEH-E)	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	194.04
194.05	07955 VACANT SPACE	0	194.05
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)	537,592	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5,375.920000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,457	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	104.570000	205.00

Provider CCN: 150003

Period:
 From 01/01/2014
 To 09/30/2014

Worksheet B-2
 Date/Time Prepared:
 2/27/2015 7:02 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	NURSING SCHOOL		1 30.00	-2,369,691	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/27/2015 7:02 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		6,309,128	0	6,309,128	30.00
31.00	03100 INTENSIVE CARE UNIT		2,007,871	0	2,007,871	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		0	0	0	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,186,228	0	2,186,228	54.00
56.00	05600 RADIO SOTOP		579,257	0	579,257	56.00
56.02	05602 MRI		88,232	0	88,232	56.02
56.03	05603 ULTRASOUND		178,638	0	178,638	56.03
57.00	05700 CT SCAN		617,092	0	617,092	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		3,980,999	0	3,980,999	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,114,186	0	1,114,186	65.00
66.00	06600 PHYSICAL THERAPY	0	3,309,193	0	3,309,193	66.00
68.00	06800 SPEECH PATHOLOGY	0	636,274	0	636,274	68.00
69.00	06900 ELECTROCARDIOLOGY		1,003,121	2,927	1,006,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		550,112	0	550,112	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,968,250	0	1,968,250	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		89,935	0	89,935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,446,935	0	2,446,935	73.00
74.00	07400 RENAL DIALYSIS		558,767	0	558,767	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY		304,739	0	304,739	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
91.00	09100 EMERGENCY		2,682,611	0	2,682,611	91.00
91.01	09101 WOUND CARE		1,688,791	0	1,688,791	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		557,793	0	557,793	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		3,454,777	10,395	3,465,172	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD		0	0	0	97.00
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		1,697,702		1,697,702	116.00
200.00	Subtotal (see instructions)	0	38,010,631	13,322	38,023,953	200.00
201.00	Less Observation Beds		557,793		557,793	201.00
202.00	Total (see instructions)	0	37,452,838	13,322	37,466,160	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet C Part I Date/Time Prepared: 2/27/2015 7:02 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	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,030,682		7,030,682			30.00
31.00	03100	INTENSIVE CARE UNIT	3,569,070		3,569,070			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	591,122	7,764,357	8,355,479	0.261652	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	37,038	37,038	15.639532	0.000000	56.00
56.02	05602	MRI	915,872	860,628	1,776,500	0.049666	0.000000	56.02
56.03	05603	ULTRASOUND	377,669	792,642	1,170,311	0.152641	0.000000	56.03
57.00	05700	CT SCAN	2,053,879	7,905,291	9,959,170	0.061962	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	8,203,775	16,662,892	24,866,667	0.160094	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	1,871,839	223,539	2,095,378	0.531735	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	426,095	7,949,745	8,375,840	0.395088	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	390,034	664,395	1,054,429	0.603430	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	936,410	1,565,462	2,501,872	0.400948	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,041	1,907,078	2,070,119	0.265739	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,043,337	3,380,400	6,423,737	0.306403	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	161,428	24,244	185,672	0.484376	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,345,160	2,609,615	8,954,775	0.273255	0.000000	73.00
74.00	07400	RENAL DIALYSIS	669,001	41,283	710,284	0.786681	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	273,166	1,533,580	1,806,746	0.168667	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
91.00	09100	EMERGENCY	1,041,154	11,919,895	12,961,049	0.206975	0.000000	91.00
91.01	09101	WOUND CARE	57,094	4,007,864	4,064,958	0.415451	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	558,698	558,698	0.998380	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	7,532,599	7,532,599	0.458643	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,115,158	3,115,158			116.00
200.00		Subtotal (see instructions)	38,119,828	81,056,403	119,176,231			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	38,119,828	81,056,403	119,176,231			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/27/2015 7:02 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.261652		54.00
56.00	05600 RADIOISOTOPE	15.639532		56.00
56.02	05602 MRI	0.049666		56.02
56.03	05603 ULTRASOUND	0.152641		56.03
57.00	05700 CT SCAN	0.061962		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	0.160094		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.531735		65.00
66.00	06600 PHYSICAL THERAPY	0.395088		66.00
68.00	06800 SPEECH PATHOLOGY	0.603430		68.00
69.00	06900 ELECTROCARDIOLOGY	0.402118		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265739		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306403		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484376		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273255		73.00
74.00	07400 RENAL DIALYSIS	0.786681		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.168667		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.206975		91.00
91.01	09101 WOUND CARE	0.415451		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.998380		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.460023		95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0.000000		97.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet C Part I Date/Time Prepared: 2/27/2015 7:02 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		6,309,128	0	6,309,128	30.00	
31.00	03100 INTENSIVE CARE UNIT		2,007,871	0	2,007,871	31.00	
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		0	0	0	50.00	
51.00	05100 RECOVERY ROOM		0	0	0	51.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,186,228	0	2,186,228	54.00	
56.00	05600 RADIO SOTOP		579,257	0	579,257	56.00	
56.02	05602 MRI		88,232	0	88,232	56.02	
56.03	05603 ULTRASOUND		178,638	0	178,638	56.03	
57.00	05700 CT SCAN		617,092	0	617,092	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		3,980,999	0	3,980,999	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	1,114,186	0	1,114,186	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,309,193	0	3,309,193	66.00	
68.00	06800 SPEECH PATHOLOGY	0	636,274	0	636,274	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,003,121	2,927	1,006,048	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		550,112	0	550,112	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,968,250	0	1,968,250	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		89,935	0	89,935	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		2,446,935	0	2,446,935	73.00	
74.00	07400 RENAL DIALYSIS		558,767	0	558,767	74.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY		304,739	0	304,739	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
91.00	09100 EMERGENCY		2,682,611	0	2,682,611	91.00	
91.01	09101 WOUND CARE		1,688,791	0	1,688,791	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		557,793	0	557,793	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		3,454,777	10,395	3,465,172	95.00	
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD		0	0	0	97.00	
99.10	09910 CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		1,697,702		1,697,702	116.00	
200.00	Subtotal (see instructions)	0	38,010,631	13,322	38,023,953	200.00	
201.00	Less Observation Beds		557,793		557,793	201.00	
202.00	Total (see instructions)	0	37,452,838	13,322	37,466,160	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet C Part I Date/Time Prepared: 2/27/2015 7:02 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	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,030,682		7,030,682			30.00
31.00	03100	INTENSIVE CARE UNIT	3,569,070		3,569,070			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	591,122	7,764,357	8,355,479	0.261652	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	37,038	37,038	15.639532	0.000000	56.00
56.02	05602	MRI	915,872	860,628	1,776,500	0.049666	0.000000	56.02
56.03	05603	ULTRASOUND	377,669	792,642	1,170,311	0.152641	0.000000	56.03
57.00	05700	CT SCAN	2,053,879	7,905,291	9,959,170	0.061962	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	8,203,775	16,662,892	24,866,667	0.160094	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	1,871,839	223,539	2,095,378	0.531735	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	426,095	7,949,745	8,375,840	0.395088	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	390,034	664,395	1,054,429	0.603430	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	936,410	1,565,462	2,501,872	0.400948	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,041	1,907,078	2,070,119	0.265739	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,043,337	3,380,400	6,423,737	0.306403	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	161,428	24,244	185,672	0.484376	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,345,160	2,609,615	8,954,775	0.273255	0.000000	73.00
74.00	07400	RENAL DIALYSIS	669,001	41,283	710,284	0.786681	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	273,166	1,533,580	1,806,746	0.168667	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
91.00	09100	EMERGENCY	1,041,154	11,919,895	12,961,049	0.206975	0.000000	91.00
91.01	09101	WOUND CARE	57,094	4,007,864	4,064,958	0.415451	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	558,698	558,698	0.998380	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	7,532,599	7,532,599	0.458643	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,115,158	3,115,158			116.00
200.00		Subtotal (see instructions)	38,119,828	81,056,403	119,176,231			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	38,119,828	81,056,403	119,176,231			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/27/2015 7:02 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOLOGY	0.000000		56.00
56.02	05602 MRI	0.000000		56.02
56.03	05603 ULTRASOUND	0.000000		56.03
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
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 WOUND CARE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0.000000		97.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part I Date/Time Prepared: 2/27/2015 7:02 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		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	484,234	0	484,234	4,694	103.16	30.00	
31.00	INTENSIVE CARE UNIT	171,898		171,898	1,083	158.72	31.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	0	0.00	43.00	
200.00	Total (lines 30-199)	656,132		656,132	5,777		200.00	
Cost Center Description		Inpatient Program						
		days	Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,468	254,599				30.00	
31.00	INTENSIVE CARE UNIT	565	89,677				31.00	
41.00	SUBPROVIDER - IRF	0	0				41.00	
42.00	SUBPROVIDER	0	0				42.00	
43.00	NURSERY	0	0				43.00	
200.00	Total (lines 30-199)	3,033	344,276				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/27/2015 7:02 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	495,652	8,355,479	0.059321	381,823	22,650	54.00
56.00	05600	RADIOISOTOPE	138,949	37,038	3.751525	0	0	56.00
56.02	05602	MRI	18,596	1,776,500	0.010468	504,817	5,284	56.02
56.03	05603	ULTRASOUND	25,883	1,170,311	0.022116	240,554	5,320	56.03
57.00	05700	CT SCAN	192,539	9,959,170	0.019333	1,112,305	21,504	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	151,224	24,866,667	0.006081	3,654,472	22,223	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	121,258	2,095,378	0.057869	1,009,433	58,415	65.00
66.00	06600	PHYSICAL THERAPY	264,536	8,375,840	0.031583	337,065	10,646	66.00
68.00	06800	SPEECH PATHOLOGY	47,116	1,054,429	0.044684	32,998	1,474	68.00
69.00	06900	ELECTROCARDIOLOGY	157,396	2,501,872	0.062911	526,623	33,130	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,323	2,070,119	0.038318	89,349	3,424	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,197	6,423,737	0.013419	896,284	12,027	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	747	185,672	0.004023	85,925	346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,156	8,954,775	0.027600	3,231,236	89,182	73.00
74.00	07400	RENAL DIALYSIS	125,671	710,284	0.176931	450,030	79,624	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,259	1,806,746	0.001804	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	283,221	12,961,049	0.021852	544,001	11,888	91.00
91.01	09101	WOUND CARE	138,834	4,064,958	0.034154	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	42,811	558,698	0.076626	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0	0	97.00
200.00		Total (Lines 50-199)	2,620,368	97,928,722		13,096,915	377,137	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
						4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,487,724	0	0	0	2,487,724	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	2,487,724	0	0	0	2,487,724	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	4,694	529.98	2,468	1,307,991		30.00
31.00	03100	INTENSIVE CARE UNIT	1,083	0.00	565	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	5,777		3,033	1,307,991		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/27/2015 7:02 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00	
56.02	05602 MRI	0	0	0	0	0	56.02	
56.03	05603 ULTRASOUND	0	0	0	0	0	56.03	
57.00	05700 CT SCAN	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	311,803	0	311,803	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
91.00	09100 EMERGENCY	0	0	225,789	0	225,789	91.00	
91.01	09101 WOUND CARE	0	0	0	0	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	219,941	0	0	219,941	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00	
200.00	Total (lines 50-199)	0	219,941	537,592	0	757,533	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/27/2015 7:02 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,355,479	0.000000	0.000000	381,823	54.00
56.00	05600 RADIOISOTOPE	0	37,038	0.000000	0.000000	0	56.00
56.02	05602 MRI	0	1,776,500	0.000000	0.000000	504,817	56.02
56.03	05603 ULTRASOUND	0	1,170,311	0.000000	0.000000	240,554	56.03
57.00	05700 CT SCAN	0	9,959,170	0.000000	0.000000	1,112,305	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	24,866,667	0.000000	0.000000	3,654,472	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,095,378	0.000000	0.000000	1,009,433	65.00
66.00	06600 PHYSICAL THERAPY	0	8,375,840	0.000000	0.000000	337,065	66.00
68.00	06800 SPEECH PATHOLOGY	0	1,054,429	0.000000	0.000000	32,998	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,501,872	0.000000	0.000000	526,623	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,070,119	0.000000	0.000000	89,349	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,423,737	0.000000	0.000000	896,284	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	185,672	0.000000	0.000000	85,925	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	311,803	8,954,775	0.034820	0.034820	3,231,236	73.00
74.00	07400 RENAL DIALYSIS	0	710,284	0.000000	0.000000	450,030	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,806,746	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	225,789	12,961,049	0.017421	0.017421	544,001	91.00
91.01	09101 WOUND CARE	0	4,064,958	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	219,941	558,698	0.393667	0.393667	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	757,533	97,928,722			13,096,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/27/2015 7:02 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	428,428	0	54.00
56.00	05600 RADIOISOTOPE	0	13,354	0	56.00
56.02	05602 MRI	0	230,076	0	56.02
56.03	05603 ULTRASOUND	0	117,084	0	56.03
57.00	05700 CT SCAN	0	1,616,942	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	2,402,308	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	52,443	0	65.00
66.00	06600 PHYSICAL THERAPY	0	86,044	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	30,350	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	685,766	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	745,113	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	500,012	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	112,512	359,785	12,528	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	866,620	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100 EMERGENCY	9,477	1,566,580	27,291	91.00
91.01	09101 WOUND CARE	0	3,303,490	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	97.00
200.00	Total (Lines 50-199)	121,989	13,004,395	39,819	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/27/2015 7:02 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	0.000000	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.261652	428,428	0	0	54.00
56.00	05600 RADIOISOTOPE	15.639532	13,354	0	0	56.00
56.02	05602 MRI	0.049666	230,076	0	0	56.02
56.03	05603 ULTRASOUND	0.152641	117,084	0	0	56.03
57.00	05700 CT SCAN	0.061962	1,616,942	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.160094	2,402,308	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.531735	52,443	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.395088	86,044	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0.603430	30,350	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.400948	685,766	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265739	745,113	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306403	500,012	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484376	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273255	359,785	0	12,906	73.00
74.00	07400 RENAL DIALYSIS	0.786681	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.168667	866,620	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
91.00	09100 EMERGENCY	0.206975	1,566,580	0	0	91.00
91.01	09101 WOUND CARE	0.415451	3,303,490	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.998380	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.458643	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		13,004,395	0	12,906	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		13,004,395	0	12,906	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/27/2015 7:02 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MRI	0	0		56.02
56.03 05603 ULTRASOUND	0	0		56.03
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	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	3,527		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP. - SOLD	0	0		97.00
200.00	Subtotal (see instructions)	0	3,527	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	3,527	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2015 7:02 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)		4,694	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,694	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,279	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,468	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)		6,309,128	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)		6,309,128	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)		6,309,128	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)		1,344.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,317,189	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)		3,317,189	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/27/2015 7:02 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,007,871	1,083	1,853.99	565	1,047,504	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)					3,406,837	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,771,530	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)					1,652,267	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					499,126	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,151,393	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,620,137	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)					415	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,344.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					557,793	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/27/2015 7:02 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	484,234	6,309,128	0.076751	557,793	42,811	90.00
91.00	Nursing School cost	2,487,724	6,309,128	0.394306	557,793	219,941	91.00
92.00	Allied health cost	0	6,309,128	0.000000	557,793	0	92.00
93.00	All other Medical Education	0	6,309,128	0.000000	557,793	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 2/27/2015 7:02 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)		4,694	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,694	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,279	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)		570	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)		6,309,128	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)		6,309,128	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)		6,309,128	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)		1,344.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		766,126	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)		766,126	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/27/2015 7:02 am	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,007,871	1,083	1,853.99	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)				809,388	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,575,514	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)				415	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,344.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				557,793	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/27/2015 7:02 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	484,234	6,309,128	0.076751	557,793	42,811	90.00
91.00	Nursing School cost	0	6,309,128	0.000000	557,793	0	91.00
92.00	Allied health cost	0	6,309,128	0.000000	557,793	0	92.00
93.00	All other Medical Education	0	6,309,128	0.000000	557,793	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/27/2015 7:02 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		4,059,430	30.00
31.00	03100	INTENSIVE CARE UNIT		1,803,272	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.261652	381,823	54.00
56.00	05600	RADIOISOTOPE	15.639532	0	56.00
56.02	05602	MRI	0.049666	504,817	56.02
56.03	05603	ULTRASOUND	0.152641	240,554	56.03
57.00	05700	CT SCAN	0.061962	1,112,305	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.160094	3,654,472	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.531735	1,009,433	65.00
66.00	06600	PHYSICAL THERAPY	0.395088	337,065	66.00
68.00	06800	SPEECH PATHOLOGY	0.603430	32,998	68.00
69.00	06900	ELECTROCARDIOLOGY	0.402118	526,623	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265739	89,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306403	896,284	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484376	85,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273255	3,231,236	73.00
74.00	07400	RENAL DIALYSIS	0.786681	450,030	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.168667	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100	EMERGENCY	0.206975	544,001	91.00
91.01	09101	WOUND CARE	0.415451	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.998380	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		13,096,915	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		13,096,915	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/27/2015 7:02 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		832,752		30.00
31.00	03100 INTENSIVE CARE UNIT		547,374		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.261652	114,561	29,975	54.00
56.00	05600 RADIOISOTOPE	15.639532	0	0	56.00
56.02	05602 MRI	0.049666	110,327	5,480	56.02
56.03	05603 ULTRASOUND	0.152641	44,552	6,800	56.03
57.00	05700 CT SCAN	0.061962	220,607	13,669	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.160094	816,636	130,739	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.531735	262,572	139,619	65.00
66.00	06600 PHYSICAL THERAPY	0.395088	44,349	17,522	66.00
68.00	06800 SPEECH PATHOLOGY	0.603430	1,723	1,040	68.00
69.00	06900 ELECTROCARDIOLOGY	0.400948	95,515	38,297	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265739	21,648	5,753	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306403	239,560	73,402	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484376	14,256	6,905	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273255	942,747	257,610	73.00
74.00	07400 RENAL DIALYSIS	0.786681	68,853	54,165	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.168667	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
91.00	09100 EMERGENCY	0.206975	137,271	28,412	91.00
91.01	09101 WOUND CARE	0.415451	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.998380	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		3,135,177	809,388	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)		3,135,177		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/27/2015 7:02 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		5,270,665	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		83,354	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		654,807	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		92.48	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) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		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
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
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.65	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.52	31.00
32.00	Sum of lines 30 and 31		19.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.21	33.00
34.00	Disproportionate share adjustment (see instructions)		68,651	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/27/2015 7:02 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	0	35.00
35.01	Factor 3 (see instructions)		0.000044963	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		406,752	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		304,228	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		304,228		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		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)		5,726,898		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 SCH and MDH only (see instructions)		5,726,898		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		433,002		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		877,213		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part 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, Part III, column 9, lines 30 through 35).		1,307,991		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		121,989		58.00
59.00	Total (sum of amounts on lines 49 through 58)		8,467,093		59.00
60.00	Primary payer payments		1,789		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,465,304		61.00
62.00	Deductibles billed to program beneficiaries		565,109		62.00
63.00	Coinurance billed to program beneficiaries		14,592		63.00
64.00	Allowable bad debts (see instructions)		219,117		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		142,426		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		78,157		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		8,028,029		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		0		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-7,907		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/27/2015 7:02 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		8,020,122		71.00
71.01	Sequestration adjustment (see instructions)		160,402		71.01
72.00	Interim payments		7,162,665		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		697,055		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/27/2015 7:02 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,527	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,442,740	2.00
3.00	PPS payments		2,798,086	3.00
4.00	Outlier payment (see instructions)		42,686	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		39,819	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,527	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,906	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		12,906	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)		12,906	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,379	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)		3,527	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)		2,880,591	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		623,718	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		2,260,400	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,260,400	30.00
31.00	Primary payer payments		311	31.00
32.00	Subtotal (line 30 minus line 31)		2,260,089	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		183,387	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		119,202	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		85,868	36.00
37.00	Subtotal (see instructions)		2,379,291	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,379,291	40.00
40.01	Sequestration adjustment (see instructions)		47,586	40.01
41.00	Interim payments		2,281,396	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		50,309	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: 150003		Period: From 01/01/2014 To 09/30/2014		Worksheet E-1 Part I Date/Time Prepared: 2/27/2015 7:02 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		7,162,665		2,281,396	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,162,665		2,281,396	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		697,055		50,309	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,859,720		2,331,705	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: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet E-1 Part II Date/Time Prepared: 2/27/2015 7:02 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			0 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 2/27/2015 7:02 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		1,575,514		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)		1,575,514	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)		1,575,514	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		3,135,177	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)		3,135,177	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)		3,135,177	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,559,663	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)		1,575,514	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)		1,575,514	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)		1,575,514	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)		1,575,514	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		1,575,514	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)		1,575,514	0	40.00
41.00	Interim payments		1,575,514	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

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

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet G

Date/Time Prepared:
2/27/2015 7:02 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	8,796,486	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	40,974,387	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	4,871,536	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,287,366	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)	61,929,775	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,769,465	0	0	0	12.00
13.00	Land improvements	2,216,033	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	234,221,317	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,064,766	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	79,003,546	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	-109,085,773	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)	221,189,354	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,872,836	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	3,444,082	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,316,918	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	296,436,047	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,608,251	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,976,183	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	8,725,628	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,310,062	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	17,188,369	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,188,369	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,498,431	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	246,937,616	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	246,937,616	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	296,436,047	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet G-1

Date/Time Prepared:
2/27/2015 7:02 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		271,854,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-7,197,360			2.00
3.00	Total (sum of line 1 and line 2)		264,656,640		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)		264,656,640		0	11.00
12.00	ADJUST TO INTERNAL FS	17,719,024		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)		17,719,024		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		246,937,616		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	ADJUST TO INTERNAL FS		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: 150003

Period:
From 01/01/2014
To 09/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	62,269,504		62,269,504	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,188,538		2,188,538	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	64,458,042		64,458,042	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,136,881		11,136,881	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)	11,136,881		11,136,881	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	75,594,923		75,594,923	17.00
18.00	Ancillary services	243,943,849	301,091,401	545,035,250	18.00
19.00	Outpatient services	6,858,313	56,182,420	63,040,733	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	3,115,158	3,115,158	26.00
27.00	NICU	8,409,801	17,653	8,427,454	27.00
27.01	NON REIMBURSABLE	-2,827,760	224,445	-2,603,315	27.01
27.02	HHA	0	5,484,997	5,484,997	27.02
27.03	PHYSICIAN (CORP 44)	0	45,949,170	45,949,170	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	331,979,126	412,065,244	744,044,370	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		35,455,949		29.00
30.00	AFFILIATES	175,617,817			30.00
31.00	PHYSICIAN (CORP 44)	40,744,308			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)		216,362,125		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)		251,818,074		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet G-3 Date/Time Prepared: 2/27/2015 7:02 am
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		744,044,370	1.00
2.00	Less contractual allowances and discounts on patients' accounts		490,991,581	2.00
3.00	Net patient revenues (line 1 minus line 2)		253,052,789	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		251,818,074	4.00
5.00	Net income from service to patients (line 3 minus line 4)		1,234,715	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 OPERATING REVENUE		10,737,477	24.00
24.01	EQUITY IN EARNINGS OF INVESTMENTS		4,378,151	24.01
24.02	NET ASSETS RELEASED		0	24.02
24.03	INVESTMENT INCOME		0	24.03
24.04	CONTRIBUTIONS		1,370	24.04
24.05	OTHER-NON-OPERATING REVENUE/EXPENSES		0	24.05
25.00	Total other income (sum of lines 6-24)		15,116,998	25.00
26.00	Total (line 5 plus line 25)		16,351,713	26.00
27.00	EQUITY TRANSFERS TO/FROM AFFILIATES		22,468,139	27.00
27.01	NET ASSETS RELEASED		3,474	27.01
27.02	OTHER-NON-OPERATING REVENUE/EXPENSES		18,000	27.02
27.03	MINORITY INTEREST IN CONSOLIDATED AF		1,059,460	27.03
28.00	Total other expenses (sum of line 27 and subscripts)		23,549,073	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		-7,197,360	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet 1-5 Date/Time Prepared: 2/27/2015 7:02 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS		Provider CCN: 150003	Period: From 01/01/2014	Worksheet K
		Hospice CCN: 151563	To 09/30/2014	Date/Time Prepared: 2/27/2015 7:02 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		74,979	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	341,589	0	0	3,904	70,237	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	518	0	0	3,702	0	7.00
8.00	Inpatient - Respite Care	8,194	0	0	1,550	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	16,406	0	9.00
10.00	Nursing Care	255,615	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	4,241	0	0	0	0	11.00
12.00	Physical Therapy	2,718	0	0	0	0	12.00
13.00	Occupational Therapy	636	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	56,042	0	0	0	0	15.00
16.00	Spiritual Counseling	72,774	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	39,912	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	1,209	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)	782,239	0	0	26,771	145,216	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150003

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151563

To 09/30/2014

Date/Time Prepared: 2/27/2015 7:02 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	1.00
2.00	Capital Related Costs-Movable Equip.	74,979	0	74,979	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	415,730	0	415,730	-111	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	4,220	0	4,220	0	7.00
8.00	Inpatient - Respite Care	9,744	0	9,744	0	8.00
VISITING SERVICES						
9.00	Physician Services	16,406	0	16,406	0	9.00
10.00	Nursing Care	255,615	0	255,615	0	10.00
11.00	Nursing Care-Continuous Home Care	4,241	0	4,241	0	11.00
12.00	Physical Therapy	2,718	0	2,718	0	12.00
13.00	Occupational Therapy	636	0	636	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	56,042	0	56,042	0	15.00
16.00	Spiritual Counseling	72,774	0	72,774	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	39,912	0	39,912	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	1,209	0	1,209	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)	954,226	0	954,226	-111	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150003

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151563

To 09/30/2014

Date/Time Prepared: 2/27/2015 7:02 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	0	0	0	110,211	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	518	7.00
8.00	Inpatient - Respite Care	0	0	146	0	8,048	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	255,615	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	4,241	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	56,042	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	56,188	110,211	268,422	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150003

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151563

To 09/30/2014

Date/Time Prepared: 2/27/2015 7:02 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	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	231,378	341,589	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	518	7.00
8.00	Inpatient - Respite Care		0	0	8,194	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	255,615	10.00
11.00	Nursing Care-Continuous Home Care		0	0	4,241	11.00
12.00	Physical Therapy	2,718	0	0	2,718	12.00
13.00	Occupational Therapy	636	0	0	636	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	56,042	15.00
16.00	Spiritual Counseling		0	72,774	72,774	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		39,912	0	39,912	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,354	39,912	304,152	782,239	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150003	Period: From 01/01/2014	Worksheet K-3
		Hospice CCN: 151563	To 09/30/2014	Date/Time Prepared: 2/27/2015 7:02 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	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						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150003 Hospice CCN: 151563	Period: From 01/01/2014 To 09/30/2014	Worksheet K-3 Date/Time Prepared: 2/27/2015 7:02 am
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	3,904	3,904	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	3,702	3,702	7.00
8.00	Inpatient - Respite Care		0	1,550	1,550	8.00
VISITING SERVICES						
9.00	Physician Services		0	16,406	16,406	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	1,209	1,209	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	26,771	26,771	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150003	Period:	Worksheet K-4	
		Hospice CCN: 151563	From 01/01/2014 To 09/30/2014	Part I Date/Time Prepared: 2/27/2015 7:02 am	
		Hospice I			
	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
	0	1.00	2.00	3.00	4.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.	0	0		1.00
2.00	Capital Related Costs-Movable Equip.	74,979		74,979	2.00
3.00	Plant Operation and Maintenance	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	5.00
6.00	Administrative and General	415,619	0	74,979	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	4,220	0	0	7.00
8.00	Inpatient - Respite Care	9,744	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	16,406	0	0	9.00
10.00	Nursing Care	255,615	0	0	10.00
11.00	Nursing Care-Continuous Home Care	4,241	0	0	11.00
12.00	Physical Therapy	2,718	0	0	12.00
13.00	Occupational Therapy	636	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	56,042	0	0	15.00
16.00	Spiritual Counseling	72,774	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	39,912	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	1,209	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	954,115	0	74,979	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150003	Period: From 01/01/2014	Worksheet K-4
		Hospice CCN: 151563	To 09/30/2014	Part I Date/Time Prepared: 2/27/2015 7:02 am
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)
	5.00	5A	6.00	7.00
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	490,598	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	4,220	7.00
8.00	Inpatient - Respite Care	0	9,744	8.00
VISITING SERVICES				
9.00	Physician Services	0	16,406	9.00
10.00	Nursing Care	0	255,615	10.00
11.00	Nursing Care-Continuous Home Care	0	4,241	11.00
12.00	Physical Therapy	0	2,718	12.00
13.00	Occupational Therapy	0	636	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	56,042	15.00
16.00	Spiritual Counseling	0	72,774	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	39,912	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	1,209	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	954,115	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151563

To 09/30/2014

Part II
Date/Time Prepared:
2/27/2015 7:02 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	5,158				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	5,158	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	74,979	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	14.536448	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet K-4 Part II Date/Time Prepared: 2/27/2015 7:02 am
		Hospice CCN: 151563	Hospice I	
		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-490,598	463,517	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	4,220	7.00
8.00	Inpatient - Respite Care	0	9,744	8.00
VISITING SERVICES				
9.00	Physician Services	0	16,406	9.00
10.00	Nursing Care	0	255,615	10.00
11.00	Nursing Care-Continuous Home Care	0	4,241	11.00
12.00	Physical Therapy	0	2,718	12.00
13.00	Occupational Therapy	0	636	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	56,042	15.00
16.00	Spiritual Counseling	0	72,774	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	39,912	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	1,209	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)		490,598	39.00
40.00	Unit Cost Multiplier		1.058425	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

From 01/01/2014
To 09/30/2014

Part I
Date/Time Prepared:
2/27/2015 7:02 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
1.00 Administrative and General		25,904	0	352,124	7,538	1.00
2.00 Inpatient - General Care	8,687	0	0	0	0	2.00
3.00 Inpatient - Respite Care	20,057	0	0	0	0	3.00
4.00 Physician Services	33,771	0	0	0	0	4.00
5.00 Nursing Care	526,163	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	8,730	0	0	0	0	6.00
7.00 Physical Therapy	5,595	0	0	0	0	7.00
8.00 Occupational Therapy	1,309	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	115,358	0	0	0	0	10.00
11.00 Spiritual Counseling	149,800	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	82,156	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.)	2,489	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)	954,115	25,904	0	352,124	7,538	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

From 01/01/2014

Part I

To 09/30/2014

Date/Time Prepared:

2/27/2015 7:02 am

Cost Center Description		Hospice I				ADMINISTRATIVE AND GENERAL	
		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal		
		5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	4,351	0	7,277	397,194	58,169	1.00
2.00	Inpatient - General Care	0	0	0	8,687	1,272	2.00
3.00	Inpatient - Respite Care	0	0	0	20,057	2,937	3.00
4.00	Physician Services	0	0	0	33,771	4,946	4.00
5.00	Nursing Care	0	0	0	526,163	77,056	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	8,730	1,279	6.00
7.00	Physical Therapy	0	0	0	5,595	819	7.00
8.00	Occupational Therapy	0	0	0	1,309	192	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	115,358	16,894	10.00
11.00	Spiritual Counseling	0	0	0	149,800	21,938	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	82,156	12,032	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	2,489	365	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)	4,351	0	7,277	1,351,309	197,899	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

From 01/01/2014
To 09/30/2014

Part I
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		Hospice I					
		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	50,468	0	23,672	0	19,020	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)	50,468	0	23,672	0	19,020	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

From 01/01/2014
To 09/30/2014

Part I
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	46,652	0	0	5,800	2,882	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)	46,652	0	0	5,800	2,882	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151563

To 09/30/2014

Part I
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		Hospice I					
		NURSING SCHOOL	PARAMED ED PRGM	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	
		20.00	23.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	603,857			1.00
2.00	Inpatient - General Care	0	0	9,959	0	9,959	2.00
3.00	Inpatient - Respite Care	0	0	22,994	0	22,994	3.00
4.00	Physician Services	0	0	38,717	0	38,717	4.00
5.00	Nursing Care	0	0	603,219	0	603,219	5.00
6.00	Nursing Care-Continuous Home Care	0	0	10,009	0	10,009	6.00
7.00	Physical Therapy	0	0	6,414	0	6,414	7.00
8.00	Occupational Therapy	0	0	1,501	0	1,501	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	132,252	0	132,252	10.00
11.00	Spiritual Counseling	0	0	171,738	0	171,738	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	94,188	0	94,188	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	2,854	0	2,854	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,697,702	0	1,697,702	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150003	Period: From 01/01/2014	Worksheet K-5
		Hospice CCN: 151563	To 09/30/2014	Part I
				Date/Time Prepared: 2/27/2015 7:02 am
		Hospice I		

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	5,498	15,457	2.00
3.00	Inpatient - Respite Care	12,694	35,688	3.00
4.00	Physician Services	21,374	60,091	4.00
5.00	Nursing Care	333,006	936,225	5.00
6.00	Nursing Care-Continuous Home Care	5,525	15,534	6.00
7.00	Physical Therapy	3,541	9,955	7.00
8.00	Occupational Therapy	829	2,330	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	73,010	205,262	10.00
11.00	Spiritual Counseling	94,808	266,546	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	51,996	146,184	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	1,576	4,430	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		1,697,702	34.00
35.00	Unit Cost Multiplier (see instructions)	0.552050		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

Period:
From 01/01/2014
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MANHRS)	PURCHASING RECEIVING AND STORES (COSTED REQUISTION)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	4,695	0	782,239	22,798	23,728	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)	4,695	0	782,239	22,798	23,728	34.00
35.00 Total cost to be allocated	25,904	0	352,124	7,538	4,351	35.00
36.00 Unit Cost Multiplier (see instructions)	5.517359	0.000000	0.450149	0.330643	0.183370	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

Period:
From 01/01/2014
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		Hospice I					
		ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
1.00	Administrative and General	0	3,115,158	0	397,194	4,695	1.00
2.00	Inpatient - General Care	0	0	0	8,687	0	2.00
3.00	Inpatient - Respite Care	0	0	0	20,057	0	3.00
4.00	Physician Services	0	0	0	33,771	0	4.00
5.00	Nursing Care	0	0	0	526,163	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	8,730	0	6.00
7.00	Physical Therapy	0	0	0	5,595	0	7.00
8.00	Occupational Therapy	0	0	0	1,309	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	115,358	0	10.00
11.00	Spiritual Counseling	0	0	0	149,800	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	82,156	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	2,489	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	3,115,158		1,351,309	4,695	34.00
35.00	Total cost to be allocated	0	7,277		197,899	50,468	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.002336		0.146450	10.749308	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

Period:
From 01/01/2014
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description	Hospice I					
	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	4,695	0	22,798	22,798	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	4,695	0	22,798	22,798	34.00
35.00 Total cost to be allocated	0	23,672	0	19,020	46,652	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	5.041960	0.000000	0.834284	2.046320	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

Period:
From 01/01/2014
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2015 7:02 am

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	NURSING SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	20.00	
1.00	Administrative and General	0	0	3,115,158	3,115,158	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	3,115,158	3,115,158	0	34.00
35.00	Total cost to be allocated	0	0	5,800	2,882	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.001862	0.000925	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

Period:
From 01/01/2014
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2015 7:02 am

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150003	Period: From 01/01/2014	Worksheet K-5		
		Hospice CCN: 151563	To 09/30/2014	Part III Date/Time Prepared: 2/27/2015 7:02 am		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.395088	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00	0.603430	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.273255	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.160094	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.306403	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.168667	0	0	10.98
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST		Provider CCN: 150003 Hospice CCN: 151563		Period: From 01/01/2014 To 09/30/2014		Worksheet K-6 Date/Time Prepared: 2/27/2015 7:02 am	
		Hospice I					
		Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00		
1.00	Total cost (see instructions)				1,697,702	1.00	
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				12,168	2.00	
3.00	Average cost per diem (line 1 divided by line 2)				139.52	3.00	
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	11,516				4.00	
5.00	Aggregate Medicare cost (line 3 time line 4)	1,606,712				5.00	
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		407			6.00	
7.00	Aggregate Medicaid cost (line 3 time line 60)		56,785			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)			245		12.00	
13.00	Aggregate cost for other days (line 3 times line 12)			34,182		13.00	

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150003	Period: From 01/01/2014 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/27/2015 7:02 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		420,855	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		12,147	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)		19.64	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)		433,002	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