

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 Worksheet 5 Parts I-III Date/Time Prepared: 5/20/2015 10:53 am

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 150069 Period: From 01/01/2014 To 12/31/2014

PART I - COST REPORT STATUS

Provider use only 1. [X] Electronically filed cost report 2. [] Manually submitted cost report 3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report 4. [F] Medicare Utilization. Enter "F" for full or "L" for low. Contractor use only 5. [1] 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. [N] Initial Report for this Provider CCN 9. [N] Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9. Date: 5/20/2015 Time: 10:53 am

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 KING'S DAUGHTERS' HOSPITAL (150069) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/20/2015 Time: 10:53 am 7L0trWMJYlqeebONTdsnShpksyXZs0 YivPw0bkkpAojMGRJYSXLYF7uMJ.Za 3Tmq1kEEqZ0HHh1f PI: Date: 5/20/2015 Time: 10:53 am R0XK0Ao2OPy.VQ1:.EaBYHF2QeCqC0 EShn80rocoTR6gwjzL3teJv9CP7c83 w9Zx0YQRuj0xxNVB

(Signed) [Signature] Officer or Administrator of Provider(s) V.P. FINANCE/CFO Title 5/27/15 Date

Table with columns: Title v, Title XVIII (Part A, Part B), HIT, Title XIX, and a final column. Rows include Hospital, Subprovider - IPF, Subprovider - IRF, Swing bed - SNF, Swing bed - NF, HOME HEALTH AGENCY I, and Total.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 10:45 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE KINGS DAUGHTERS DRIVE			PO Box: 447						1.00	
2.00	City: MADISON			State: IN		Zip Code: 47250-		County: JEFFERSON		2.00	
		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		KING'S DAUGHTERS' HOSPITAL	150069	99915	1	06/17/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		KING'S DAUGHTERS' HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		KING'S DAUGHTERS'	151535	99915		09/01/1995				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		993	317	0	0	1,384	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0	25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 10:45 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		1			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	01/01/2014	12/31/2014			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0			37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		Y	Y		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 10:45 am	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N			145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
		4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 10:45 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2013	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 10:45 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Description	Y/N	Date
			0	1.00	2.00
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
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	02/24/2015	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 10:45 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	02/24/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 10:45 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	83	30,295	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)		83	30,295	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	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)		89	32,485	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	46			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		89				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: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 10:45 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,869	1,362	10,516			1.00
2.00 HMO and other (see instructions)	658	719				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)	5,869	1,362	10,516			7.00
8.00 INTENSIVE CARE UNIT	846	158	1,359			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		362	1,145			13.00
14.00 Total (see instructions)	6,715	1,882	13,020	0.00	780.82	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	7,959	594	11,348	0.00	18.04	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)	1,999	2	2,107			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	798.86	27.00
28.00 Observation Bed Days		447	2,731			28.00
29.00 Ambulance Trips	1,908					29.00
30.00 Employee discount days (see instruction)			192			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	93	160			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: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 10:45 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,643	478	3,326	1.00
2.00 HMO and other (see instructions)			155	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,643	478	3,326	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 10:45 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	49,616,021	0	49,616,021	1,661,630.00	29.86
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		407,581	0	407,581	5,050.00	80.71
4.00	Physician-Part A - Administrative		11,786	0	11,786	132.00	89.29
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,859,969	0	2,859,969	12,567.99	227.56
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		20,014,134	11,624	20,025,758	510,821.18	39.20
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		150,000	0	150,000	857.25	174.98
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,600,541	0	9,600,541		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,954,563	0	2,954,563		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		40,541	0	40,541		
22.00	Physician Part A - Administrative		1,732	0	1,732		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		244,542	0	244,542		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	26,745	0	26,745	1,854.40	14.42
27.00	Administrative & General	5.00	5,788,005	0	5,788,005	240,299.15	24.09
28.00	Administrative & General under contract (see inst.)		633,092	0	633,092	4,456.34	142.07
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	675,597	0	675,597	29,459.35	22.93
31.00	Laundry & Linen Service	8.00	49,682	0	49,682	4,554.18	10.91
32.00	Housekeeping	9.00	640,917	0	640,917	58,042.86	11.04
33.00	Housekeeping under contract (see instructions)		160,573	0	160,573	9,218.28	17.42
34.00	Dietary	10.00	635,880	-340,106	295,774	22,104.80	13.38
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	340,106	340,106	25,419.00	13.38
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	269,554	0	269,554	7,148.27	37.71
39.00	Central Services and Supply	14.00	90,403	0	90,403	11,606.64	7.79
40.00	Pharmacy	15.00	796,531	0	796,531	21,715.15	36.68

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 10:45 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	16.00 593,170	0	593,170	29,840.43	19.88	41.00
42.00	Social Service	17.00 203,190	0	203,190	6,528.57	31.12	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2015 10:45 am

	Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	47,142,136	0	47,142,136	1,657,686.63	28.44	1.00
2.00	Excluded area salaries (see instructions)	20,014,134	11,624	20,025,758	510,821.18	39.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27,128,002	-11,624	27,116,378	1,146,865.45	23.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	150,000	0	150,000	857.25	174.98	4.00
5.00	Subtotal wage-related costs (see inst.)	9,602,273	0	9,602,273	0.00	35.41	5.00
6.00	Total (sum of lines 3 thru 5)	36,880,275	-11,624	36,868,651	1,147,722.70	32.12	6.00
7.00	Total overhead cost (see instructions)	10,563,339	0	10,563,339	472,247.42	22.37	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2015 10:45 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)		1,712,342	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,515,695	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)		74,213	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)		137,803	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		218,428	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only		3,056,223	17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance		127,216	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			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		12,841,920	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/20/2015 10:45 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150069 Component CCN: 157141		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/20/2015 10:45 am		
				Home Health Agency I		PPS		
							1.00	
0.00	County							0.00
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	390.00	21.00	191.00	602.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	0.00					3.00	
4.00	Director(s) and Assistant Director(s)	0.00					4.00	
5.00	Other Administrative Personnel	0.00					5.00	
6.00	Direct Nursing Service	0.00					6.00	
7.00	Nursing Supervisor	0.00					7.00	
8.00	Physical Therapy Service	0.00					8.00	
9.00	Physical Therapy Supervisor	0.00					9.00	
10.00	Occupational Therapy Service	0.00					10.00	
11.00	Occupational Therapy Supervisor	0.00					11.00	
12.00	Speech Pathology Service	0.00					12.00	
13.00	Speech Pathology Supervisor	0.00					13.00	
14.00	Medical Social Service	0.00					14.00	
15.00	Medical Social Service Supervisor	0.00					15.00	
16.00	Home Health Aide	0.00					16.00	
17.00	Home Health Aide Supervisor	0.00					17.00	
18.00	Other (specify)	0.00					18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99915					20.00	
20.01		17140					20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	2,565	297	121	81	3,064	21.00	
22.00	Skilled Nursing Visit Charges	532,802	63,075	18,286	16,502	630,665	22.00	
23.00	Physical Therapy Visits	2,398	32	47	61	2,538	23.00	
24.00	Physical Therapy Visit Charges	439,726	6,400	5,600	11,287	463,013	24.00	
25.00	Occupational Therapy Visits	504	15	7	6	532	25.00	
26.00	Occupational Therapy Visit Charges	110,351	3,315	1,547	1,326	116,539	26.00	
27.00	Speech Pathology Visits	17	0	0	0	17	27.00	
28.00	Speech Pathology Visit Charges	3,618	0	0	0	3,618	28.00	
29.00	Medical Social Service Visits	1	0	0	0	1	29.00	
30.00	Medical Social Service Visit Charges	302	0	0	0	302	30.00	
31.00	Home Health Aide Visits	1,669	106	1	31	1,807	31.00	
32.00	Home Health Aide Visit Charges	213,028	13,425	131	3,799	230,383	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,154	450	176	179	7,959	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,299,827	86,215	25,564	32,914	1,444,520	35.00	
36.00	Total Number of Episodes (standard/non outlier)	353		40	13	406	36.00	
37.00	Total Number of Outlier Episodes		10		0	10	37.00	
38.00	Total Non-Routine Medical Supply Charges	132,928	13,436	4,644	1,657	152,665	38.00	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150069 Component CCN: 151535	Period: From 01/01/2014 To 12/31/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 5/20/2015 10:45 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 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	1,935	2	0	0	106	2,043	2.00
3.00	Inpatient Respite Care	5	0	0	0	0	5	3.00
4.00	General Inpatient Care	59	0	0	0	0	59	4.00
5.00	Total Hospice Days	1,999	2	0	0	106	2,107	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	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)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	61	1	0	0	7	69	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150069

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

Worksheet S-10

Date/Time Prepared:
5/20/2015 10:45 am

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.267021	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,921,585		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		34,227,801		6.00
7.00	Medicaid cost (line 1 times line 6)		9,139,542		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)		3,217,957		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)		3,217,957		19.00
				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	4,290,453	330,153	4,620,606	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,145,641	88,158	1,233,799	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)	1,145,641	88,158	1,233,799	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)			10,941,402	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			291,970	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			10,649,432	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,843,622	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,077,421	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,295,378	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		11,829,582	11,829,582	6,025,400	17,854,982	1.00
1.01	00101				23,481	23,481	1.01
2.00	00200				0	0	2.00
3.00	00300				0	0	3.00
4.00	00400	26,745	13,751,725	13,778,470	-41,230	13,737,240	4.00
5.00	00500	5,788,005	12,078,128	17,866,133	214,341	18,080,474	5.00
7.00	00700	675,597	2,547,031	3,222,628	-97	3,222,531	7.00
8.00	00800	49,682	257,108	306,790	-19	306,771	8.00
9.00	00900	640,917	436,251	1,077,168	-6,857	1,070,311	9.00
10.00	01000	635,880	441,000	1,076,880	-577,019	499,861	10.00
11.00	01100	0	0	0	575,979	575,979	11.00
13.00	01300	269,554	473	270,027	0	270,027	13.00
14.00	01400	90,403	1,309	91,712	369,724	461,436	14.00
15.00	01500	796,531	4,567,142	5,363,673	-302,263	5,061,410	15.00
16.00	01600	593,170	253,247	846,417	0	846,417	16.00
17.00	01700	203,190	3,138	206,328	0	206,328	17.00
19.00	01900	0	0	0	448,811	448,811	19.00
23.00	02300	125,098	8,591	133,689	0	133,689	23.00
23.01	02301	5,679	-18,280	-12,601	0	-12,601	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,973,046	593,348	5,566,394	-1,044,516	4,521,878	30.00
31.00	03100	899,155	12,394	911,549	-1,734	909,815	31.00
43.00	04300	0	0	0	365,977	365,977	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,644,885	2,124,437	3,769,322	-1,644,166	2,125,156	50.00
51.00	05100	234,742	45,582	280,324	-43,545	236,779	51.00
52.00	05200	0	0	0	149,454	149,454	52.00
53.00	05300	1,552,148	258,001	1,810,149	-516,981	1,293,168	53.00
54.00	05400	3,019,253	1,087,567	4,106,820	-41,502	4,065,318	54.00
54.01	03630	97,005	54,945	151,950	-3,936	148,014	54.01
54.02	03450	80,009	208,731	288,740	-1,379	287,361	54.02
55.00	03480	675,753	1,066,889	1,742,642	-42,159	1,700,483	55.00
57.00	05700	240,818	245,446	486,264	-13,181	473,083	57.00
58.00	05800	164,330	118,976	283,306	-1,478	281,828	58.00
59.00	05900	267,794	234,417	502,211	-220,186	282,025	59.00
60.00	06000	1,548,131	2,825,431	4,373,562	-212,774	4,160,788	60.00
62.00	06200	0	406,208	406,208	0	406,208	62.00
65.00	06500	621,708	98,061	719,769	-44,779	674,990	65.00
66.00	06600	1,594,027	74,823	1,668,850	-40,606	1,628,244	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	124,117	80,818	204,935	-6,495	198,440	69.01
71.00	07100	0	0	0	2,660,459	2,660,459	71.00
71.01	07101	0	0	0	78,946	78,946	71.01
72.00	07200	0	2,382,095	2,382,095	0	2,382,095	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03140	425,094	112,910	538,004	-26,584	511,420	76.00
76.97	07697	63,515	4,167	67,682	-473	67,209	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	127,920	12,152	140,072	-11,095	128,977	90.00
91.00	09100	1,478,763	412,273	1,891,036	-204,670	1,686,366	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,303,447	237,551	1,540,998	-35,933	1,505,065	95.00
101.00	10100	985,018	125,362	1,110,380	-33	1,110,347	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		5,481,297	5,481,297	-5,481,297	0	113.00
116.00	11600	107,119	81,758	188,877	0	188,877	116.00
118.00		32,128,248	64,542,084	96,670,332	345,585	97,015,917	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	152,022	152,022	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	2,150,100	200,563	2,350,663	18,381	2,369,044	194.01
194.02	07952	4,993,366	1,382,963	6,376,329	-200,719	6,175,610	194.02
194.03	07953	779,000	18,421	797,421	0	797,421	194.03
194.04	07954	161,206	16,016	177,222	24,249	201,471	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	3,460,738	281,509	3,742,247	-47,514	3,694,733	194.06
194.07	07957	2,467,810	403,504	2,871,314	-90,251	2,781,063	194.07
194.08	07958	1,236,640	134,375	1,371,015	-63,138	1,307,877	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet A Date/Time Prepared: 5/20/2015 10:45 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	
194.09	07959	KDH - MC ENT	548,092	29,106	577,198	-13,119	564,079	194.09
194.10	07960	KDH - MC UROLOGY	62,075	604,084	666,159	0	666,159	194.10
194.11	07961	KDH - MC OB/GYN	1,628,746	487,482	2,116,228	-125,496	1,990,732	194.11
200.00		TOTAL (SUM OF LINES 118-199)	49,616,021	68,100,107	117,716,128	0	117,716,128	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared:
5/20/2015 10:45 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	-1,821,287	16,033,695	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	23,481	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,409,198	8,328,042	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-687,330	17,393,144	5.00
7.00	00700	OPERATION OF PLANT	-25,096	3,197,435	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	306,771	8.00
9.00	00900	HOUSEKEEPING	0	1,070,311	9.00
10.00	01000	DIETARY	0	499,861	10.00
11.00	01100	CAFETERIA	-300,556	275,423	11.00
13.00	01300	NURSING ADMINISTRATION	-117,540	152,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	461,436	14.00
15.00	01500	PHARMACY	-24,026	5,037,384	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,182	869,599	16.00
17.00	01700	SOCIAL SERVICE	0	206,328	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-448,811	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	133,689	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	-12,601	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-252,228	4,269,650	30.00
31.00	03100	INTENSIVE CARE UNIT	0	909,815	31.00
43.00	04300	NURSERY	0	365,977	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-272,537	1,852,619	50.00
51.00	05100	RECOVERY ROOM	0	236,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	149,454	52.00
53.00	05300	ANESTHESIOLOGY	-1,247,095	46,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,706,992	2,358,326	54.00
54.01	03630	ULTRA SOUND	0	148,014	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	287,361	54.02
55.00	03480	ONCOLOGY	-726,953	973,530	55.00
57.00	05700	CT SCAN	0	473,083	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	281,828	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	282,025	59.00
60.00	06000	LABORATORY	-64,300	4,096,488	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	406,208	62.00
65.00	06500	RESPIRATORY THERAPY	0	674,990	65.00
66.00	06600	PHYSICAL THERAPY	0	1,628,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03020	SLEEP LAB	0	198,440	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,660,459	71.00
71.01	07101	IV SOLUTIONS	0	78,946	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,382,095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140	CARDIOLOGY	0	511,420	76.00
76.97	07697	CARDIAC REHABILITATION	0	67,209	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	128,977	90.00
91.00	09100	EMERGENCY	-172,504	1,513,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,505,065	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,110,347	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	188,877	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,253,271	83,762,646	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	152,022	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	194.00
194.01	07951	MOB	0	2,369,044	194.01
194.02	07952	PHYSICIAN CLINICS	0	6,175,610	194.02
194.03	07953	PHYS PRAC BUS OFC	0	797,421	194.03
194.04	07954	MOB - MAIN CAMPUS	0	201,471	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	3,694,733	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	2,781,063	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	1,307,877	194.08
194.09	07959	KDH - MC ENT	0	564,079	194.09
194.10	07960	KDH - MC UROLOGY	0	666,159	194.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/20/2015 10:45 am
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation		
194.11	07961	KDH - MC OB/GYN	6.00	7.00		
200.00		TOTAL (SUM OF LINES 118-199)	0	1,990,732		194.11
			-13,253,271	104,462,857		200.00

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 10:45 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	340,106	235,873	1.00
	O		340,106	235,873	
B - EQUIPMENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	341,622	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
	O		0	341,622	
C - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,481,297	1.00
	O		0	5,481,297	
D - RADIOLOGY DIRECTOR					
1.00	PHYSICIAN CLINICS	194.02	11,624	0	1.00
	O		11,624	0	
E - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	23,481	1.00
	O		0	23,481	
F - NURSERY- L&D					
1.00	NURSERY	43.00	322,367	43,610	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	131,645	17,809	2.00
	O		454,012	61,419	
G - IV SOLUTIONS					
1.00	IV SOLUTIONS	71.01	0	78,946	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
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
	O		0	78,946	
H - GIFT SHOP					
1.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00	0	152,022	1.00
	O		0	152,022	
I - SUPPLIES RECLASS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	369,724	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,660,459	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	O		0	3,030,183	

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
J - RADIOLOGY AND PHYSICIAN OFFICE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	-133	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	528,881	2.00
3.00	OPERATION OF PLANT	7.00	0	26	3.00
4.00	MOB	194.01	0	18,381	4.00
5.00	MOB - MAIN CAMPUS	194.04	0	24,249	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
	0		0	571,404	
K - CRNA EXPENSE					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	407,581	41,230	1.00
2.00		0.00	0	0	2.00
	0		407,581	41,230	
L - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	66,300	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	66,300	
N - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	226,095	1.00
	0		0	226,095	
500.00	Grand Total: Increases		1,213,323	10,309,872	500.00

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6
Date/Time Prepared:
5/20/2015 10:45 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	340,106	235,873	0		1.00
	O		340,106	235,873			
B - EQUIPMENT							
1.00	PHARMACY	15.00	0	262,891	10		1.00
2.00	OPERATING ROOM	50.00	0	5,670	0		2.00
3.00	SLEEP LAB	69.01	0	836	0		3.00
4.00	LABORATORY	60.00	0	72,225	0		4.00
	O		0	341,622			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,481,297	11		1.00
	O		0	5,481,297			
D - RADIOLOGY DIRECTOR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	11,624	0	0		1.00
	O		11,624	0			
E - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23,481	9		1.00
	O		0	23,481			
F - NURSERY- L&D							
1.00	ADULTS & PEDIATRICS	30.00	454,012	61,419	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		454,012	61,419			
G - IV SOLUTIONS							
1.00	PHARMACY	15.00	0	30,324	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,865	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	19	0		3.00
4.00	OPERATING ROOM	50.00	0	18,934	0		4.00
5.00	RECOVERY ROOM	51.00	0	618	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	118	0		6.00
7.00	ONCOLOGY	55.00	0	1,020	0		7.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,215	0		9.00
10.00	EMERGENCY	91.00	0	7,340	0		10.00
11.00	AMBULANCE SERVICES	95.00	0	460	0		11.00
12.00	HOME HEALTH AGENCY	101.00	0	33	0		12.00
	O		0	78,946			
H - GIFT SHOP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	152,022	0		1.00
	O		0	152,022			
I - SUPPLIES RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,723	0		1.00
2.00	OPERATION OF PLANT	7.00	0	123	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	19	0		3.00
4.00	HOUSEKEEPING	9.00	0	6,857	0		4.00
5.00	DIETARY	10.00	0	1,040	0		5.00
6.00	PHARMACY	15.00	0	9,048	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	505,452	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,715	0		8.00
9.00	OPERATING ROOM	50.00	0	1,619,562	0		9.00
10.00	RECOVERY ROOM	51.00	0	42,927	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	66,490	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,518	0		12.00
13.00	ULTRA SOUND	54.01	0	3,936	0		13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,379	0		14.00
15.00	ONCOLOGY	55.00	0	40,273	0		15.00
16.00	CT SCAN	57.00	0	13,181	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,478	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	218,971	0		18.00
19.00	LABORATORY	60.00	0	140,549	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	44,779	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	28,049	0		21.00
22.00	SLEEP LAB	69.01	0	5,659	0		22.00
23.00	CARDIOLOGY	76.00	0	26,584	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	473	0		24.00
25.00	CLINIC	90.00	0	11,095	0		25.00
26.00	EMERGENCY	91.00	0	197,330	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	32,973	0		27.00
	O		0	3,030,183			
J - RADIOLOGY AND PHYSICIAN OFFICE							
1.00	ADULTS & PEDIATRICS	30.00	0	4,768	10		1.00
2.00	ANESTHESIOLOGY	53.00	0	42,910	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,242	0		3.00

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6

Date/Time Prepared:
5/20/2015 10:45 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	ONCOLOGY	55.00	0	866	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	11,396	0		5.00
6.00	PHYSICIAN CLINICS	194.02	0	149,704	0		6.00
7.00	KDH - MC FAMILY PRACTICE	194.06	0	47,514	0		7.00
8.00	KDH - MC ORTHOPEDICS	194.07	0	90,251	0		8.00
9.00	KDH - MC GENERAL SURGERY	194.08	0	63,138	0		9.00
10.00	KDH - MC ENT	194.09	0	13,119	0		10.00
11.00	KDH - MC OB/GYN	194.11	0	125,496	0		11.00
	0		0	571,404			
K - CRNA EXPENSE							
1.00	ANESTHESIOLOGY	53.00	407,581	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41,230	0		2.00
	0		407,581	41,230			
L - TELEPHONE EXPENSE							
1.00	PHYSICAL THERAPY	66.00	0	1,161	0		1.00
2.00	AMBULANCE SERVICES	95.00	0	2,500	0		2.00
3.00	PHYSICIAN CLINICS	194.02	0	62,639	0		3.00
	0		0	66,300			
N - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	226,095	12		1.00
	0		0	226,095			
500.00	Grand Total: Decreases		1,213,323	10,309,872			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part I
Date/Time Prepared:
5/20/2015 10:45 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,802,894	45,900	0	45,900	761,258	1.00
2.00	Land Improvements	819,174	17,400	0	17,400	0	2.00
3.00	Buildings and Fixtures	112,551,672	128,222	0	128,222	28,228	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	56,126,079	1,682,133	0	1,682,133	326,065	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	174,299,819	1,873,655	0	1,873,655	1,115,551	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	174,299,819	1,873,655	0	1,873,655	1,115,551	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,087,536	0				1.00
2.00	Land Improvements	836,574	0				2.00
3.00	Buildings and Fixtures	112,651,666	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	57,482,147	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	175,057,923	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	175,057,923	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,829,582	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,829,582	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	11,829,582				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,829,582				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part III
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	117,575,776	0	117,575,776	0.671639	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	57,482,147	0	57,482,147	0.328361	0	2.00
3.00	Total (sum of lines 1-2)	175,057,923	0	175,057,923	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	11,805,911	296,279	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	23,481	0	1.01
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	11,829,392	296,279	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,705,410	226,095	0	0	16,033,695	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	23,481	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,705,410	226,095	0	0	16,057,176	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-54,710	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01	0 1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00	Investment income - other (chapter 2)		0			0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)	A	-43,298	ADMINISTRATIVE & GENERAL		5.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)	A	-45,210	NEW CAP REL COSTS-BLDG & FIXT		1.00	10 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-3,337	OPERATION OF PLANT		7.00	0 7.00
8.00	Television and radio service (chapter 21)	A	-21,759	OPERATION OF PLANT		7.00	0 8.00
9.00	Parking lot (chapter 21)		0			0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-4,409,184				0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-33,425	RADIOLOGY-DIAGNOSTIC		54.00	0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00	Laundry and linen service		0			0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-300,556	CAFETERIA		11.00	0 14.00
15.00	Rental of quarters to employee and others		0			0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00	Sale of drugs to other than patients		0			0.00	0 17.00
18.00	Sale of medical records and abstracts	B	23,182	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00	Vending machines		0			0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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			NEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01	0 26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00	Non-physician Anesthetist	A	-448,811	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00	Physicians' assistant		0			0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00	30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 PATIENT PHONES - SALARY	A	-2,688	0	ADMINISTRATIVE & GENERAL	5.00	0 33.00
34.00			0		0.00	0 34.00
35.00 PHARMACY - SELF INSURANCE	B	-24,026	0	PHARMACY	15.00	0 35.00
36.00 DONATIONS EXPENSE	A	-9,504	0	ADMINISTRATIVE & GENERAL	5.00	0 36.00
37.00 ADVERTISING	A	-175,429	0	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00 HOSPITAL ASSOCIATION DUES	A	-7,747	0	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00 SELF INSURANCE	A	-5,409,198	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.00
40.00 PHYSICIAN RECRUITING	A	-448,664	0	ADMINISTRATIVE & GENERAL	5.00	0 40.00
41.00 UNNECESSARY BORROWING	A	-1,721,177	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 41.00
42.00 CARRYFORWARD ADJ 1989 PARKING GARAGE	A	-396	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 42.00
43.00 CARRYFORWARD ADJ 1994 AHA LIVES	A	206	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 43.00
44.00			0		0.00	0 44.00
45.00 BAXTER PUMP REVENUE	B	-117,540	0	NURSING ADMINISTRATION	13.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,253,271				50.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 10:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	252,228	252,228	0	167,500	0	1.00
2.00	50.00	OPERATING ROOM	272,537	272,537	0	182,900	0	2.00
3.00	53.00	ANESTHESIOLOGY	102,528	102,528	0	217,600	0	3.00
4.00	53.00	ANESTHESIOLOGY	1,144,567	1,144,567	0	167,500	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	213,618	213,618	0	217,600	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,459,949	1,459,949	0	217,600	0	6.00
7.00	55.00	ONCOLOGY	26,300	26,300	0	217,600	0	7.00
8.00	55.00	ONCOLOGY	286,666	286,666	0	217,600	0	8.00
9.00	55.00	ONCOLOGY	413,987	413,987	0	217,600	0	9.00
10.00	60.00	LABORATORY	150,000	0	150,000	208,000	857	10.00
11.00	91.00	EMERGENCY	169,279	169,279	0	159,800	0	11.00
12.00	91.00	EMERGENCY	3,225	3,225	0	159,800	0	12.00
200.00			4,494,884	4,344,884	150,000		857	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	ONCOLOGY	0	0	0	0	0	7.00
8.00	55.00	ONCOLOGY	0	0	0	0	0	8.00
9.00	55.00	ONCOLOGY	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	85,700	4,285	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			85,700	4,285	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	252,228	1.00
2.00	50.00	OPERATING ROOM	0	0	0	272,537	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	102,528	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	1,144,567	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	213,618	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,459,949	6.00
7.00	55.00	ONCOLOGY	0	0	0	26,300	7.00
8.00	55.00	ONCOLOGY	0	0	0	286,666	8.00
9.00	55.00	ONCOLOGY	0	0	0	413,987	9.00
10.00	60.00	LABORATORY	0	85,700	64,300	64,300	10.00
11.00	91.00	EMERGENCY	0	0	0	169,279	11.00
12.00	91.00	EMERGENCY	0	0	0	3,225	12.00
200.00			0	85,700	64,300	4,409,184	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	16,033,695	16,033,695			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	23,481	0	23,481		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0			0	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,328,042	0	0	8,328,042	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,393,144	1,945,277	0	980,099	5.00
7.00 00700	OPERATION OF PLANT	3,197,435	2,210,648	0	114,400	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	306,771	82,271	0	8,413	8.00
9.00 00900	HOUSEKEEPING	1,070,311	144,211	0	108,528	9.00
10.00 01000	DIETARY	499,861	271,632	0	50,084	10.00
11.00 01100	CAFETERIA	275,423	109,853	0	57,591	11.00
13.00 01300	NURSING ADMINISTRATION	152,487	96,429	0	45,644	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	461,436	133,636	0	15,308	14.00
15.00 01500	PHARMACY	5,037,384	99,321	0	134,878	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	869,599	85,638	0	100,443	16.00
17.00 01700	SOCIAL SERVICE	206,328	63,797	0	34,407	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	133,689	28,531	0	21,183	23.00
23.01 02301	HUB SITE - 3RD YEAR MED STUDENTS	-12,601	0	0	962	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,269,650	1,718,061	0	765,217	30.00
31.00 03100	INTENSIVE CARE UNIT	909,815	72,257	0	152,256	31.00
43.00 04300	NURSERY	365,977	84,386	0	54,587	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,852,619	758,911	0	278,532	50.00
51.00 05100	RECOVERY ROOM	236,779	59,351	0	39,749	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	149,454	0	0	22,292	52.00
53.00 05300	ANESTHESIOLOGY	46,073	5,611	0	193,812	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,358,326	467,942	0	509,288	54.00
54.01 03630	ULTRA SOUND	148,014	0	0	16,426	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	287,361	20,848	0	13,548	54.02
55.00 03480	ONCOLOGY	973,530	137,650	0	114,427	55.00
57.00 05700	CT SCAN	473,083	38,632	0	40,778	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	281,828	46,617	0	27,826	58.00
59.00 05900	CARDIAC CATHETERIZATION	282,025	36,862	0	45,346	59.00
60.00 06000	LABORATORY	4,096,488	269,301	0	262,148	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	406,208	12,043	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	674,990	51,667	0	105,275	65.00
66.00 06600	PHYSICAL THERAPY	1,628,244	627,736	0	269,920	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03020	SLEEP LAB	198,440	36,215	0	21,017	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,660,459	0	0	0	71.00
71.01 07101	IV SOLUTIONS	78,946	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,382,095	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	511,420	261,013	0	71,982	76.00
76.97 07697	CARDIAC REHABILITATION	67,209	30,344	0	10,755	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	128,977	32,805	0	21,661	90.00
91.00 09100	EMERGENCY	1,513,862	599,075	0	250,402	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,505,065	204,253	0	220,715	95.00
101.00 10100	HOME HEALTH AGENCY	1,110,347	0	18,478	166,795	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	188,877	0	5,003	18,139	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	83,762,646	10,842,824	23,481	5,364,833	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	152,022	58,574	0	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01 07951	MOB	2,369,044	1,725,571	0	364,081	194.01
194.02 07952	PHYSICIAN CLINICS	6,175,610	1,502,456	0	847,505	194.02
194.03 07953	PHYS PRAC BUS OFC	797,421	42,689	0	131,910	194.03
194.04 07954	MOB - MAIN CAMPUS	201,471	1,861,581	0	27,297	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	3,694,733	0	0	586,014	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.07 07957 KDH - MC ORTHOPEDICS	2,781,063	0	0	0	417,879	194.07
194.08 07958 KDH - MC GENERAL SURGERY	1,307,877	0	0	0	209,403	194.08
194.09 07959 KDH - MC ENT	564,079	0	0	0	92,810	194.09
194.10 07960 KDH - MC UROLOGY	666,159	0	0	0	10,511	194.10
194.11 07961 KDH - MC OB/GYN	1,990,732	0	0	0	275,799	194.11
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)	104,462,857	16,033,695	23,481	0	8,328,042	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,318,520	20,318,520			5.00
7.00	00700	OPERATION OF PLANT	5,522,483	1,333,343	6,855,826		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	397,455	95,961	47,017	540,433	8.00
9.00	00900	HOUSEKEEPING	1,323,050	319,436	82,415	943	1,725,844
10.00	01000	DIETARY	821,577	198,361	155,235	34	0
11.00	01100	CAFETERIA	442,867	106,925	62,780	0	0
13.00	01300	NURSING ADMINISTRATION	294,560	71,118	55,108	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	610,380	147,370	76,372	0	19,419
15.00	01500	PHARMACY	5,271,583	1,272,766	56,761	0	19,815
16.00	01600	MEDICAL RECORDS & LIBRARY	1,055,680	254,882	48,941	0	4,201
17.00	01700	SOCIAL SERVICE	304,532	73,526	36,459	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	183,403	44,281	16,305	0	4,954
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	-11,639	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,752,928	1,630,420	981,856	177,259	819,805
31.00	03100	INTENSIVE CARE UNIT	1,134,328	273,871	41,294	0	33,250
43.00	04300	NURSERY	504,950	121,915	48,226	0	7,332
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,890,062	697,774	433,711	129,298	98,483
51.00	05100	RECOVERY ROOM	335,879	81,094	33,918	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	171,746	41,466	0	0	16,605
53.00	05300	ANESTHESIOLOGY	245,496	59,272	3,207	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,335,556	805,333	267,425	31,214	66,421
54.01	03630	ULTRA SOUND	164,440	39,702	0	3,423	4,954
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	321,757	77,685	11,915	2,061	1,625
55.00	03480	ONCOLOGY	1,225,607	295,909	78,666	20,135	3,527
57.00	05700	CT SCAN	552,493	133,393	22,078	14,567	5,350
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	356,271	86,018	26,641	3,543	3,963
59.00	05900	CARDIAC CATHETERIZATION	364,233	87,940	21,066	0	12,880
60.00	06000	LABORATORY	4,627,937	1,117,364	153,903	0	38,838
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	418,251	100,982	6,882	0	0
65.00	06500	RESPIRATORY THERAPY	831,932	200,861	29,527	0	0
66.00	06600	PHYSICAL THERAPY	2,525,900	609,851	358,745	53,885	27,979
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03020	SLEEP LAB	255,672	61,729	20,696	3,029	9,908
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,660,459	642,339	0	0	0
71.01	07101	I.V. SOLUTIONS	78,946	19,061	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,382,095	575,131	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	844,415	203,875	149,167	8,866	17,834
76.97	07697	CARDIAC REHABILITATION	108,308	26,150	17,342	0	15,852
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	183,443	44,290	18,748	162	10,898
91.00	09100	EMERGENCY	2,363,339	570,602	342,366	65,580	123,054
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,930,033	465,985	116,729	19,846	0
101.00	10100	HOME HEALTH AGENCY	1,295,620	312,813	67,787	0	4,042
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	212,019	51,190	0	0	0
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	75,608,566	13,351,984	3,889,288	533,845	1,370,989
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	210,596	50,846	33,474	0	8,204
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01	07951	MOB	4,458,696	1,076,503	986,149	1,313	56,434
194.02	07952	PHYSICIAN CLINICS	8,525,571	2,058,389	858,640	2,976	71,336
194.03	07953	PHYS PRAC BUS OFC	972,020	234,684	24,397	0	0
194.04	07954	MOB - MAIN CAMPUS	2,090,349	504,692	1,063,878	2,299	218,881
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	4,280,747	1,033,539	0	0	0
194.07	07957	KDH - MC ORTHOPEDICS	3,198,942	772,349	0	0	0
194.08	07958	KDH - MC GENERAL SURGERY	1,517,280	366,331	0	0	0
194.09	07959	KDH - MC ENT	656,889	158,599	0	0	0
194.10	07960	KDH - MC UROLOGY	676,670	163,375	0	0	0
194.11	07961	KDH - MC OB/GYN	2,266,531	547,229	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

Period:
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To 12/31/2014

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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
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)	104,462,857	20,318,520	6,855,826	540,433	1,725,844	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/20/2015 10:45 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	1,175,207				10.00
11.00	01100	CAFETERIA	0	612,572			11.00
13.00	01300	NURSING ADMINISTRATION	0	5,160	425,946		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,379	0	861,920	14.00
15.00	01500	PHARMACY	0	15,675	0	9,081	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,540	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,713	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	3,012	0	0	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	6	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,097,876	135,054	218,772	280,941	30.00
31.00	03100	INTENSIVE CARE UNIT	77,331	20,226	32,611	1,152	31.00
43.00	04300	NURSERY	0	7,750	11,854	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	46,742	75,363	315,026	50.00
51.00	05100	RECOVERY ROOM	0	5,282	8,516	4,653	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,361	5,041	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,802	0	13,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,217	0	6,001	54.00
54.01	03630	ULTRA SOUND	0	1,987	0	4,363	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,147	0	2,968	54.02
55.00	03480	ONCOLOGY	0	18,027	0	8,050	55.00
57.00	05700	CT SCAN	0	6,814	0	3,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,802	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,061	0	3,689	59.00
60.00	06000	LABORATORY	0	55,484	0	49,360	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	16,564	0	678	65.00
66.00	06600	PHYSICAL THERAPY	0	40,120	0	3,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03020	SLEEP LAB	0	2,506	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	12,899	0	2,996	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,207	0	43	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,498	0	24	90.00
91.00	09100	EMERGENCY	0	45,766	73,789	64,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	53,556	0	3,947	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,257	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,175,207	612,357	425,946	781,455	6,645,681
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	420	194.00
194.01	07951	MOB	0	0	0	7,165	194.01
194.02	07952	PHYSICIAN CLINICS	0	215	0	24,490	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	9,458	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	6,909	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	8,394	194.08
194.09	07959	KDH - MC ENT	0	0	0	5,368	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	4,533	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.11	07961 KDH - MC OB/GYN	0	0	0	13,728	0	194.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,175,207	612,572	425,946	861,920	6,645,681	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	
			16.00	17.00	19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,385,244					16.00
17.00	01700	SOCIAL SERVICE	0	419,230				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	02300	RADIOLOGY SCHOOL	0	0	0	251,955		23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0	0	0	-11,633	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,160	166,885	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,377	21,499	0	0	0	31.00
43.00	04300	NURSERY	7,572	22,860	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	136,161	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	25,285	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,674	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,198	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,678	0	0	251,955	0	54.00
54.01	03630	ULTRA SOUND	8,839	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	28,426	0	0	0	0	54.02
55.00	03480	ONCOLOGY	26,445	0	0	0	0	55.00
57.00	05700	CT SCAN	79,515	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	24,157	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,588	0	0	0	0	59.00
60.00	06000	LABORATORY	176,417	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,196	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	26,742	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	52,687	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03020	SLEEP LAB	7,760	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	51,699	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	13,577	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,762	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	296,271	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	52,965	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,948	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	884	0	0	0	0	90.00
91.00	09100	EMERGENCY	108,907	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	23,354	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	179,526	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	28,460	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,385,244	419,230	0	251,955	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	0	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	0	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	0	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	
		16.00	17.00	19.00	23.00	23.01	
194.11	07961 KDH - MC OB/GYN	0	0	0	0	0	194.11
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	-11,633	201.00
202.00	TOTAL (sum lines 118-201)	1,385,244	419,230	0	251,955	-11,633	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
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
19.00	01900				19.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	12,337,956	0	12,337,956	30.00
31.00	03100	1,649,939	0	1,649,939	31.00
43.00	04300	732,459	0	732,459	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	4,822,620	0	4,822,620	50.00
51.00	05100	494,627	0	494,627	51.00
52.00	05200	245,893	0	245,893	52.00
53.00	05300	359,675	0	359,675	53.00
54.00	05400	4,855,800	0	4,855,800	54.00
54.01	03630	227,708	0	227,708	54.01
54.02	03450	448,584	0	448,584	54.02
55.00	03480	1,676,366	0	1,676,366	55.00
57.00	05700	817,393	0	817,393	57.00
58.00	05800	504,395	0	504,395	58.00
59.00	05900	515,457	0	515,457	59.00
60.00	06000	6,219,303	0	6,219,303	60.00
62.00	06200	535,311	0	535,311	62.00
65.00	06500	1,106,304	0	1,106,304	65.00
66.00	06600	3,672,178	0	3,672,178	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
69.01	03020	361,300	0	361,300	69.01
71.00	07100	3,354,497	0	3,354,497	71.00
71.01	07101	111,584	0	111,584	71.01
72.00	07200	3,001,988	0	3,001,988	72.00
73.00	07300	6,941,952	0	6,941,952	73.00
76.00	03140	1,293,017	0	1,293,017	76.00
76.97	07697	171,850	0	171,850	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	259,947	0	259,947	90.00
91.00	09100	3,757,735	0	3,757,735	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	2,613,450	0	2,613,450	95.00
101.00	10100	1,864,045	0	1,864,045	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	291,669	0	291,669	116.00
118.00		65,245,002	0	65,245,002	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	303,120	0	303,120	190.00
194.00	07950	420	0	420	194.00
194.01	07951	6,586,260	0	6,586,260	194.01
194.02	07952	11,541,617	0	11,541,617	194.02
194.03	07953	1,231,101	0	1,231,101	194.03
194.04	07954	3,880,099	0	3,880,099	194.04
194.05	07955	0	0	0	194.05
194.06	07956	5,323,744	0	5,323,744	194.06
194.07	07957	3,978,200	0	3,978,200	194.07
194.08	07958	1,892,005	0	1,892,005	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
194.09	07959 KDH - MC ENT	820,856	0	820,856	194.09
194.10	07960 KDH - MC UROLOGY	844,578	0	844,578	194.10
194.11	07961 KDH - MC OB/GYN	2,827,488	0	2,827,488	194.11
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	-11,633	0	-11,633	201.00
202.00	TOTAL (sum lines 118-201)	104,462,857	0	104,462,857	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,945,277	0	0	5.00
7.00 00700	OPERATION OF PLANT	0	2,210,648	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	82,271	0	0	8.00
9.00 00900	HOUSEKEEPING	0	144,211	0	0	9.00
10.00 01000	DIETARY	0	271,632	0	0	10.00
11.00 01100	CAFETERIA	0	109,853	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	96,429	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	133,636	0	0	14.00
15.00 01500	PHARMACY	0	99,321	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	85,638	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	63,797	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	0	28,531	0	0	23.00
23.01 02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,718,061	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	72,257	0	0	31.00
43.00 04300	NURSERY	0	84,386	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	758,911	0	0	50.00
51.00 05100	RECOVERY ROOM	0	59,351	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	5,611	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	467,942	0	0	54.00
54.01 03630	ULTRA SOUND	0	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	20,848	0	0	54.02
55.00 03480	ONCOLOGY	0	137,650	0	0	55.00
57.00 05700	CT SCAN	0	38,632	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	46,617	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	36,862	0	0	59.00
60.00 06000	LABORATORY	0	269,301	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	12,043	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	51,667	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	627,736	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03020	SLEEP LAB	0	36,215	0	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	0	261,013	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	30,344	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	32,805	0	0	90.00
91.00 09100	EMERGENCY	0	599,075	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	204,253	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	18,478	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	5,003	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	10,842,824	23,481	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	58,574	0	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01 07951	MOB	0	1,725,571	0	0	194.01
194.02 07952	PHYSICIAN CLINICS	0	1,502,456	0	0	194.02
194.03 07953	PHYS PRAC BUS OFC	0	42,689	0	0	194.03
194.04 07954	MOB - MAIN CAMPUS	0	1,861,581	0	0	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	0	0	0	0	194.06
194.07 07957	KDH - MC ORTHOPEDICS	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	0	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	0	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	0	0	194.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	16,033,695	23,481	0	16,057,176	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,945,277				5.00
7.00	00700	OPERATION OF PLANT	0	127,652	2,338,300			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,187	16,036	107,494		8.00
9.00	00900	HOUSEKEEPING	0	30,582	28,109	188	203,090	9.00
10.00	01000	DIETARY	0	18,991	52,946	7		10.00
11.00	01100	CAFETERIA	0	10,237	21,412	0		11.00
13.00	01300	NURSING ADMINISTRATION	0	6,809	18,796	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,109	26,048	0	2,285	14.00
15.00	01500	PHARMACY	0	121,853	19,359	0	2,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,402	16,692	0	494	16.00
17.00	01700	SOCIAL SERVICE	0	7,039	12,435	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	4,239	5,561	0	583	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	156,094	334,879	35,258	96,473	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,220	14,084	0	3,913	31.00
43.00	04300	NURSERY	0	11,672	16,448	0	863	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,804	147,925	25,718	11,589	50.00
51.00	05100	RECOVERY ROOM	0	7,764	11,568	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,970	0	0	1,954	52.00
53.00	05300	ANESTHESIOLOGY	0	5,675	1,094	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,101	91,210	6,209	7,816	54.00
54.01	03630	ULTRA SOUND	0	3,801	0	681	583	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7,437	4,064	410	191	54.02
55.00	03480	ONCOLOGY	0	28,330	26,830	4,005	415	55.00
57.00	05700	CT SCAN	0	12,771	7,530	2,897	630	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,235	9,086	705	466	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,419	7,185	0	1,516	59.00
60.00	06000	LABORATORY	0	106,975	52,491	0	4,570	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,668	2,347	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	19,230	10,071	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	58,386	122,356	10,718	3,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03020	SLEEP LAB	0	5,910	7,059	602	1,166	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	61,497	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	1,825	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,062	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	19,519	50,876	1,763	2,099	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,504	5,915	0	1,865	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,240	6,394	32	1,282	90.00
91.00	09100	EMERGENCY	0	54,629	116,770	13,044	14,480	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	44,613	39,812	3,947	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	29,948	23,120	0	476	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,901	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,278,300	1,326,508	106,184	161,333	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	4,868	11,417	0	965	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MOB	0	103,063	336,343	261	6,641	194.01
194.02	07952	PHYSICIAN CLINICS	0	197,079	292,854	592	8,394	194.02
194.03	07953	PHYS PRAC BUS OFC	0	22,468	8,321	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	48,318	362,857	457	25,757	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	98,949	0	0	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	73,944	0	0	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	35,072	0	0	0	194.08
194.09	07959	KDH - MC ENT	0	15,184	0	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	15,641	0	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 10:45 am			
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.11	07961 KDH - MC OB/GYN	0	52,391	0	0	0	194.11
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)	0	1,945,277	2,338,300	107,494	203,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	343,576					10.00
11.00	01100	CAFETERIA	0	141,502				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,192	123,226			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,935	0	178,013		14.00
15.00	01500	PHARMACY	0	3,621	0	1,875	248,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,976	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,089	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	696	0	0	0	23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	2	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	320,968	31,196	63,292	58,023	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,608	4,672	9,434	238	0	31.00
43.00	04300	NURSERY	0	1,790	3,429	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,797	21,802	65,063	0	50.00
51.00	05100	RECOVERY ROOM	0	1,220	2,464	961	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	776	1,458	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,726	0	2,829	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,524	0	1,239	0	54.00
54.01	03630	ULTRA SOUND	0	459	0	901	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	496	0	613	0	54.02
55.00	03480	ONCOLOGY	0	4,164	0	1,663	0	55.00
57.00	05700	CT SCAN	0	1,574	0	657	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	878	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,400	0	762	0	59.00
60.00	06000	LABORATORY	0	12,817	0	10,194	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,826	0	140	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,268	0	622	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03020	SLEEP LAB	0	579	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	248,361	73.00
76.00	03140	CARDIOLOGY	0	2,980	0	619	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	510	0	9	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	346	0	5	0	90.00
91.00	09100	EMERGENCY	0	10,572	21,347	13,287	0	91.00
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	12,371	0	815	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	879	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	343,576	141,452	123,226	161,394	248,361	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	87	0	194.00
194.01	07951	MOB	0	0	0	1,480	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	50	0	5,058	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	1,953	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	1,427	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	1,734	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	1,109	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	936	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.11	07961 KDH - MC OB/GYN	0	0	0	2,835	0	194.11
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)	343,576	141,502	123,226	178,013	248,361	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	
			16.00	17.00	19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	132,202					16.00
17.00	01700	SOCIAL SERVICE	0	84,360				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	02300	RADIOLOGY SCHOOL	0	0		39,610		23.00
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0			2	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,272	33,582				30.00
31.00	03100	INTENSIVE CARE UNIT	1,373	4,326				31.00
43.00	04300	NURSERY	723	4,600				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,000	0				50.00
51.00	05100	RECOVERY ROOM	2,414	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	733	0				52.00
53.00	05300	ANESTHESIOLOGY	2,501	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,597	0				54.00
54.01	03630	ULTRA SOUND	844	0				54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,714	0				54.02
55.00	03480	ONCOLOGY	2,525	0				55.00
57.00	05700	CT SCAN	7,592	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,306	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	1,870	0				59.00
60.00	06000	LABORATORY	16,844	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	878	0				62.00
65.00	06500	RESPIRATORY THERAPY	2,553	0				65.00
66.00	06600	PHYSICAL THERAPY	5,030	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
69.01	03020	SLEEP LAB	741	0				69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,936	0				71.00
71.01	07101	IV SOLUTIONS	1,296	0				71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,274	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,231	0				73.00
76.00	03140	CARDIOLOGY	5,057	0				76.00
76.97	07697	CARDIAC REHABILITATION	186	0				76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	84	0				90.00
91.00	09100	EMERGENCY	10,398	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,230	0				95.00
101.00	10100	HOME HEALTH AGENCY	0	36,125				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,727				116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,202	84,360	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0				190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0				194.00
194.01	07951	MOB	0	0				194.01
194.02	07952	PHYSICIAN CLINICS	0	0				194.02
194.03	07953	PHYS PRAC BUS OFC	0	0				194.03
194.04	07954	MOB - MAIN CAMPUS	0	0				194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0				194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0				194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0				194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0				194.08
194.09	07959	KDH - MC ENT	0	0				194.09
194.10	07960	KDH - MC UROLOGY	0	0				194.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 10:45 am		
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS
		16.00	17.00	19.00	23.00	23.01
194.11	07961 KDH - MC OB/GYN	0	0			194.11
200.00	Cross Foot Adjustments			0	39,610	0 200.00
201.00	Negative Cost Centers	0	0	0	0	2 201.00
202.00	TOTAL (sum lines 118-201)	132,202	84,360	0	39,610	2 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
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
19.00	01900				19.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,855,098	0	2,855,098	30.00
31.00	03100	159,125	0	159,125	31.00
43.00	04300	123,911	0	123,911	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,121,609	0	1,121,609	50.00
51.00	05100	85,742	0	85,742	51.00
52.00	05200	8,891	0	8,891	52.00
53.00	05300	20,436	0	20,436	53.00
54.00	05400	667,638	0	667,638	54.00
54.01	03630	7,269	0	7,269	54.01
54.02	03450	36,773	0	36,773	54.02
55.00	03480	205,582	0	205,582	55.00
57.00	05700	72,283	0	72,283	57.00
58.00	05800	68,293	0	68,293	58.00
59.00	05900	58,014	0	58,014	59.00
60.00	06000	473,192	0	473,192	60.00
62.00	06200	24,936	0	24,936	62.00
65.00	06500	87,487	0	87,487	65.00
66.00	06600	837,408	0	837,408	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
69.01	03020	52,272	0	52,272	69.01
71.00	07100	66,433	0	66,433	71.00
71.01	07101	3,121	0	3,121	71.01
72.00	07200	59,336	0	59,336	72.00
73.00	07300	276,592	0	276,592	73.00
76.00	03140	343,926	0	343,926	76.00
76.97	07697	41,333	0	41,333	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	45,188	0	45,188	90.00
91.00	09100	853,602	0	853,602	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	308,041	0	308,041	95.00
101.00	10100	109,026	0	109,026	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	15,631	0	15,631	116.00
118.00		9,088,188	0	9,088,188	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	75,824	0	75,824	190.00
194.00	07950	87	0	87	194.00
194.01	07951	2,173,359	0	2,173,359	194.01
194.02	07952	2,006,483	0	2,006,483	194.02
194.03	07953	73,478	0	73,478	194.03
194.04	07954	2,298,970	0	2,298,970	194.04
194.05	07955	0	0	0	194.05
194.06	07956	100,902	0	100,902	194.06
194.07	07957	75,371	0	75,371	194.07
194.08	07958	36,806	0	36,806	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
194.09	07959 KDH - MC ENT	16,293	0	16,293	194.09
194.10	07960 KDH - MC UROLOGY	16,577	0	16,577	194.10
194.11	07961 KDH - MC OB/GYN	55,226	0	55,226	194.11
200.00	Cross Foot Adjustments	39,610	0	39,610	200.00
201.00	Negative Cost Centers	2	0	2	201.00
202.00	TOTAL (sum lines 118-201)	16,057,176	0	16,057,176	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	371,459				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			374,951		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	49,181,695	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	45,067	0	45,067	5,788,005	5.00
7.00 00700	OPERATION OF PLANT	51,215	0	51,215	675,597	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,906	0	1,906	49,682	8.00
9.00 00900	HOUSEKEEPING	3,341	0	3,341	640,917	9.00
10.00 01000	DIETARY	6,293	0	6,293	295,774	10.00
11.00 01100	CAFETERIA	2,545	0	2,545	340,106	11.00
13.00 01300	NURSING ADMINISTRATION	2,234	0	2,234	269,554	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,096	0	3,096	90,403	14.00
15.00 01500	PHARMACY	2,301	0	2,301	796,531	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,984	0	1,984	593,170	16.00
17.00 01700	SOCIAL SERVICE	1,478	0	1,478	203,190	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	661	0	661	125,098	23.00
23.01 02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0	0	5,679	11,639
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	39,803	0	39,803	4,519,034	30.00
31.00 03100	INTENSIVE CARE UNIT	1,674	0	1,674	899,155	31.00
43.00 04300	NURSERY	1,955	0	1,955	322,367	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,582	0	17,582	1,644,885	50.00
51.00 05100	RECOVERY ROOM	1,375	0	1,375	234,742	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	131,645	52.00
53.00 05300	ANESTHESIOLOGY	130	0	130	1,144,567	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,841	0	10,841	3,007,629	54.00
54.01 03630	ULTRA SOUND	0	0	0	97,005	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	483	80,009	54.02
55.00 03480	ONCOLOGY	3,189	0	3,189	675,753	55.00
57.00 05700	CT SCAN	895	0	895	240,818	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080	0	1,080	164,330	58.00
59.00 05900	CARDIAC CATHETERIZATION	854	0	854	267,794	59.00
60.00 06000	LABORATORY	6,239	0	6,239	1,548,131	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	279	0	279	0	62.00
65.00 06500	RESPIRATORY THERAPY	1,197	0	1,197	621,708	65.00
66.00 06600	PHYSICAL THERAPY	14,543	0	14,543	1,594,027	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03020	SLEEP LAB	839	0	839	124,117	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	6,047	0	6,047	425,094	76.00
76.97 07697	CARDIAC REHABILITATION	703	0	703	63,515	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	760	0	760	127,920	90.00
91.00 09100	EMERGENCY	13,879	0	13,879	1,478,763	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	4,732	0	4,732	1,303,447	95.00
101.00 10100	HOME HEALTH AGENCY	0	2,748	2,748	985,018	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	744	744	107,119	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	251,200	3,492	254,692	31,682,298	-20,306,881
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,357	0	1,357	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01 07951	MOB	39,977	0	39,977	2,150,100	194.01
194.02 07952	PHYSICIAN CLINICS	34,808	0	34,808	5,004,990	194.02
194.03 07953	PHYS PRAC BUS OFC	989	0	989	779,000	194.03
194.04 07954	MOB - MAIN CAMPUS	43,128	0	43,128	161,206	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	0	0	0	3,460,738	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
194.07 07957 KDH - MC ORTHOPEDICS	0	0	0	2,467,810	0	194.07
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	1,236,640	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	548,092	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	62,075	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	1,628,746	0	194.11
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)	16,033,695	23,481	0	8,328,042		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	43.164104	6.724227	0.000000	0.169332		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	84,155,976				5.00
7.00	00700	OPERATION OF PLANT	5,522,483	277,925			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	397,455	1,906	283,700		8.00
9.00	00900	HOUSEKEEPING	1,323,050	3,341	495	43,548	9.00
10.00	01000	DIETARY	821,577	6,293	18	0	47,886
11.00	01100	CAFETERIA	442,867	2,545	0	0	0
13.00	01300	NURSING ADMINISTRATION	294,560	2,234	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	610,380	3,096	0	490	0
15.00	01500	PHARMACY	5,271,583	2,301	0	500	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,055,680	1,984	0	106	0
17.00	01700	SOCIAL SERVICE	304,532	1,478	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	183,403	661	0	125	0
23.01	02301	HUB SITE - 3RD YEAR MED STUDENTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,752,928	39,803	93,052	20,686	44,735
31.00	03100	INTENSIVE CARE UNIT	1,134,328	1,674	0	839	3,151
43.00	04300	NURSERY	504,950	1,955	0	185	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,890,062	17,582	67,875	2,485	0
51.00	05100	RECOVERY ROOM	335,879	1,375	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	171,746	0	0	419	0
53.00	05300	ANESTHESIOLOGY	245,496	130	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,335,556	10,841	16,386	1,676	0
54.01	03630	ULTRA SOUND	164,440	0	1,797	125	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	321,757	483	1,082	41	0
55.00	03480	ONCOLOGY	1,225,607	3,189	10,570	89	0
57.00	05700	CT SCAN	552,493	895	7,647	135	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	356,271	1,080	1,860	100	0
59.00	05900	CARDIAC CATHETERIZATION	364,233	854	0	325	0
60.00	06000	LABORATORY	4,627,937	6,239	0	980	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	418,251	279	0	0	0
65.00	06500	RESPIRATORY THERAPY	831,932	1,197	0	0	0
66.00	06600	PHYSICAL THERAPY	2,525,900	14,543	28,287	706	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03020	SLEEP LAB	255,672	839	1,590	250	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,660,459	0	0	0	0
71.01	07101	IV SOLUTIONS	78,946	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,382,095	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	844,415	6,047	4,654	450	0
76.97	07697	CARDIAC REHABILITATION	108,308	703	0	400	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	183,443	760	85	275	0
91.00	09100	EMERGENCY	2,363,339	13,879	34,426	3,105	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,930,033	4,732	10,418	0	0
101.00	10100	HOME HEALTH AGENCY	1,295,620	2,748	0	102	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	212,019	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,301,685	157,666	280,242	34,594	47,886
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	210,596	1,357	0	207	0
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01	07951	MOB	4,458,696	39,977	689	1,424	0
194.02	07952	PHYSICIAN CLINICS	8,525,571	34,808	1,562	1,800	0
194.03	07953	PHYS PRAC BUS OFC	972,020	989	0	0	0
194.04	07954	MOB - MAIN CAMPUS	2,090,349	43,128	1,207	5,523	0
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	4,280,747	0	0	0	0
194.07	07957	KDH - MC ORTHOPEDICS	3,198,942	0	0	0	0
194.08	07958	KDH - MC GENERAL SURGERY	1,517,280	0	0	0	0
194.09	07959	KDH - MC ENT	656,889	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
194.10	07960 KDH - MC UROLOGY	676,670	0	0	0	0	194.10
194.11	07961 KDH - MC OB/GYN	2,266,531	0	0	0	0	194.11
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)	20,318,520	6,855,826	540,433	1,725,844	1,175,207	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.241439	24.667900	1.904945	39.630844	24.541766	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,945,277	2,338,300	107,494	203,090	343,576	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.023115	8.413421	0.378900	4.663590	7.174874	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared: 5/20/2015 10:45 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	848,615					11.00
13.00	01300	7,148	365,981				13.00
14.00	01400	11,607	0	400,451			14.00
15.00	01500	21,715	0	4,219	100		15.00
16.00	01600	29,840	0	0	0	239,161,395	16.00
17.00	01700	6,529	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	4,172	0	0	0	0	23.00
23.01	02301	9	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	187,097	187,974	130,526	0	13,149,246	30.00
31.00	03100	28,020	28,020	535	0	2,482,247	31.00
43.00	04300	10,737	10,185	0	0	1,307,357	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	64,753	64,753	146,362	0	23,508,400	50.00
51.00	05100	7,317	7,317	2,162	0	4,365,475	51.00
52.00	05200	4,656	4,331	0	0	1,324,848	52.00
53.00	05300	16,349	0	6,365	0	4,523,163	53.00
54.00	05400	75,108	0	2,788	0	6,505,201	54.00
54.01	03630	2,752	0	2,027	0	1,526,070	54.01
54.02	03450	2,974	0	1,379	0	4,907,773	54.02
55.00	03480	24,974	0	3,740	0	4,565,859	55.00
57.00	05700	9,439	0	1,479	0	13,728,383	57.00
58.00	05800	5,267	0	0	0	4,170,678	58.00
59.00	05900	8,397	0	1,714	0	3,381,837	59.00
60.00	06000	76,864	0	22,933	0	30,458,665	60.00
62.00	06200	0	0	0	0	1,587,627	62.00
65.00	06500	22,946	0	315	0	4,617,056	65.00
66.00	06600	55,579	0	1,399	0	9,096,571	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	3,472	0	0	0	1,339,715	69.01
71.00	07100	0	0	0	0	8,925,862	71.00
71.01	07101	0	0	0	0	2,344,082	71.01
72.00	07200	0	0	0	0	7,728,261	72.00
73.00	07300	0	0	0	100	51,148,569	73.00
76.00	03140	17,870	0	1,392	0	9,144,425	76.00
76.97	07697	3,057	0	20	0	336,291	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,075	0	11	0	152,601	90.00
91.00	09100	63,401	63,401	29,889	0	18,802,990	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	74,193	0	1,834	0	4,032,143	95.00
101.00	10100	0	0	1,978	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		848,317	365,981	363,067	100	239,161,395	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	195	0	0	194.00
194.01	07951	0	0	3,329	0	0	194.01
194.02	07952	298	0	11,378	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	4,394	0	0	194.06
194.07	07957	0	0	3,210	0	0	194.07
194.08	07958	0	0	3,900	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
194.09	07959 KDH - MC ENT	0	0	2,494	0	0	194.09
194.10	07960 KDH - MC UROLOGY	0	0	2,106	0	0	194.10
194.11	07961 KDH - MC OB/GYN	0	0	6,378	0	0	194.11
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)	612,572	425,946	861,920	6,645,681	1,385,244	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.721849	1.163847	2.152373	66,456.810000	0.005792	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	141,502	123,226	178,013	248,361	132,202	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.166745	0.336701	0.444531	2,483.610000	0.000553	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)		
		17.00	19.00	23.00	23.01		
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
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	26,500					17.00
19.00	01900	0	0				19.00
23.00	02300	0		100			23.00
23.01	02301	0		0	100		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,549		0	0		30.00
31.00	03100	1,359		0	0		31.00
43.00	04300	1,445		0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0		50.00
51.00	05100	0	0	0	0		51.00
52.00	05200	0	0	0	0		52.00
53.00	05300	0	0	0	0		53.00
54.00	05400	0	0	100	100		54.00
54.01	03630	0	0	0	0		54.01
54.02	03450	0	0	0	0		54.02
55.00	03480	0	0	0	0		55.00
57.00	05700	0	0	0	0		57.00
58.00	05800	0	0	0	0		58.00
59.00	05900	0	0	0	0		59.00
60.00	06000	0	0	0	0		60.00
62.00	06200	0	0	0	0		62.00
65.00	06500	0	0	0	0		65.00
66.00	06600	0	0	0	0		66.00
67.00	06700	0	0	0	0		67.00
68.00	06800	0	0	0	0		68.00
69.00	06900	0	0	0	0		69.00
69.01	03020	0	0	0	0		69.01
71.00	07100	0	0	0	0		71.00
71.01	07101	0	0	0	0		71.01
72.00	07200	0	0	0	0		72.00
73.00	07300	0	0	0	0		73.00
76.00	03140	0	0	0	0		76.00
76.97	07697	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0		90.00
91.00	09100	0	0	0	0		91.00
92.00	09200	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0		95.00
101.00	10100	11,348	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0		113.00
116.00	11600	1,799	0	0	0		116.00
118.00		26,500	0	100	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0		190.00
194.00	07950	0	0	0	0		194.00
194.01	07951	0	0	0	0		194.01
194.02	07952	0	0	0	0		194.02
194.03	07953	0	0	0	0		194.03
194.04	07954	0	0	0	0		194.04
194.05	07955	0	0	0	0		194.05
194.06	07956	0	0	0	0		194.06
194.07	07957	0	0	0	0		194.07
194.08	07958	0	0	0	0		194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)		
		17.00	19.00	23.00	23.01		
194.09	07959 KDH - MC ENT	0	0	0	0		194.09
194.10	07960 KDH - MC UROLOGY	0	0	0	0		194.10
194.11	07961 KDH - MC OB/GYN	0	0	0	0		194.11
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)	419,230	0	251,955	-11,633		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.820000	0.000000	2,519.550000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	84,360	0	39,610	2		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.183396	0.000000	396.100000	0.020000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 10:45 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	12,337,956		12,337,956	0	12,337,956	30.00
31.00	03100	INTENSIVE CARE UNIT	1,649,939		1,649,939	0	1,649,939	31.00
43.00	04300	NURSERY	732,459		732,459	0	732,459	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,822,620		4,822,620	0	4,822,620	50.00
51.00	05100	RECOVERY ROOM	494,627		494,627	0	494,627	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	245,893		245,893	0	245,893	52.00
53.00	05300	ANESTHESIOLOGY	359,675		359,675	0	359,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,855,800		4,855,800	0	4,855,800	54.00
54.01	03630	ULTRA SOUND	227,708		227,708	0	227,708	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	448,584		448,584	0	448,584	54.02
55.00	03480	ONCOLOGY	1,676,366		1,676,366	0	1,676,366	55.00
57.00	05700	CT SCAN	817,393		817,393	0	817,393	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	504,395		504,395	0	504,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	515,457		515,457	0	515,457	59.00
60.00	06000	LABORATORY	6,219,303		6,219,303	64,300	6,283,603	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	535,311		535,311	0	535,311	62.00
65.00	06500	RESPIRATORY THERAPY	1,106,304	0	1,106,304	0	1,106,304	65.00
66.00	06600	PHYSICAL THERAPY	3,672,178	0	3,672,178	0	3,672,178	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03020	SLEEP LAB	361,300		361,300	0	361,300	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,354,497		3,354,497	0	3,354,497	71.00
71.01	07101	IV SOLUTIONS	111,584		111,584	0	111,584	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,001,988		3,001,988	0	3,001,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,941,952		6,941,952	0	6,941,952	73.00
76.00	03140	CARDIOLOGY	1,293,017		1,293,017	0	1,293,017	76.00
76.97	07697	CARDIAC REHABILITATION	171,850		171,850	0	171,850	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	259,947		259,947	0	259,947	90.00
91.00	09100	EMERGENCY	3,757,735		3,757,735	0	3,757,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,543,599		2,543,599	0	2,543,599	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,613,450		2,613,450	0	2,613,450	95.00
101.00	10100	HOME HEALTH AGENCY	1,864,045		1,864,045	0	1,864,045	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	291,669		291,669		291,669	116.00
200.00		Subtotal (see instructions)	67,788,601	0	67,788,601	64,300	67,852,901	200.00
201.00		Less Observation Beds	2,543,599		2,543,599		2,543,599	201.00
202.00		Total (see instructions)	65,245,002	0	65,245,002	64,300	65,309,302	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 10:45 am

		Title XVII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,523,502		12,523,502		30.00
31.00	03100	INTENSIVE CARE UNIT	2,482,247		2,482,247		31.00
43.00	04300	NURSERY	1,307,357		1,307,357		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,986,242	17,522,158	23,508,400	0.205145	50.00
51.00	05100	RECOVERY ROOM	1,277,636	3,087,838	4,365,474	0.113304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,324,848	0	1,324,848	0.185601	52.00
53.00	05300	ANESTHESIOLOGY	1,435,873	3,087,291	4,523,164	0.079518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,372,527	5,132,674	6,505,201	0.746449	54.00
54.01	03630	ULTRA SOUND	211,199	1,314,871	1,526,070	0.149212	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	330,849	4,576,924	4,907,773	0.091403	54.02
55.00	03480	ONCOLOGY	80,345	4,485,514	4,565,859	0.367152	55.00
57.00	05700	CT SCAN	2,241,175	11,487,208	13,728,383	0.059540	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	294,051	3,876,627	4,170,678	0.120938	58.00
59.00	05900	CARDIAC CATHETERIZATION	719,318	2,662,519	3,381,837	0.152419	59.00
60.00	06000	LABORATORY	5,627,658	24,831,007	30,458,665	0.204188	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	822,679	764,948	1,587,627	0.337177	62.00
65.00	06500	RESPIRATORY THERAPY	3,663,621	953,435	4,617,056	0.239612	65.00
66.00	06600	PHYSICAL THERAPY	1,430,389	8,538,764	9,969,153	0.368354	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03020	SLEEP LAB	0	1,339,715	1,339,715	0.269684	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,909,830	4,016,033	8,925,863	0.375818	71.00
71.01	07101	IV SOLUTIONS	1,266,277	1,077,805	2,344,082	0.047602	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,888,846	1,839,416	7,728,262	0.388443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,148,035	27,000,533	51,148,568	0.135721	73.00
76.00	03140	CARDIOLOGY	1,900,273	7,244,152	9,144,425	0.141399	76.00
76.97	07697	CARDIAC REHABILITATION	1,100	335,191	336,291	0.511016	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	464	152,137	152,601	1.703442	90.00
91.00	09100	EMERGENCY	3,517,026	15,285,964	18,802,990	0.199848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	528,430	1,795,389	2,323,819	1.094577	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	33,814	3,998,329	4,032,143	0.648154	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,242,292	2,242,292		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	369,434	369,434		116.00
200.00		Subtotal (see instructions)	85,325,611	159,018,168	244,343,779		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	85,325,611	159,018,168	244,343,779		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 10:45 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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.205145		50.00
51.00	05100 RECOVERY ROOM	0.113304		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.185601		52.00
53.00	05300 ANESTHESIOLOGY	0.079518		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.746449		54.00
54.01	03630 ULTRA SOUND	0.149212		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.091403		54.02
55.00	03480 ONCOLOGY	0.367152		55.00
57.00	05700 CT SCAN	0.059540		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.120938		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.152419		59.00
60.00	06000 LABORATORY	0.206299		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.337177		62.00
65.00	06500 RESPIRATORY THERAPY	0.239612		65.00
66.00	06600 PHYSICAL THERAPY	0.368354		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03020 SLEEP LAB	0.269684		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375818		71.00
71.01	07101 IV SOLUTIONS	0.047602		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388443		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135721		73.00
76.00	03140 RADIOLOGY	0.141399		76.00
76.97	07697 CARDIAC REHABILITATION	0.511016		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.703442		90.00
91.00	09100 EMERGENCY	0.199848		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.094577		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.648154		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 10:45 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		12,337,956		0	12,337,956	30.00
31.00	03100 INTENSIVE CARE UNIT		1,649,939		0	1,649,939	31.00
43.00	04300 NURSERY		732,459		0	732,459	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		4,822,620		0	4,822,620	50.00
51.00	05100 RECOVERY ROOM		494,627		0	494,627	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		245,893		0	245,893	52.00
53.00	05300 ANESTHESIOLOGY		359,675		0	359,675	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,855,800		0	4,855,800	54.00
54.01	03630 ULTRA SOUND		227,708		0	227,708	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		448,584		0	448,584	54.02
55.00	03480 ONCOLOGY		1,676,366		0	1,676,366	55.00
57.00	05700 CT SCAN		817,393		0	817,393	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		504,395		0	504,395	58.00
59.00	05900 CARDIAC CATHETERIZATION		515,457		0	515,457	59.00
60.00	06000 LABORATORY		6,219,303		64,300	6,283,603	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		535,311		0	535,311	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,106,304		0	1,106,304	65.00
66.00	06600 PHYSICAL THERAPY	0	3,672,178		0	3,672,178	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		0		0	0	69.00
69.01	03020 SLEEP LAB		361,300		0	361,300	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,354,497		0	3,354,497	71.00
71.01	07101 IV SOLUTIONS		111,584		0	111,584	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,001,988		0	3,001,988	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		6,941,952		0	6,941,952	73.00
76.00	03140 RADIOLOGY		1,293,017		0	1,293,017	76.00
76.97	07697 CARDIAC REHABILITATION		171,850		0	171,850	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		259,947		0	259,947	90.00
91.00	09100 EMERGENCY		3,757,735		0	3,757,735	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,543,599		0	2,543,599	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		2,613,450		0	2,613,450	95.00
101.00	10100 HOME HEALTH AGENCY		1,864,045		0	1,864,045	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE		291,669			291,669	116.00
200.00	Subtotal (see instructions)	0	67,788,601		64,300	67,852,901	200.00
201.00	Less Observation Beds		2,543,599			2,543,599	201.00
202.00	Total (see instructions)	0	65,245,002		64,300	65,309,302	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2015 10:45 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,523,502		12,523,502		30.00
31.00	03100	INTENSIVE CARE UNIT	2,482,247		2,482,247		31.00
43.00	04300	NURSERY	1,307,357		1,307,357		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,986,242	17,522,158	23,508,400	0.205145	50.00
51.00	05100	RECOVERY ROOM	1,277,636	3,087,838	4,365,474	0.113304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,324,848	0	1,324,848	0.185601	52.00
53.00	05300	ANESTHESIOLOGY	1,435,873	3,087,291	4,523,164	0.079518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,372,527	5,132,674	6,505,201	0.746449	54.00
54.01	03630	ULTRA SOUND	211,199	1,314,871	1,526,070	0.149212	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	330,849	4,576,924	4,907,773	0.091403	54.02
55.00	03480	ONCOLOGY	80,345	4,485,514	4,565,859	0.367152	55.00
57.00	05700	CT SCAN	2,241,175	11,487,208	13,728,383	0.059540	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	294,051	3,876,627	4,170,678	0.120938	58.00
59.00	05900	CARDIAC CATHETERIZATION	719,318	2,662,519	3,381,837	0.152419	59.00
60.00	06000	LABORATORY	5,627,658	24,831,007	30,458,665	0.204188	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	822,679	764,948	1,587,627	0.337177	62.00
65.00	06500	RESPIRATORY THERAPY	3,663,621	953,435	4,617,056	0.239612	65.00
66.00	06600	PHYSICAL THERAPY	1,430,389	8,538,764	9,969,153	0.368354	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03020	SLEEP LAB	0	1,339,715	1,339,715	0.269684	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,909,830	4,016,033	8,925,863	0.375818	71.00
71.01	07101	IV SOLUTIONS	1,266,277	1,077,805	2,344,082	0.047602	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,888,846	1,839,416	7,728,262	0.388443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,148,035	27,000,533	51,148,568	0.135721	73.00
76.00	03140	CARDIOLOGY	1,900,273	7,244,152	9,144,425	0.141399	76.00
76.97	07697	CARDIAC REHABILITATION	1,100	335,191	336,291	0.511016	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	464	152,137	152,601	1.703442	90.00
91.00	09100	EMERGENCY	3,517,026	15,285,964	18,802,990	0.199848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	528,430	1,795,389	2,323,819	1.094577	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	33,814	3,998,329	4,032,143	0.648154	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,242,292	2,242,292		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	369,434	369,434		116.00
200.00		Subtotal (see instructions)	85,325,611	159,018,168	244,343,779		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	85,325,611	159,018,168	244,343,779		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 10:45 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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
55.00	03480 ONCOLOGY	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03020 SLEEP LAB	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.01	07101 IV SOLUTIONS	0.000000		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03140 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 10:45 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,855,098	0	2,855,098	13,247	215.53	30.00
31.00	INTENSIVE CARE UNIT	159,125		159,125	1,359	117.09	31.00
43.00	NURSERY	123,911		123,911	1,145	108.22	43.00
200.00	Total (Lines 30-199)	3,138,134		3,138,134	15,751		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	5,869	1,264,946				
31.00	INTENSIVE CARE UNIT	846	99,058				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	6,715	1,364,004				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 10:45 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,121,609	23,508,400	0.047711	2,722,670	129,901	50.00
51.00	05100 RECOVERY ROOM	85,742	4,365,474	0.019641	502,718	9,874	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,891	1,324,848	0.006711	7,661	51	52.00
53.00	05300 ANESTHESIOLOGY	20,436	4,523,164	0.004518	593,640	2,682	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	667,638	6,505,201	0.102631	950,644	97,566	54.00
54.01	03630 ULTRA SOUND	7,269	1,526,070	0.004763	109,288	521	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	36,773	4,907,773	0.007493	250,267	1,875	54.02
55.00	03480 ONCOLOGY	205,582	4,565,859	0.045026	26,521	1,194	55.00
57.00	05700 CT SCAN	72,283	13,728,383	0.005265	1,442,985	7,597	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	68,293	4,170,678	0.016375	183,488	3,005	58.00
59.00	05900 CARDIAC CATHETERIZATION	58,014	3,381,837	0.017155	556,434	9,546	59.00
60.00	06000 LABORATORY	473,192	30,458,665	0.015536	3,599,780	55,926	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	24,936	1,587,627	0.015706	513,245	8,061	62.00
65.00	06500 RESPIRATORY THERAPY	87,487	4,617,056	0.018949	2,600,078	49,269	65.00
66.00	06600 PHYSICAL THERAPY	837,408	9,969,153	0.084000	1,013,576	85,140	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03020 SLEEP LAB	52,272	1,339,715	0.039017	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	66,433	8,925,863	0.007443	2,380,744	17,720	71.00
71.01	07101 IV SOLUTIONS	3,121	2,344,082	0.001331	694,921	925	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	59,336	7,728,262	0.007678	2,810,489	21,579	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	276,592	51,148,568	0.005408	13,992,358	75,671	73.00
76.00	03140 RADIOLOGY	343,926	9,144,425	0.037610	1,370,912	51,560	76.00
76.97	07697 CARDIAC REHABILITATION	41,333	336,291	0.122908	220	27	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	45,188	152,601	0.296119	104	31	90.00
91.00	09100 EMERGENCY	853,602	18,802,990	0.045397	2,078,179	94,343	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	588,609	2,323,819	0.253294	325,592	82,471	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	6,105,965	221,386,804		38,726,514	806,535	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 10:45 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,247	0.00	5,869	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,359	0.00	846	0		31.00
43.00	04300	NURSERY	1,145	0.00	0	0		43.00
200.00		Total (lines 30-199)	15,751		6,715	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 10:45 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	251,955	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02
55.00	03480	ONCOLOGY	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03020	SLEEP LAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	251,955	0	95.00
200.00		Total (lines 50-199)	0	0	251,955	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 10:45 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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	23,508,400	0.000000	0.000000	2,722,670	50.00
51.00	05100 RECOVERY ROOM	0	4,365,474	0.000000	0.000000	502,718	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,324,848	0.000000	0.000000	7,661	52.00
53.00	05300 ANESTHESIOLOGY	0	4,523,164	0.000000	0.000000	593,640	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	251,955	6,505,201	0.038731	0.038731	950,644	54.00
54.01	03630 ULTRA SOUND	0	1,526,070	0.000000	0.000000	109,288	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	4,907,773	0.000000	0.000000	250,267	54.02
55.00	03480 ONCOLOGY	0	4,565,859	0.000000	0.000000	26,521	55.00
57.00	05700 CT SCAN	0	13,728,383	0.000000	0.000000	1,442,985	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,170,678	0.000000	0.000000	183,488	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,381,837	0.000000	0.000000	556,434	59.00
60.00	06000 LABORATORY	0	30,458,665	0.000000	0.000000	3,599,780	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,587,627	0.000000	0.000000	513,245	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,617,056	0.000000	0.000000	2,600,078	65.00
66.00	06600 PHYSICAL THERAPY	0	9,969,153	0.000000	0.000000	1,013,576	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	03020 SLEEP LAB	0	1,339,715	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,925,863	0.000000	0.000000	2,380,744	71.00
71.01	07101 IV SOLUTIONS	0	2,344,082	0.000000	0.000000	694,921	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,728,262	0.000000	0.000000	2,810,489	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,148,568	0.000000	0.000000	13,992,358	73.00
76.00	03140 RADIOLOGY	0	9,144,425	0.000000	0.000000	1,370,912	76.00
76.97	07697 CARDIAC REHABILITATION	0	336,291	0.000000	0.000000	220	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	152,601	0.000000	0.000000	104	90.00
91.00	09100 EMERGENCY	0	18,802,990	0.000000	0.000000	2,078,179	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,323,819	0.000000	0.000000	325,592	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	251,955	221,386,804			38,726,514	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 10:45 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	6,684,419	0	50.00
51.00	05100 RECOVERY ROOM	0	732,697	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	717,419	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	36,819	1,590,098	61,586	54.00
54.01	03630 ULTRA SOUND	0	231,014	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,921,474	0	54.02
55.00	03480 ONCOLOGY	0	2,244,490	0	55.00
57.00	05700 CT SCAN	0	3,928,988	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,246,455	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,104,316	0	59.00
60.00	06000 LABORATORY	0	2,727,046	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	389,688	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	269,227	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03020 SLEEP LAB	0	413,665	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	957,719	0	71.00
71.01	07101 IV SOLUTIONS	0	282,751	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,014,873	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,631,261	0	73.00
76.00	03140 RADIOLOGY	0	3,288,430	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	150,920	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	22,169	0	90.00
91.00	09100 EMERGENCY	0	3,582,775	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	611,558	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	36,819	45,743,452	61,586	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 10:45 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	0.205145	6,684,419	0	0	1,371,275
51.00 05100 RECOVERY ROOM	0.113304	732,697	0	0	83,018
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.185601	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.079518	717,419	0	0	57,048
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.746449	1,590,098	0	0	1,186,927
54.01 03630 ULTRA SOUND	0.149212	231,014	0	0	34,470
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.091403	1,921,474	0	0	175,628
55.00 03480 ONCOLOGY	0.367152	2,244,490	0	0	824,069
57.00 05700 CT SCAN	0.059540	3,928,988	0	0	233,932
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.120938	1,246,455	0	0	150,744
59.00 05900 CARDIAC CATHETERIZATION	0.152419	1,104,316	0	0	168,319
60.00 06000 LABORATORY	0.204188	2,727,046	0	0	556,830
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.337177	389,688	0	0	131,394
65.00 06500 RESPIRATORY THERAPY	0.239612	269,227	0	0	64,510
66.00 06600 PHYSICAL THERAPY	0.368354	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
69.01 03020 SLEEP LAB	0.269684	413,665	0	0	111,559
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375818	957,719	0	0	359,928
71.01 07101 IV SOLUTIONS	0.047602	282,751	0	0	13,460
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.388443	1,014,873	0	0	394,220
73.00 07300 DRUGS CHARGED TO PATIENTS	0.135721	11,631,261	0	81,605	1,578,606
76.00 03140 RADIOLOGY	0.141399	3,288,430	0	0	464,981
76.97 07697 CARDIAC REHABILITATION	0.511016	150,920	0	0	77,123
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.703442	22,169	0	0	37,764
91.00 09100 EMERGENCY	0.199848	3,582,775	0	0	716,010
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.094577	611,558	0	0	669,397
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.648154		0		
200.00	Subtotal (see instructions)	45,743,452	0	81,605	9,461,212
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	45,743,452	0	81,605	9,461,212

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 10:45 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
55.00	03480 ONCOLOGY	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	03020 SLEEP LAB	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.01	07101 IV SOLUTIONS	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,076	73.00
76.00	03140 RADIOLOGY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	11,076	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	11,076	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 10:45 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.205145	0	0	2,840,823	0
51.00 05100 RECOVERY ROOM	0.113304	0	0	555,178	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.185601	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.079518	0	0	539,705	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.746449	0	0	839,980	0
54.01 03630 ULTRA SOUND	0.149212	0	0	292,250	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.091403	0	0	407,962	0
55.00 03480 ONCOLOGY	0.367152	0	0	477,471	0
57.00 05700 CT SCAN	0.059540	0	0	1,562,225	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.120938	0	0	552,895	0
59.00 05900 CARDIAC CATHETERIZATION	0.152419	0	0	272,054	0
60.00 06000 LABORATORY	0.204188	0	0	4,020,306	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.337177	0	0	42,460	0
65.00 06500 RESPIRATORY THERAPY	0.239612	0	0	164,397	0
66.00 06600 PHYSICAL THERAPY	0.368354	0	0	1,136,378	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
69.01 03020 SLEEP LAB	0.269684	0	0	240,483	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375818	0	0	47,616	0
71.01 07101 IV SOLUTIONS	0.047602	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.388443	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.135721	0	0	3,023,580	0
76.00 03140 RADIOLOGY	0.141399	0	0	789,274	0
76.97 07697 CARDIAC REHABILITATION	0.511016	0	0	3,695	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.703442	0	0	11,721	0
91.00 09100 EMERGENCY	0.199848	0	0	4,358,783	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.094577	0	0	881,415	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.648154	0	0		95.00
200.00	Subtotal (see instructions)	0	0	23,060,651	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	23,060,651	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 10:45 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	582,781	50.00
51.00	05100 RECOVERY ROOM	0	62,904	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	42,916	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	627,002	54.00
54.01	03630 ULTRA SOUND	0	43,607	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	37,289	54.02
55.00	03480 ONCOLOGY	0	175,304	55.00
57.00	05700 CT SCAN	0	93,015	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	66,866	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,466	59.00
60.00	06000 LABORATORY	0	820,898	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,317	62.00
65.00	06500 RESPIRATORY THERAPY	0	39,391	65.00
66.00	06600 PHYSICAL THERAPY	0	418,589	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	03020 SLEEP LAB	0	64,854	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,895	71.00
71.01	07101 IV SOLUTIONS	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	410,363	73.00
76.00	03140 RADIOLOGY	0	111,603	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,888	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	19,966	90.00
91.00	09100 EMERGENCY	0	871,094	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	964,777	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	5,528,785	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	5,528,785	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2015 10:45 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)		13,247	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,247	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)		10,516	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)		5,869	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)		12,337,956	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)		12,337,956	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)		12,337,956	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)		931.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,466,269	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,466,269	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/20/2015 10:45 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,649,939	1,359	1,214.08	846	1,027,112		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,412,041		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,905,422		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)					1,364,004		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					843,354		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,207,358		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,698,064		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)					2,731		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					931.38		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,543,599		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 10:45 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,855,098	12,337,956	0.231408	2,543,599	588,609	90.00
91.00	Nursing School cost	0	12,337,956	0.000000	2,543,599	0	91.00
92.00	Allied health cost	0	12,337,956	0.000000	2,543,599	0	92.00
93.00	All other Medical Education	0	12,337,956	0.000000	2,543,599	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/20/2015 10:45 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)		13,247	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,247	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)		10,516	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,362	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,145	15.00
16.00	Nursery days (title V or XIX only)		362	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)		12,337,956	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)		12,337,956	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)		12,337,956	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)		931.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,268,540	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,268,540	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	732,459	1,145	639.70	362	231,571		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,649,939	1,359	1,214.08	158	191,825		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,463,358		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,155,294		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)					2,731		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					931.38		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,543,599		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 10:45 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,855,098	12,337,956	0.231408	2,543,599	588,609	90.00
91.00	Nursing School cost	0	12,337,956	0.000000	2,543,599	0	91.00
92.00	Allied health cost	0	12,337,956	0.000000	2,543,599	0	92.00
93.00	All other Medical Education	0	12,337,956	0.000000	2,543,599	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 10:45 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		5,774,619		30.00
31.00	03100 INTENSIVE CARE UNIT		1,505,670		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.205145	2,722,670	558,542	50.00
51.00	05100 RECOVERY ROOM	0.113304	502,718	56,960	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.185601	7,661	1,422	52.00
53.00	05300 ANESTHESIOLOGY	0.079518	593,640	47,205	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.746449	950,644	709,607	54.00
54.01	03630 ULTRA SOUND	0.149212	109,288	16,307	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.091403	250,267	22,875	54.02
55.00	03480 ONCOLOGY	0.367152	26,521	9,737	55.00
57.00	05700 CT SCAN	0.059540	1,442,985	85,915	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.120938	183,488	22,191	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.152419	556,434	84,811	59.00
60.00	06000 LABORATORY	0.206299	3,599,780	742,631	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.337177	513,245	173,054	62.00
65.00	06500 RESPIRATORY THERAPY	0.239612	2,600,078	623,010	65.00
66.00	06600 PHYSICAL THERAPY	0.368354	1,013,576	373,355	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03020 SLEEP LAB	0.269684	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375818	2,380,744	894,726	71.00
71.01	07101 IV SOLUTIONS	0.047602	694,921	33,080	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388443	2,810,489	1,091,715	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135721	13,992,358	1,899,057	73.00
76.00	03140 RADIOLOGY	0.141399	1,370,912	193,846	76.00
76.97	07697 CARDIAC REHABILITATION	0.511016	220	112	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.703442	104	177	90.00
91.00	09100 EMERGENCY	0.199848	2,078,179	415,320	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.094577	325,592	356,386	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		38,726,514	8,412,041	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)		38,726,514		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 10:45 am
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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		2,736,899		30.00
31.00	03100 INTENSIVE CARE UNIT		345,583		31.00
43.00	04300 NURSERY		856,052		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.205145	1,139,952	233,855	50.00
51.00	05100 RECOVERY ROOM	0.113304	211,301	23,941	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.185601	702,332	130,354	52.00
53.00	05300 ANESTHESIOLOGY	0.079518	201,201	15,999	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.746449	139,668	104,255	54.00
54.01	03630 ULTRA SOUND	0.149212	37,011	5,522	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.091403	34,037	3,111	54.02
55.00	03480 ONCOLOGY	0.367152	609	224	55.00
57.00	05700 CT SCAN	0.059540	219,016	13,040	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.120938	33,573	4,060	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.152419	43,609	6,647	59.00
60.00	06000 LABORATORY	0.204188	873,273	178,312	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.337177	63,691	21,475	62.00
65.00	06500 RESPIRATORY THERAPY	0.239612	397,969	95,358	65.00
66.00	06600 PHYSICAL THERAPY	0.368354	57,638	21,231	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03020 SLEEP LAB	0.269684	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.375818	101,918	38,303	71.00
71.01	07101 IV SOLUTIONS	0.047602	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388443	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135721	3,434,214	466,095	73.00
76.00	03140 RADIOLOGY	0.141399	177,767	25,136	76.00
76.97	07697 CARDIAC REHABILITATION	0.511016	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.703442	0	0	90.00
91.00	09100 EMERGENCY	0.199848	382,490	76,440	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.094577	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		8,251,269	1,463,358	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)		8,251,269		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 10:45 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,480,601	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,719,840	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		246,088	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		1,126,358	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		75.75	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.15	31.00
32.00	Sum of lines 30 and 31		25.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.00	33.00
34.00	Disproportionate share adjustment (see instructions)		280,011	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 10:45 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000072084	0.000086184	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		652,099	659,105	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		487,734	166,131	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		653,865		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		12,380,405		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		12,579,529		48.00
49.00	Total payment for inpatient operating costs (see instructions)		12,579,529		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		940,911		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		14,510		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		36,819		58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,571,769		59.00
60.00	Primary payer payments		8,990		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,562,779		61.00
62.00	Deductibles billed to program beneficiaries		1,411,360		62.00
63.00	Coinurance billed to program beneficiaries		9,424		63.00
64.00	Allowable bad debts (see instructions)		118,760		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		77,194		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		23,207		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,219,189		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-15,431		70.93
70.94	HRR adjustment amount (see instructions)		-5,711		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 10:45 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,198,047		71.00
71.01	Sequestration adjustment (see instructions)		243,961		71.01
72.00	Interim payments		12,280,493		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)		-326,407		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		723,353		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2015 10:45 am

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,480,601	0	8,480,601	0	8,480,601	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,719,840	0	2,719,840	0	2,719,840	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	246,088	0	0	246,088	246,088	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	1,126,358	0	0	1,126,358	1,126,358	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1000	0.1000	0.1000	0.1000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	280,011	0	280,011	0	280,011	11.00
11.01	Uncompensated care payments	36.00	653,865	0	487,734	166,131	653,865	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,380,405	0	11,968,186	412,219	12,380,405	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	12,579,529	0	0	12,579,529	12,579,529	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,579,529	0	0	12,579,529	12,579,529	15.00
16.00	Payment for inpatient program capital	50.00	940,911	0	0	940,911	940,911	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2015 10:45 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	0	13,520,440	13,520,440	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	890,474	0	0	890,474	890,474	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	50,437	0	0	50,437	50,437	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	940,911	0	0	940,911	940,911	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 10:45 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,076	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,399,626	2.00
3.00	PPS payments		9,957,227	3.00
4.00	Outlier payment (see instructions)		24,208	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		61,586	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,076	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		81,605	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		81,605	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)		81,605	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		70,529	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)		11,076	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)		10,043,021	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)		2,176,377	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		7,877,720	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,877,720	30.00
31.00	Primary payer payments		1,448	31.00
32.00	Subtotal (line 30 minus line 31)		7,876,272	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		330,425	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		214,776	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		131,467	36.00
37.00	Subtotal (see instructions)		8,091,048	37.00
38.00	MSP-LCC reconciliation amount from PS&R		429	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,090,619	40.00
40.01	Sequestration adjustment (see instructions)		161,812	40.01
41.00	Interim payments		7,854,463	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		74,344	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: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/20/2015 10:45 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		12,250,693		7,828,163	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	07/15/2014	29,800	07/15/2014	26,300	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)		29,800		26,300	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)		12,280,493		7,854,463	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		74,344	6.01	
6.02	SETTLEMENT TO PROGRAM		326,407		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,954,086		7,928,807	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: 150069

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2015 10:45 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			3,326 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			6,715 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			658 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			11,875 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			244,343,779 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			4,620,606 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,156,024 8.00
9.00	Sequestration adjustment amount (see instructions)			23,120 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,132,904 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,267,013 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)			-134,109 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/20/2015 10:45 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	3,155,294			1.00
2.00	Medical and other services		5,528,785		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,155,294	5,528,785		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)	3,155,294	5,528,785		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	8,251,269	23,060,651		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)	8,251,269	23,060,651		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)	8,251,269	23,060,651		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	5,095,975	17,531,866		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)	3,155,294	5,528,785		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)	3,155,294	5,528,785		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)	3,155,294	5,528,785		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,155,294	5,528,785		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	3,155,294	5,528,785		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)	3,155,294	5,528,785		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	3,155,294	5,528,785		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

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

Provider CCN: 150069

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

Worksheet G

Date/Time Prepared:
5/20/2015 10:45 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	18,557,562	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	12,046,508	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	2,667,423	0	0	0	7.00
8.00	Prepaid expenses	3,940,889	0	0	0	8.00
9.00	Other current assets	583,741	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)	37,796,123	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,924,110	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	112,651,666	0	0	0	15.00
16.00	Accumulated depreciation	-50,076,643	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	66,136,963	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	133,636,096	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	71,842,937	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	71,842,937	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	243,275,156	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,122,174	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,652,158	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	10,900,066	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,674,398	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	96,645,768	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,505,780	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	98,151,548	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,825,946	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	128,449,210				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	128,449,210	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	243,275,156	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150069

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

Worksheet G-1

Date/Time Prepared:
5/20/2015 10:45 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		138,690,531		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-10,241,321			2.00
3.00	Total (sum of line 1 and line 2)		128,449,210		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)		128,449,210		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		128,449,210		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150069

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	16,775,010		16,775,010	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	16,775,010		16,775,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,705,708		2,705,708	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)	2,705,708		2,705,708	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	19,480,718		19,480,718	17.00
18.00	Ancillary services	65,334,885	138,134,775	203,469,660	18.00
19.00	Outpatient services	3,549,244	15,646,769	19,196,013	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,299,365	2,299,365	22.00
23.00	AMBULANCE SERVICES	33,814	4,018,922	4,052,736	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	369,434	369,434	26.00
27.00	MOB AND PHYSICIAN CLINICS	22,110	58,875,398	58,897,508	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	88,420,771	219,344,663	307,765,434	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		117,716,128		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		117,716,128		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150069

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

Worksheet G-3

Date/Time Prepared:
5/20/2015 10:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	307,765,434	1.00
2.00	Less contractual allowances and discounts on patients' accounts	205,518,283	2.00
3.00	Net patient revenues (line 1 minus line 2)	102,247,151	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	117,716,128	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,468,977	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,298	6.00
7.00	Income from investments	1,471,195	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	300,556	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	175,014	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	45,210	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER NONPATIENT REVENUE	33,425	24.00
24.01	GAIN/LOSS ON SALE	1,413,292	24.01
24.02	OTHER NONPATIENT OP REVENUE	1,809,869	24.02
25.00	Total other income (sum of lines 6-24)	5,249,859	25.00
26.00	Total (line 5 plus line 25)	-10,219,118	26.00
27.00	OTHER EXPENSES RESTRICTED DONATIONS	22,203	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	22,203	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-10,241,321	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet H

HHA CCN: 157141

To 12/31/2014

Date/Time Prepared: 5/20/2015 10:45 am

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	273,167	0	218	0	9,882	283,267	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	63,414	0	0	0	0	63,414	6.00
7.00	Physical Therapy	202,564	0	22,438	0	0	225,002	7.00
8.00	Occupational Therapy	50,288	0	5,141	0	0	55,429	8.00
9.00	Speech Pathology	1,029	0	136	0	0	1,165	9.00
10.00	Medical Social Services	341,165	0	39,727	0	0	380,892	10.00
11.00	Home Health Aide	53,391	0	17,354	0	0	70,745	11.00
12.00	Supplies (see instructions)	0	0	0	0	30,433	30,433	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	985,018	0	85,014	0	40,315	1,110,347	24.00
		Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	283,267	0	283,267			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	63,414	0	63,414			6.00
7.00	Physical Therapy	0	225,002	0	225,002			7.00
8.00	Occupational Therapy	0	55,429	0	55,429			8.00
9.00	Speech Pathology	0	1,165	0	1,165			9.00
10.00	Medical Social Services	0	380,892	0	380,892			10.00
11.00	Home Health Aide	0	70,745	0	70,745			11.00
12.00	Supplies (see instructions)	0	30,433	0	30,433			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	0	1,110,347	0	1,110,347			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 5/20/2015 10:45 am J:\50445000 King's Daughters' Health\2014\HFs\KDH 2014.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/20/2015 10:45 am
		HHA CCN: 157141	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0		0		0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	283,267	0	0	0	283,267	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	63,414	0	0	0	63,414	6.00	
7.00	Physical Therapy	225,002	0	0	0	225,002	7.00	
8.00	Occupational Therapy	55,429	0	0	0	55,429	8.00	
9.00	Speech Pathology	1,165	0	0	0	1,165	9.00	
10.00	Medical Social Services	380,892	0	0	0	380,892	10.00	
11.00	Home Health Aide	70,745	0	0	0	70,745	11.00	
12.00	Supplies (see instructions)	30,433	0	0	0	30,433	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,110,347	0	0	0	1,110,347	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	283,267					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	21,719	85,133				6.00	
7.00	Physical Therapy	77,061	302,063				7.00	
8.00	Occupational Therapy	18,984	74,413				8.00	
9.00	Speech Pathology	399	1,564				9.00	
10.00	Medical Social Services	130,452	511,344				10.00	
11.00	Home Health Aide	24,229	94,974				11.00	
12.00	Supplies (see instructions)	10,423	40,856				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,110,347				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet H-1

HHA CCN: 157141

To 12/31/2014

Part II
Date/Time Prepared:
5/20/2015 10:45 am

Home Health Agency I

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
	1.00	2.00						3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	2,748			0		1.00	
2.00	Capital Related - Movable Equipment		2,748		0		2.00	
3.00	Plant Operation & Maintenance	0	0	2,748	0		3.00	
4.00	Transportation (see instructions)	0	0	0	0		4.00	
5.00	Administrative and General	2,748	2,748	2,748	0	-283,267	827,080	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	63,414	6.00
7.00	Physical Therapy	0	0	0	0	0	225,002	7.00
8.00	Occupational Therapy	0	0	0	0	0	55,429	8.00
9.00	Speech Pathology	0	0	0	0	0	1,165	9.00
10.00	Medical Social Services	0	0	0	0	0	380,892	10.00
11.00	Home Health Aide	0	0	0	0	0	70,745	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	30,433	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,748	2,748	2,748	0	-283,267	827,080	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		283,267	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.342490	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150069

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

Worksheet H-2 Part I

HHA CCN: 157141

Date/Time Prepared: 5/20/2015 10:45 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0				4.00	4A	
1.00 Administrative and General	0	0	18,478	0	46,256	64,734	1.00
2.00 Skilled Nursing Care	85,133	0	0	0	10,738	95,871	2.00
3.00 Physical Therapy	302,063	0	0	0	34,301	336,364	3.00
4.00 Occupational Therapy	74,413	0	0	0	8,515	82,928	4.00
5.00 Speech Pathology	1,564	0	0	0	174	1,738	5.00
6.00 Medical Social Services	511,344	0	0	0	57,770	569,114	6.00
7.00 Home Health Aide	94,974	0	0	0	9,041	104,015	7.00
8.00 Supplies (see instructions)	40,856	0	0	0	0	40,856	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,110,347	0	18,478	0	166,795	1,295,620	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	5.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	15,629	67,787	0	4,042	0	0	1.00
2.00 Skilled Nursing Care	23,147	0	0	0	0	0	2.00
3.00 Physical Therapy	81,211	0	0	0	0	0	3.00
4.00 Occupational Therapy	20,022	0	0	0	0	0	4.00
5.00 Speech Pathology	420	0	0	0	0	0	5.00
6.00 Medical Social Services	137,407	0	0	0	0	0	6.00
7.00 Home Health Aide	25,113	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	9,864	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	312,813	67,787	0	4,042	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150069		Period: From 01/01/2014 To 12/31/2014		Worksheet H-2 Part I Date/Time Prepared: 5/20/2015 10:45 am		
		HHA CCN: 157141		Home Health Agency I		PPS		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	4,257	0	0	179,526	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	4,257	0	0	179,526	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		RADIOLOGY SCHOOL	HUB SITE - 3RD YEAR MED STUDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part I)	
		23.00	23.01	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	152,192	0	152,192	0	1.00
2.00	Skilled Nursing Care	0	0	119,018	0	119,018	10,581	2.00
3.00	Physical Therapy	0	0	417,575	0	417,575	37,125	3.00
4.00	Occupational Therapy	0	0	102,950	0	102,950	9,153	4.00
5.00	Speech Pathology	0	0	2,158	0	2,158	192	5.00
6.00	Medical Social Services	0	0	706,521	0	706,521	62,813	6.00
7.00	Home Health Aide	0	0	129,128	0	129,128	11,480	7.00
8.00	Supplies (see instructions)	0	0	234,503	0	234,503	20,848	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	1,864,045	0	1,864,045	152,192	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.088905	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part I Date/Time Prepared: 5/20/2015 10:45 am
		HHA CCN: 157141	Home Health Agency I	PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	129,599		2.00
3.00	Physical Therapy	454,700		3.00
4.00	Occupational Therapy	112,103		4.00
5.00	Speech Pathology	2,350		5.00
6.00	Medical Social Services	769,334		6.00
7.00	Home Health Aide	140,608		7.00
8.00	Supplies (see instructions)	255,351		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
20.00	Total (sum of lines 1-19) (2)	1,864,045		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			21.00

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

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
5/20/2015 10:45 am J:\50445000 King's Daughters' Health\2014\HFS\KD H 2014.mcrx

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-2 Part II
Date/Time Prepared: 5/20/2015 10:45 am
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	1.01	2.00				
1.00 Administrative and General	0	2,748	2,748	273,167	0	64,734	1.00
2.00 Skilled Nursing Care	0	0	0	63,414	0	95,871	2.00
3.00 Physical Therapy	0	0	0	202,564	0	336,364	3.00
4.00 Occupational Therapy	0	0	0	50,288	0	82,928	4.00
5.00 Speech Pathology	0	0	0	1,029	0	1,738	5.00
6.00 Medical Social Services	0	0	0	341,165	0	569,114	6.00
7.00 Home Health Aide	0	0	0	53,391	0	104,015	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	40,856	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	2,748	2,748	985,018	0	1,295,620	20.00
21.00 Total cost to be allocated	0	18,478	0	166,795	0	312,813	21.00
22.00 Unit cost multiplier	0.000000	6.724163	0.000000	0.169332	0	0.241439	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	2,748	0	102	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,748	0	102	0	0	0	20.00
21.00 Total cost to be allocated	67,787	0	4,042	0	0	0	21.00
22.00 Unit cost multiplier	24.667758	0.000000	39.627451	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/20/2015 10:45 am PPS
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	19.00	23.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	1,978	0	0	11,348	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,978	0	0	11,348	0	0	20.00
21.00 Total cost to be allocated	4,257	0	0	179,526	0	0	21.00
22.00 Unit cost multiplier	2.152174	0.000000	0.000000	15.820056	0.000000	0.000000	22.00
Cost Center Description	HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)						
	23.01						
1.00 Administrative and General	0						1.00
2.00 Skilled Nursing Care	0						2.00
3.00 Physical Therapy	0						3.00
4.00 Occupational Therapy	0						4.00
5.00 Speech Pathology	0						5.00
6.00 Medical Social Services	0						6.00
7.00 Home Health Aide	0						7.00
8.00 Supplies (see instructions)	0						8.00
9.00 Drugs	0						9.00
10.00 DME	0						10.00
11.00 Home Dialysis Aide Services	0						11.00
12.00 Respiratory Therapy	0						12.00
13.00 Private Duty Nursing	0						13.00
14.00 Clinic	0						14.00
15.00 Health Promotion Activities	0						15.00
16.00 Day Care Program	0						16.00
17.00 Home Delivered Meals Program	0						17.00
18.00 Homemaker Service	0						18.00
19.00 All Others (specify)	0						19.00
20.00 Total (sum of lines 1-19)	0						20.00
21.00 Total cost to be allocated	0						21.00
22.00 Unit cost multiplier	0.000000						22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/20/2015 10:45 am			
				HHA CCN: 157141	Title XVIII		Home Health Agency I		
						PPS			
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	129,599		129,599	5,044	25.69	1.00	
2.00	Physical Therapy	3.00	454,700	0	454,700	3,267	139.18	2.00	
3.00	Occupational Therapy	4.00	112,103	0	112,103	705	159.01	3.00	
4.00	Speech Pathology	5.00	2,350	0	2,350	15	156.67	4.00	
5.00	Medical Social Services	6.00	769,334		769,334	1	769,334.00	5.00	
6.00	Home Health Aide	7.00	140,608		140,608	2,316	60.71	6.00	
7.00	Total (sum of lines 1-6)		1,608,694	0	1,608,694	11,348		7.00	
				Program Visits					
				Part B					
Cost Center Description				Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
				0	1.00	2.00	3.00	4.00	
						5.00			
Limitation Cost Computation									
8.00	Skilled Nursing Care		99915	0	3,018			8.00	
8.01	Skilled Nursing Care		17140	0	46			8.01	
9.00	Physical Therapy		99915	0	2,538			9.00	
9.01	Physical Therapy		17140	0	0			9.01	
10.00	Occupational Therapy		99915	0	532			10.00	
10.01	Occupational Therapy		17140	0	0			10.01	
11.00	Speech Pathology		99915	0	17			11.00	
11.01	Speech Pathology		17140	0	0			11.01	
12.00	Medical Social Services		99915	0	1			12.00	
12.01	Medical Social Services		17140	0	0			12.01	
13.00	Home Health Aide		99915	0	1,786			13.00	
13.01	Home Health Aide		17140	0	21			13.01	
14.00	Total (sum of lines 8-13)			0	7,959			14.00	
Cost Center Description									
				From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
				0	1.00	2.00	3.00	4.00	5.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	255,351	0	255,351	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
				Program Visits					
				Part B		Cost of Services			
Cost Center Description				Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
				6.00	7.00	8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	3,064		0	78,714		1.00	
2.00	Physical Therapy	0	2,538		0	353,239		2.00	
3.00	Occupational Therapy	0	532		0	84,593		3.00	
4.00	Speech Pathology	0	17		0	2,663		4.00	
5.00	Medical Social Services	0	1		0	769,334		5.00	
6.00	Home Health Aide	0	1,807		0	109,703		6.00	
7.00	Total (sum of lines 1-6)	0	7,959		0	1,398,246		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-3
Part I
Date/Time Prepared:
5/20/2015 10:45 am
PPS

Title XVII

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	78,714					1.00
2.00	Physical Therapy	353,239					2.00
3.00	Occupational Therapy	84,593					3.00
4.00	Speech Pathology	2,663					4.00
5.00	Medical Social Services	769,334					5.00
6.00	Home Health Aide	109,703					6.00
7.00	Total (sum of lines 1-6)	1,398,246					7.00
Cost Center Description		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-3
Part II
Date/Time Prepared:
5/20/2015 10:45 am
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.368354	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.375818	0	0	col. 2, line 15.00		4.00
4.01 Cost of Medical Supplies 1	71.01	0.047602	0	0	col. 2, line 15.01		4.01
5.00 Cost of Drugs	73.00	0.135721	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-11 Date/Time Prepared: 5/20/2015 10:45 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,007,288
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	24,172
13.00	Total PPS Reimbursement - LUPA Episodes		0	15,347
14.00	Total PPS Reimbursement - PEP Episodes		0	12,746
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,473
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,065,026
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,065,026
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,065,026
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,065,026
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,065,026
31.01	Sequestration adjustment (see instructions)		0	21,301
32.00	Interim payments (see instructions)		0	1,043,726
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

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

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-5
Date/Time Prepared:
5/20/2015 10:45 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,043,726	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,043,726	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		1,043,725	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151535

To 12/31/2014

Date/Time Prepared: 5/20/2015 10:45 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	8,075	0	0	0	40,827	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	4,642	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,090	0	1,112	0	0	12.00
13.00	Occupational Therapy	38	0	13	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	88,262	0	9,100	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	4,012	0	1,554	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	28,468	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	684	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	107,119	0	11,779	0	69,979	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151535

To 12/31/2014

Date/Time Prepared: 5/20/2015 10:45 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	48,902	0	48,902	0	48,902	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	4,642	0	4,642	0	4,642	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,202	0	3,202	0	3,202	12.00
13.00	Occupational Therapy	51	0	51	0	51	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	97,362	0	97,362	0	97,362	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	5,566	0	5,566	0	5,566	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	28,468	0	28,468	0	28,468	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	684	0	684	0	684	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	188,877	0	188,877	0	188,877	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151535

To 12/31/2014

Date/Time Prepared: 5/20/2015 10:45 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	4,642	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	88,262	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	88,262	0	4,642	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151535

To 12/31/2014

Date/Time Prepared: 5/20/2015 10:45 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	8,075	8,075	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	4,642	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	2,090	2,090	12.00
13.00	Occupational Therapy	0	0	38	38	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	88,262	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		4,012	0	4,012	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	4,012	10,203	107,119	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151535

To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 10:45 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	48,902	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	4,642	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,202	0	0	0	0	12.00
13.00	Occupational Therapy	51	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	97,362	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	5,566	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	28,468	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	684	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	188,877	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151535

To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 10:45 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	48,902	48,902	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	4,642	1,622	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	3,202	1,119	12.00
13.00	Occupational Therapy	0	51	18	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	97,362	34,013	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	5,566	1,945	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	28,468	9,946	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	684	239	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.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	188,877	188,877	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151535

To 12/31/2014

Part II
Date/Time Prepared:
5/20/2015 10:45 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151535

To 12/31/2014

Part II
Date/Time Prepared:
5/20/2015 10:45 am

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	-48,902	139,975	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	4,642	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	3,202	12.00
13.00	Occupational Therapy	0	51	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	97,362	15.00
16.00	Spiritual Counseling	0	0	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	5,566	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	28,468	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	684	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		48,902	39.00
40.00	Unit Cost Multiplier		0.349362	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

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

Part I
Date/Time Prepared:
5/20/2015 10:45 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
	0				4.00	
1.00 Administrative and General		0	5,003	0	1,367	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	6,264	0	0	0	786	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	4,321	0	0	0	354	7.00
8.00 Occupational Therapy	69	0	0	0	6	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	131,375	0	0	0	14,946	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	7,511	0	0	0	680	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	38,414	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	923	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)	188,877	0	5,003	0	18,139	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

From 01/01/2014

Part I

To 12/31/2014

Date/Time Prepared:

5/20/2015 10:45 am

Cost Center Description		Subtotal	Hospice I				
			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	6,370	1,538	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	7,050	1,702	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	4,675	1,129	0	0	0	7.00
8.00	Occupational Therapy	75	18	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	146,321	35,327	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	8,191	1,978	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	38,414	9,275	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 - Specif y	923	223	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)	212,019	51,190	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

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

Part I
Date/Time Prepared:
5/20/2015 10:45 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151535

To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Hospice I					HUB SITE - 3RD YEAR MED STUDENTS	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL			
		16.00	17.00	19.00	23.00	23.01		
1.00	Administrative and General	0	0	0	0	0	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	0	0	0	0	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	28,460	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	28,460	0	0	0	34.00	
35.00	Unit Cost Multiplier (see instructions)						35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151535

To 12/31/2014

Part I
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Hospice I					Total Hospice Costs (cols. 26 ± 27)	
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)			
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	7,908					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	8,752	0	8,752	244	8,996	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	5,804	0	5,804	162	5,966	7.00	
8.00	Occupational Therapy	93	0	93	3	96	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	210,108	0	210,108	5,855	215,963	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	10,169	0	10,169	283	10,452	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	47,689	0	47,689	1,329	49,018	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	1,146	0	1,146	32	1,178	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)	291,669	0	291,669		291,669	34.00	
35.00	Unit Cost Multiplier (see instructions)				0.027869		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
				4.00	5A	
1.00 Administrative and General	0	744	0	8,075	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	4,642	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	2,090	0	7.00
8.00 Occupational Therapy	0	0	0	38	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	88,262	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	4,013	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	744	0	107,120		34.00
35.00 Total cost to be allocated	0	5,003	0	18,139		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	6.724462	0.000000	0.169333		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description	Hospice I						
	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
	5.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	6,370	744	0	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	7,050	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	4,675	0	0	0	0	7.00	
8.00 Occupational Therapy	75	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	146,321	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	8,191	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	38,414	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	923	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)	212,019	744	0	0	0	34.00	
35.00 Total cost to be allocated	51,190	0	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.241441	0.000000	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/20/2015 10:45 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/20/2015 10:45 am

Cost Center Description		Hospice I					
		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	HUB SITE - 3RD YEAR MED STUDENTS (ASSIGNED TIME)		
		17.00	19.00	23.00	23.01		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	1,799	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,799	0	0	0		34.00
35.00	Total cost to be allocated	28,460	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	15.819900	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part III Date/Time Prepared: 5/20/2015 10:45 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	0.368354	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.135721	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.206299	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.375818	0	0	7.00
7.01	IV SOLUTIONS	71.01	0.047602	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	ONCOLOGY	55.00	0.367152	0	0	9.00
10.00	CARDIOLOGY	76.00	0.141399	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.511016	0	0	10.97
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150069

Period: From 01/01/2014

Worksheet K-6

Hospice CCN: 151535

To 12/31/2014

Date/Time Prepared: 5/20/2015 10:45 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				291,669	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				2,107	2.00
3.00	Average cost per diem (line 1 divided by line 2)				138.43	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	1,999				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	276,722				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		2			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		277			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)			106		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			14,674		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150069	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 10:45 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		890,474	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		50,437	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)		33.50	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)		940,911	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