

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S Parts I-III Date/Time Prepared: 1/26/2015 2:43 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/26/2015	Time: 2:43 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL (150046) for the cost reporting period beginning 09/01/2013 and ending 08/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	84,801	-74,150	-36,066	-11,470,936	1.00
2.00 Subprovider - IPF	0	32,921	-394		0	2.00
3.00 Subprovider - IRF	0	-28,467	-120		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	89,255	-74,664	-36,066	-11,470,936	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 1/26/2015 2:37 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 3901 HOSPITAL LANE	PO Box:	3.00 State: IN	4.00 Zip Code: 47802	County: VIGO	1.00	2.00
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	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	TERRE HAUTE REGIONAL HOSPITAL	150046	45460	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	TERRE HAUTE PSYCHIATRIC UNIT	15S046	45460	4	09/01/1991	N	P	0	4.00
5.00	Subprovider - IRF	TERRE HAUTE REHAB UNIT	15T046	45460	5	09/01/2006	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
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)	09/01/2013	08/31/2014	20.00
21.00	Type of Control (see instructions)	4		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)					N	Y			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,379	490	55	72	1,611	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	48	0	0	14	9		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 1/26/2015 2:37 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-2
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 1/26/2015 2:37 pm																																																																																																																																																																										
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		1.00	2.00	3.00																																																																																																																																																																										
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<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td>70.00</td> </tr> <tr> <td>71.00</td> <td>If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td></td> <td>N N 0</td> <td>71.00</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td>75.00</td> </tr> <tr> <td>76.00</td> <td>If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td></td> <td>N N 0</td> <td>76.00</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="3">1.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td>80.00</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td>85.00</td> </tr> <tr> <td>86.00</td> <td>Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>86.00</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th colspan="2">XIX</th> <th colspan="2"></th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th colspan="2">2.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td>Y</td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td></td> <td>N</td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td>0.00</td> <td>95.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00			Inpatient Psychiatric Facility PPS							70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	70.00	71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. 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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N	107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	719,434	0	13,076		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N		
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N	N	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 1/26/2015 2:37 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	44H070	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: HOSPITAL CORP. OF AMERICA	Contractor's Name: CAHABA		Contractor's Number: 10301	
142.00	Street: ONE PARK PLAZA	PO Box:			
143.00	City: NASHVILLE	State: TN	Zip Code: 37203		
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00	
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
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
161.10	CORF		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
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		169.00	
		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)	10/01/2012		09/30/2013	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part II Date/Time Prepared: 1/26/2015 2:37 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			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	03/31/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/02/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2014
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DARRELL		CUNNINGHAM	
42.00	Enter the employer/company name of the cost report preparer.	HCA			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-344-6147		DARRELL.CUNNINGHAM@HCAHEALTHCARE.COM	

		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)	12/02/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	142	51,830	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)		142	51,830	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	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)		160	58,400	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,380		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		190				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: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,492	1,995	16,637			1.00
2.00 HMO and other (see instructions)	1,134	1,611				2.00
3.00 HMO IPF Subprovider	101	0				3.00
4.00 HMO IRF Subprovider	24	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)	9,492	1,995	16,637			7.00
8.00 INTENSIVE CARE UNIT	1,746	0	3,046			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	938			13.00
14.00 Total (see instructions)	11,238	1,995	20,621	0.00	559.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,429	0	4,778	0.00	27.45	16.00
17.00 SUBPROVIDER - IRF	1,065	71	1,596	0.00	11.31	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY				0.00	0.00	20.00
21.00 OTHER LONG TERM CARE				0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	597.76	27.00
28.00 Observation Bed Days		101	446			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1	5			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: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,316	519	4,693	1.00
2.00 HMO and other (see instructions)				200	706		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	2,316	519	4,693		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	266	0	1,017		16.00
17.00 SUBPROVIDER - IRF	0.00	0	78	5	115		17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00				0		21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150046		Period: From 09/01/2013 To 08/31/2014		Worksheet S-3 Part II Date/Time Prepared: 1/26/2015 2:37 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	33,124,435	0	33,124,435	1,243,345.00	26.64	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,515,642	0	2,515,642	101,949.00	24.68	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		839,832	0	839,832	13,441.00	62.48	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		507,355	0	507,355	2,805.75	180.83	13.00
14.00	Home office salaries & wage-related costs		7,430,325	0	7,430,325	196,418.00	37.83	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		9,168,182	0	9,168,182			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		757,960	0	757,960			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	337,728	0	337,728	11,151.00	30.29	26.00
27.00	Administrative & General	5.00	2,849,236	-139,776	2,709,460	80,175.00	33.79	27.00
28.00	Administrative & General under contract (see inst.)		112,405	0	112,405	556.00	202.17	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	747,561	0	747,561	28,824.00	25.94	30.00
31.00	Laundry & Linen Service	8.00	19,234	0	19,234	1,661.00	11.58	31.00
32.00	Housekeeping	9.00	808,634	0	808,634	63,722.00	12.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	681,169	-275,378	405,791	32,873.00	12.34	34.00
35.00	Dietary under contract (see instructions)		323,297	0	323,297	8,320.00	38.86	35.00
36.00	Cafeteria	11.00	0	275,378	275,378	22,308.00	12.34	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	473,811	139,776	613,587	14,544.00	42.19	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
1/26/2015 2:37 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	51,835	0	51,835	2,465.00	21.03	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	806,814	0	806,814	29,011.00	27.81	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2015 2:37 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	33,560,137	0	33,560,137	1,252,221.00	26.80	1.00
2.00	Excluded area salaries (see instructions)	2,515,642	0	2,515,642	101,949.00	24.68	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,044,495	0	31,044,495	1,150,272.00	26.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,777,512	0	8,777,512	212,664.75	41.27	4.00
5.00	Subtotal wage-related costs (see inst.)	9,168,182	0	9,168,182	0.00	29.53	5.00
6.00	Total (sum of lines 3 thru 5)	48,990,189	0	48,990,189	1,362,936.75	35.94	6.00
7.00	Total overhead cost (see instructions)	7,211,724	0	7,211,724	295,610.00	24.40	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2015 2:37 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,205,105	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		82,626	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)		4,706,663	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		-16,697	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		35,575	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)		465,904	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		381,413	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		2,193,844	17.00
18.00	Medicare Taxes - Employers Portion Only		501,229	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		233,409	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		137,071	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		9,926,142	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: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part V
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet S-10 Date/Time Prepared: 1/26/2015 2:37 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.176476		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,418,793		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		84,202,282		6.00
7.00	Medicaid cost (line 1 times line 6)		14,859,682		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)		3,440,889		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)		3,440,889		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,555,011	130,322	1,685,333	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	274,422	22,999	297,421	21.00
22.00	Partial payment by patients approved for charity care	5,048	4,801	9,849	22.00
23.00	Cost of charity care (line 21 minus line 22)	269,374	18,198	287,572	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)		10,938,765		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		289,147		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		10,649,618		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,879,402		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,166,974		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,607,863		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
1/26/2015 2:37 pm

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		3,000,007	3,000,007	231,462	3,231,469	1.00
2.00	00200		2,516,509	2,516,509	760,983	3,277,492	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	337,728	7,397,669	7,735,397	105,876	7,841,273	4.00
5.00	00500	2,849,236	7,531,874	10,381,110	-375,278	10,005,832	5.00
7.00	00700	747,561	3,077,065	3,824,626	-15,471	3,809,155	7.00
8.00	00800	19,234	498,456	517,690	0	517,690	8.00
9.00	00900	808,634	461,601	1,270,235	-13,391	1,256,844	9.00
10.00	01000	681,169	1,590,906	2,272,075	-919,929	1,352,146	10.00
11.00	01100	0	0	0	917,726	917,726	11.00
13.00	01300	473,811	269,751	743,562	107,376	850,938	13.00
16.00	01600	51,835	1,148,367	1,200,202	-3,561	1,196,641	16.00
18.00	01850	806,814	99,080	905,894	-5,657	900,237	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,491,525	1,679,101	7,170,626	117,678	7,288,304	30.00
31.00	03100	1,835,986	488,145	2,324,131	-155,075	2,169,056	31.00
40.00	04000	1,330,885	432,948	1,763,833	-1,967	1,761,866	40.00
41.00	04100	767,363	101,395	868,758	-645	868,113	41.00
43.00	04300	309,131	66,712	375,843	-407	375,436	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,051,881	2,007,354	5,059,235	-41,248	5,017,987	50.00
51.00	05100	535,537	80,315	615,852	-55	615,797	51.00
52.00	05200	821,454	299,390	1,120,844	-6,419	1,114,425	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	857,619	1,768,515	2,626,134	-289,875	2,336,259	54.00
54.01	05401	164,587	37,053	201,640	-230	201,410	54.01
54.02	05402	212,020	145,936	357,956	-1,535	356,421	54.02
55.00	05500	546,335	690,020	1,236,355	-30,801	1,205,554	55.00
56.00	05600	232,680	592,000	824,680	1,080	825,760	56.00
57.00	05700	334,026	234,318	568,344	0	568,344	57.00
58.00	05800	193,854	102,063	295,917	-14	295,903	58.00
59.00	05900	507,836	230,368	738,204	-702	737,502	59.00
60.00	06000	1,122,856	1,371,467	2,494,323	-97,406	2,396,917	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	63,549	763,441	826,990	0	826,990	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	960,890	377,282	1,338,172	-157,889	1,180,283	65.00
66.00	06600	1,125,204	253,578	1,378,782	-1,562	1,377,220	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	457,529	443,007	900,536	-2,698	897,838	69.00
70.00	07000	61,143	33,638	94,781	-1,999	92,782	70.00
71.00	07100	274,735	3,876,573	4,151,308	88,753	4,240,061	71.00
72.00	07200	0	5,579,048	5,579,048	107,978	5,687,026	72.00
73.00	07300	1,507,132	8,405,467	9,912,599	-215,930	9,696,669	73.00
74.00	07400	842	734,438	735,280	0	735,280	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	86,227	86,227	0	86,227	76.00
76.01	03021	776,968	962,607	1,739,575	-12,521	1,727,054	76.01
76.02	03022	111,849	20,628	132,477	-1,600	130,877	76.02
76.03	03023	74,915	692,318	767,233	-3,974	763,259	76.03
76.04	03024	380,122	136,149	516,271	-1,599	514,672	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,820,566	722,646	2,543,212	-74,789	2,468,423	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	09800	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
1/26/2015 2:37 pm

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	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,707,041	61,005,432	93,712,473	4,685	93,717,158	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,997	49,158	77,155	0	77,155	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	237,769	29,044	266,813	-508	266,305	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	483,059	483,059	-4,177	478,882	194.01
194.02	07952	SITTERS	151,628	13,373	165,001	0	165,001	194.02
200.00		TOTAL (SUM OF LINES 118-199)	33,124,435	61,580,066	94,704,501	0	94,704,501	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-63,534	3,167,935	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-70,723	3,206,769	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,689	7,831,584	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,790,914	12,796,746	5.00
7.00	00700	OPERATION OF PLANT	53,623	3,862,778	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	517,690	8.00
9.00	00900	HOUSEKEEPING	7,466	1,264,310	9.00
10.00	01000	DIETARY	-237	1,351,909	10.00
11.00	01100	CAFETERIA	-313,469	604,257	11.00
13.00	01300	NURSING ADMINISTRATION	-176	850,762	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-75,027	1,121,614	16.00
18.00	01850	INSERVICE EDUCATION	-4,650	895,587	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-634,826	6,653,478	30.00
31.00	03100	INTENSIVE CARE UNIT	-65	2,168,991	31.00
40.00	04000	SUBPROVIDER - IPF	-250,861	1,511,005	40.00
41.00	04100	SUBPROVIDER - IRF	-20,696	847,417	41.00
43.00	04300	NURSERY	0	375,436	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,278,412	3,739,575	50.00
51.00	05100	RECOVERY ROOM	-24	615,773	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-30	1,114,395	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-862,358	1,473,901	54.00
54.01	05401	ULTRASOUND	0	201,410	54.01
54.02	05402	MAMMOGRAPHY	-269	356,152	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-13	1,205,541	55.00
56.00	05600	RADIOISOTOPE	0	825,760	56.00
57.00	05700	CT SCAN	0	568,344	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	295,903	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	737,502	59.00
60.00	06000	LABORATORY	0	2,396,917	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	826,990	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,280	1,182,563	65.00
66.00	06600	PHYSICAL THERAPY	-49,350	1,327,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-38,573	859,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	92,782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,240,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,687,026	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-160	9,696,509	73.00
74.00	07400	RENAL DIALYSIS	0	735,280	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	LITHOTRIPSY	0	86,227	76.00
76.01	03021	ENDOSCOPY	-157,047	1,570,007	76.01
76.02	03022	PRISION CLINIC	0	130,877	76.02
76.03	03023	WOUND CARE	-22,815	740,444	76.03
76.04	03024	OPI C	-50,206	464,466	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-107,936	2,360,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,156,863	92,560,295	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,155	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	-45,475	220,830	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	-233,927	244,955	194.01
194.02	07952	SITTERS	0	165,001	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-1,436,265	93,268,236	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	175,924	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	760,983	2.00	
3.00	RADIOISOTOPE	56.00	0	1,080	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
TOTALS			0	937,987		
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	55,538	1.00	
TOTALS			0	55,538		
C - EXECUTIVE COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	109,231	1.00	
2.00	NURSING ADMINISTRATION	13.00	139,776	13,593	2.00	
TOTALS			139,776	122,824		
D - CAFETERIA						
1.00	CAFETERIA	11.00	275,378	642,348	1.00	
TOTALS			275,378	642,348		
E - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	189,611	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
TOTALS			0	189,611		
F - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	142,654	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
TOTALS			0	142,654		
G - ER BEDHOLD						
1.00	ADULTS & PEDIATRICS	30.00	52,239	13,715	1.00	
2.00	INTENSIVE CARE UNIT	31.00	1,754	460	2.00	
TOTALS			53,993	14,175		

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
H - LOST CHARGES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	704	1.00
2.00	PRISON CLINIC	76.02	0	36	2.00
	TOTALS		0	740	
I - OBSERVATION ROOM					
1.00	ADULTS & PEDIATRICS	30.00	71,895	16,413	1.00
	TOTALS		71,895	16,413	
500.00	Grand Total: Increases		541,042	2,122,290	500.00

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-6
Date/Time Prepared:
1/26/2015 2:37 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,355	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	57,140	10		2.00
3.00	OPERATION OF PLANT	7.00	0	15,471	0		3.00
4.00	HOUSEKEEPING	9.00	0	13,391	0		4.00
5.00	DIETARY	10.00	0	2,203	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	45,993	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,561	0		7.00
8.00	INSERVICE EDUCATION	18.00	0	5,657	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	36,339	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	68,935	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	1,967	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	645	0		12.00
13.00	NURSERY	43.00	0	407	0		13.00
14.00	OPERATING ROOM	50.00	0	26,017	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,554	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	283,615	0		16.00
17.00	MAMMOGRAPHY	54.02	0	1,535	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,336	0		18.00
19.00	LABORATORY	60.00	0	96,197	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	99,433	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	1,562	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,999	0		22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	140,641	0		23.00
24.00	ENDOSCOPY	76.01	0	12,521	0		24.00
25.00	PRISON CLINIC	76.02	0	1,636	0		25.00
26.00	WOUND CARE	76.03	0	593	0		26.00
27.00	OPIC	76.04	0	1,599	0		27.00
28.00	OCCUPATIONAL MEDICINE	194.00	0	508	0		28.00
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	4,177	0		29.00
	TOTALS		0	937,987			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	55,538	12		1.00
	TOTALS		0	55,538			
C - EXECUTIVE COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	139,776	122,824	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		139,776	122,824			
D - CAFETERIA							
1.00	DIETARY	10.00	275,378	642,348	0		1.00
	TOTALS		275,378	642,348			
E - MEDICAL SUPPLIES							
1.00	OPERATING ROOM	50.00	0	15,202	0		1.00
2.00	RECOVERY ROOM	51.00	0	55	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,260	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14	0		4.00
5.00	LABORATORY	60.00	0	1,209	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	58,456	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	2,698	0		7.00
8.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	34,676	0		8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	61,103	0		9.00
10.00	WOUND CARE	76.03	0	3,366	0		10.00
11.00	EMERGENCY	91.00	0	6,572	0		11.00
	TOTALS		0	189,611			
F - IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	207	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	46	0		2.00
3.00	OPERATING ROOM	50.00	0	29	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	865	0		4.00
5.00	ULTRASOUND	54.01	0	230	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	25,465	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	101,562	0		7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,186	0		8.00
9.00	WOUND CARE	76.03	0	15	0		9.00
10.00	EMERGENCY	91.00	0	49	0		10.00
	TOTALS		0	142,654			
G - ER BEDHOLD							
1.00	EMERGENCY	91.00	53,993	14,175	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		53,993	14,175			

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-6
Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
H - LOST CHARGES						
1.00	ADULTS & PEDIATRICS	30.00	0	38	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	702	0	2.00
	TOTALS		0	740		
I - OBSERVATION ROOM						
1.00	INTENSIVE CARE UNIT	31.00	71,895	16,413	0	1.00
	TOTALS		71,895	16,413		
500.00	Grand Total: Decreases		541,042	2,122,290		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	3,166,367	0	0	0	2.00
3.00	Buildings and Fixtures	30,809,628	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	22,331,422	21,364	0	21,364	5.00
6.00	Movable Equipment	67,128,389	3,446,756	0	3,446,756	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	123,435,806	3,468,120	0	3,468,120	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	123,435,806	3,468,120	0	3,468,120	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	3,166,367	0			2.00
3.00	Buildings and Fixtures	30,809,628	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	22,352,786	0			5.00
6.00	Movable Equipment	70,452,276	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	126,781,057	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	126,781,057	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,000,007	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,516,509	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,516,516	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	CAP REL COSTS-BLDG & FIXT	0	3,000,007				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,516,509				2.00
3.00	Total (sum of lines 1-2)	0	5,516,516				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	56,328,781	0	56,328,781	0.444300	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	70,452,276	0	70,452,276	0.555700	0	2.00
3.00	Total (sum of lines 1-2)	126,781,057	0	126,781,057	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,936,473	175,924	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,445,786	760,983	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,382,259	936,907	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.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	55,538	0	0	3,167,935	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,206,769	2.00
3.00	Total (sum of lines 1-2)	0	55,538	0	0	6,374,704	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8

Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			3.00	4.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00 Television and radio service (chapter 21)		0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,327,440			0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,148,337			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests		0		0.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts		0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		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		0RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0	0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 X-RAY COPY	B	-7,250	RADIOLOGY-DIAGNOSTIC	54.00	0 33.00
33.01 CAFETERIA	B	-292,740	CAFETERIA	11.00	0 33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8

Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 VENDING	B	-20,729	CAFETERIA	11.00	0 33.02
33.03 ED OTHER	B	-4,097	INSERVICE EDUCATION	18.00	0 33.03
33.04 MEDICAL RECORDS	B	-329	MEDICAL RECORDS & LIBRARY	16.00	0 33.04
33.05 BADGE DEDUCTIONS	B	-260	ADMINISTRATIVE & GENERAL	5.00	0 33.05
33.06 COMP REHAB	B	-13,549	PHYSICAL THERAPY	66.00	0 33.06
33.07 OTHER	B	-24,903	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 INTEREST INCOME	B	-24,442	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09 UNCLAIMED PROPERTY	B	-6,985	ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10 PATIENT ACCOUNT INTEREST	A	-13,485	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11 PATIENT TELEPHONES	A	-8,558	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12 PATIENT TELEPHONES	A	-36,732	ADMINISTRATIVE & GENERAL	5.00	0 33.12
33.13 PATIENT TV'S	A	-38,990	OPERATION OF PLANT	7.00	0 33.13
33.14 ADMIN. TRAVEL	A	-4,152	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15 ADMIN. MEALS	A	-5,083	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16 ADMIN. PARTIES & BANQUETS	A	-4,028	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17 MI SC.	A	-63,071	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18 MI SC.	A	-1,085	ENDOSCOPY	76.01	0 33.18
33.19 MI SC.	A	-220	DIETARY	10.00	0 33.19
33.20 NONPATIENT GIFTS	A	-100	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.20
33.21 NONPATIENT GIFTS	A	-33,448	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22 NONPATIENT GIFTS	A	-500	OPERATION OF PLANT	7.00	0 33.22
33.23 NONPATIENT GIFTS	A	-500	HOUSEKEEPING	9.00	0 33.23
33.24 NONPATIENT GIFTS	A	-553	INSERVICE EDUCATION	18.00	0 33.24
33.25 NONPATIENT GIFTS	A	-154	ADULTS & PEDIATRICS	30.00	0 33.25
33.26 NONPATIENT GIFTS	A	45	SUBPROVIDER - IPF	40.00	0 33.26
33.27 NONPATIENT GIFTS	A	-92	RADIOLOGY-DIAGNOSTIC	54.00	0 33.27
33.28 NONPATIENT GIFTS	A	-269	MAMMOGRAPHY	54.02	0 33.28
33.29 NONPATIENT GIFTS	A	-736	EMERGENCY	91.00	0 33.29
33.30 PATIENT GIFTS	A	-29	ADMINISTRATIVE & GENERAL	5.00	0 33.30
33.31 ALCOHOL	A	-2,965	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32 ALCOHOL	A	-17	DIETARY	10.00	0 33.32
33.33 ALCOHOL	A	-24	RECOVERY ROOM	51.00	0 33.33
33.34 ALCOHOL	A	-11	DELIVERY ROOM & LABOR ROOM	52.00	0 33.34
33.35 ALCOHOL	A	-13	RADIOLOGY-THERAPEUTIC	55.00	0 33.35
33.36 COUNTRY CLUB DUES	A	-3,266	ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.37 PHYSICIAN RECRUITMENT	A	-68,838	ADMINISTRATIVE & GENERAL	5.00	0 33.37
33.38 PHYSICIAN RECRUITMENT	A	-160	DRUGS CHARGED TO PATIENTS	73.00	0 33.38
33.39 NONALLOWABLES	A	-915	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.39
33.40 NONALLOWABLES	A	-21,438	ADMINISTRATIVE & GENERAL	5.00	0 33.40
33.41 NONALLOWABLES	A	-158	RADIOLOGY-DIAGNOSTIC	54.00	0 33.41
33.42 NONALLOWABLES	A	-2,214	OTHER NONREIMBURSABLE COST CENTERS	194.01	0 33.42
33.43 CONTRIBUTIONS	A	-562	ADMINISTRATIVE & GENERAL	5.00	0 33.43
33.44 CONTRIBUTIONS	A	-107,352	OTHER NONREIMBURSABLE COST CENTERS	194.01	0 33.44
33.45 LEGAL FEES	A	-22,777	ADMINISTRATIVE & GENERAL	5.00	0 33.45
33.46 DEPRECIATION BUILDING	A	-130,898	CAP REL COSTS-BLDG & FIXT	1.00	9 33.46
33.47 DEPRECIATION MME	A	-117,435	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.47
33.48 SOFTWARE AMORTIZATION	A	46,712	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.48
33.49 CAPITALIZED RENOVATIONS	A	20,364	CAP REL COSTS-BLDG & FIXT	1.00	9 33.49
33.50 LOBBYING DUES	A	-11,901	ADMINISTRATIVE & GENERAL	5.00	0 33.50
33.51 MOB	A	-370	ADMINISTRATIVE & GENERAL	5.00	0 33.51
33.52 MOB	A	-116	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.52
33.53 USEFUL LIFE ADJUSTMENT	A	-44,340	CAP REL COSTS-BLDG & FIXT	1.00	9 33.53
33.54 MEDLINE POSTAGE	A	-2,765	ADMINISTRATIVE & GENERAL	5.00	0 33.54
33.55 PHYSICIAN RECORDS STORAGE	A	-314	OPERATION OF PLANT	7.00	0 33.55
33.56		0		0.00	0 33.56
33.57 NURSE PRACTITIONER	A	-35,875	OCCUPATIONAL MEDICINE	194.00	0 33.57
33.58 HOSPICE	B	-108,428	ADULTS & PEDIATRICS	30.00	0 33.58
33.59 OUTSIDE CONSULTING	A	-34,062	ADMINISTRATIVE & GENERAL	5.00	0 33.59
33.60		0		0.00	0 33.60
33.61		0		0.00	0 33.61
33.62		0		0.00	0 33.62
33.63		0		0.00	0 33.63
33.64		0		0.00	0 33.64
33.65		0		0.00	0 33.65
33.66		0		0.00	0 33.66
33.67		0		0.00	0 33.67
33.68		0		0.00	0 33.68

Provider CCN: 150046

Period:
 From 09/01/2013
 To 08/31/2014

Worksheet A-8

Date/Time Prepared:
 1/26/2015 2:37 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.69		0		0.00	0 33.69
33.70		0		0.00	0 33.70
33.71		0		0.00	0 33.71
33.72		0		0.00	0 33.72
33.73		0		0.00	0 33.73
33.74		0		0.00	0 33.74
33.75		0		0.00	0 33.75
33.76		0		0.00	0 33.76
33.77		0		0.00	0 33.77
33.78		0		0.00	0 33.78
33.79		0		0.00	0 33.79
33.80		0		0.00	0 33.80
33.81		0		0.00	0 33.81
33.82		0		0.00	0 33.82
33.83		0		0.00	0 33.83
33.84		0		0.00	0 33.84
33.85		0		0.00	0 33.85
33.86		0		0.00	0 33.86
33.87		0		0.00	0 33.87
33.88		0		0.00	0 33.88
33.89		0		0.00	0 33.89
33.90		0		0.00	0 33.90
33.91		0		0.00	0 33.91
33.92		0		0.00	0 33.92
33.93		0		0.00	0 33.93
33.94		0		0.00	0 33.94
33.95		0		0.00	0 33.95
33.96		0		0.00	0 33.96
33.97		0		0.00	0 33.97
33.98		0		0.00	0 33.98
33.99		0		0.00	0 33.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-1,436,265			50.00

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

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

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
1/26/2015 2:37 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	HPG	79,230	156,736	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	IT&S	1,454,932	1,413,600	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	1,589,639	7,211,678	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE DIRECT COMP.	1,645	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	PARALLON SSC	2,366,606	2,366,606	4.01
4.03	5.00	ADMINISTRATIVE & GENERAL	PARALLON SUPPLY CHAIN	1,040,809	1,040,809	4.03
4.04	30.00	ADULTS & PEDIATRICS	PARALLON ALL ABOUT STAFFING	52,807	53,535	4.04
4.05	31.00	INTENSIVE CARE UNIT	PARALLON ALL ABOUT STAFFING	4,700	4,765	4.05
4.06	50.00	OPERATING ROOM	PARALLON ALL ABOUT STAFFING	9,325	9,454	4.06
4.07	52.00	DELIVERY ROOM & LABOR ROOM	PARALLON ALL ABOUT STAFFING	1,381	1,400	4.07
4.08	13.00	NURSING ADMINISTRATION	PARALLON ALL ABOUT STAFFING	12,784	12,960	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	PARALLON MARK-UP	0	901,346	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	PARALLON PAYROLL	34,099	34,099	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	CAPITAL DIVISION IT&S	1,466,280	1,477,108	4.11
4.12	16.00	MEDICAL RECORDS & LIBRARY	HIM	993,774	1,068,472	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	REVENUE INTEGRITY	131,458	131,458	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	68,281	68,281	4.14
4.15	41.00	SUBPROVIDER - IRF	BEHAVIORAL HEALTH	150,149	170,845	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	DC10 FEES	43,897	43,897	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	IT&S PARALLON	323,520	323,520	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	PREBILL DENIAL	14,516	14,516	4.18
4.20	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER	0	50,472	4.20
4.21	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN RECRUITING	0	68,591	4.21
4.22	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	0	516,644	4.22
4.23	5.00	ADMINISTRATIVE & GENERAL	GENERAL LIABILITY	0	6,853	4.23
4.24	194.01	OTHER NONREIMBURSABLE COST C	MARKETING ALLOCATIONS	0	124,361	4.24
4.25	5.00	ADMINISTRATIVE & GENERAL	RICHMOND FSC	137,584	145,070	4.25
4.26	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST	0	-9,990,107	4.26
4.27	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	569,038	0	4.27
4.28	1.00	CAP REL COSTS-BLDG & FIXT	POB HOSPITAL SPACE	91,340	0	4.28
4.29	5.00	ADMINISTRATIVE & GENERAL	POB HOSPITAL SPACE	-14,049	0	4.29
4.30	7.00	OPERATION OF PLANT	POB HOSPITAL SPACE	93,427	0	4.30
4.31	9.00	HOUSEKEEPING	POB HOSPITAL SPACE	7,966	0	4.31
4.32	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN SALES	0	149,832	4.32
4.33	0.00			0	0	4.33
4.34	0.00			0	0	4.34
4.35	0.00			0	0	4.35
4.36	0.00			0	0	4.36
4.37	0.00			0	0	4.37
4.38	0.00			0	0	4.38
4.39	0.00			0	0	4.39
4.40	0.00			0	0	4.40
4.41	0.00			0	0	4.41
4.42	0.00			0	0	4.42
4.43	0.00			0	0	4.43
4.44	0.00			0	0	4.44
4.45	0.00			0	0	4.45
4.46	0.00			0	0	4.46
4.47	0.00			0	0	4.47
4.48	0.00			0	0	4.48
4.49	0.00			0	0	4.49
4.50	0.00			0	0	4.50
4.51	0.00			0	0	4.51
4.52	0.00			0	0	4.52
4.53	0.00			0	0	4.53
4.54	0.00			0	0	4.54
4.55	0.00			0	0	4.55
4.56	0.00			0	0	4.56
4.57	0.00			0	0	4.57
4.58	0.00			0	0	4.58
4.59	0.00			0	0	4.59
4.60	0.00			0	0	4.60
4.61	0.00			0	0	4.61
4.62	0.00			0	0	4.62
4.63	0.00			0	0	4.63
4.64	0.00			0	0	4.64
4.65	0.00			0	0	4.65
4.66	0.00			0	0	4.66
4.67	0.00			0	0	4.67
4.68	0.00			0	0	4.68

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

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
1/26/2015 2:37 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
4.69	0.00		0	0	4.69
4.70	0.00		0	0	4.70
4.71	0.00		0	0	4.71
4.72	0.00		0	0	4.72
4.73	0.00		0	0	4.73
4.74	0.00		0	0	4.74
4.75	0.00		0	0	4.75
4.76	0.00		0	0	4.76
4.77	0.00		0	0	4.77
4.78	0.00		0	0	4.78
4.79	0.00		0	0	4.79
4.80	0.00		0	0	4.80
4.81	0.00		0	0	4.81
4.82	0.00		0	0	4.82
4.83	0.00		0	0	4.83
4.84	0.00		0	0	4.84
4.85	0.00		0	0	4.85
4.86	0.00		0	0	4.86
4.87	0.00		0	0	4.87
4.88	0.00		0	0	4.88
4.89	0.00		0	0	4.89
4.90	0.00		0	0	4.90
4.91	0.00		0	0	4.91
4.92	0.00		0	0	4.92
4.93	0.00		0	0	4.93
4.94	0.00		0	0	4.94
4.95	0.00		0	0	4.95
4.96	0.00		0	0	4.96
4.97	0.00		0	0	4.97
4.98	0.00		0	0	4.98
4.99	0.00		0	0	4.99
5.00	0	0	10,725,138	7,576,801	5.00

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

Positive amounts increase cost and negative amounts decrease cost.

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	B		100.00	PARALLON	100.00	6.00
7.00	B		51.66	HPG	51.66	7.00
8.00	B		100.00	HCI	100.00	8.00
9.00	B		100.00	CAPITAL DIVISION	100.00	9.00
10.00	B		100.00	ALL ABOUT STAFF	100.00	10.00
10.01	B		100.00	HCA	100.00	10.01
10.02	B		100.00	POB	100.00	10.02
10.03			0.00		0.00	10.03
10.04			0.00		0.00	10.04
10.05			0.00		0.00	10.05
10.06			0.00		0.00	10.06
10.07			0.00		0.00	10.07
10.08			0.00		0.00	10.08
10.09			0.00		0.00	10.09
10.10			0.00		0.00	10.10
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
1/26/2015 2:37 pm

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
1/26/2015 2:37 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-77,506	0	1.00
2.00	41,332	0	2.00
3.00	-5,622,039	0	3.00
4.00	1,645	0	4.00
4.01	0	0	4.01
4.03	0	0	4.03
4.04	-728	0	4.04
4.05	-65	0	4.05
4.06	-129	0	4.06
4.07	-19	0	4.07
4.08	-176	0	4.08
4.09	-901,346	0	4.09
4.10	0	0	4.10
4.11	-10,828	0	4.11
4.12	-74,698	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	-20,696	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.20	-50,472	0	4.20
4.21	-68,591	0	4.21
4.22	-516,644	0	4.22
4.23	-6,853	0	4.23
4.24	-124,361	0	4.24
4.25	-7,486	0	4.25
4.26	9,990,107	0	4.26
4.27	569,038	0	4.27
4.28	91,340	9	4.28
4.29	-14,049	0	4.29
4.30	93,427	0	4.30
4.31	7,966	0	4.31
4.32	-149,832	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	0	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	0	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
4.51	0	0	4.51
4.52	0	0	4.52
4.53	0	0	4.53
4.54	0	0	4.54
4.55	0	0	4.55
4.56	0	0	4.56
4.57	0	0	4.57
4.58	0	0	4.58
4.59	0	0	4.59
4.60	0	0	4.60
4.61	0	0	4.61
4.62	0	0	4.62
4.63	0	0	4.63
4.64	0	0	4.64
4.65	0	0	4.65
4.66	0	0	4.66
4.67	0	0	4.67
4.68	0	0	4.68

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

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
4.69	0	0	4.69
4.70	0	0	4.70
4.71	0	0	4.71
4.72	0	0	4.72
4.73	0	0	4.73
4.74	0	0	4.74
4.75	0	0	4.75
4.76	0	0	4.76
4.77	0	0	4.77
4.78	0	0	4.78
4.79	0	0	4.79
4.80	0	0	4.80
4.81	0	0	4.81
4.82	0	0	4.82
4.83	0	0	4.83
4.84	0	0	4.84
4.85	0	0	4.85
4.86	0	0	4.86
4.87	0	0	4.87
4.88	0	0	4.88
4.89	0	0	4.89
4.90	0	0	4.90
4.91	0	0	4.91
4.92	0	0	4.92
4.93	0	0	4.93
4.94	0	0	4.94
4.95	0	0	4.95
4.96	0	0	4.96
4.97	0	0	4.97
4.98	0	0	4.98
4.99	0	0	4.99
5.00	3,148,337		5.00

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

Positive amounts increase cost and negative amounts decrease cost.

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

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

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

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

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

6.00	MANAGEMENT		6.00
7.00	PURCHASING		7.00
8.00	INSURANCE		8.00
9.00	MANAGEMENT		9.00
10.00	STAFFING		10.00
10.01	HOSPITAL MGT.		10.01
10.02	PROFESSIONAL BU		10.02
10.03			10.03
10.04			10.04
10.05			10.05
10.06			10.06
10.07			10.07
10.08			10.08
10.09			10.09
10.10			10.10
100.00			100.00

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

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-1

Date/Time Prepared:
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	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-2

Date/Time Prepared:
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1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	30.00 ADULTS & PEDIATRICS	89,760	0	89,760	171,400	480	1.00
2.00	40.00 SUBPROVIDER - IPF	279,269	215,099	64,170	142,500	414	2.00
3.00	50.00 OPERATING ROOM	1,295,945	1,271,105	24,840	204,100	180	3.00
4.00	54.00 RADIOLOGY-DIAGNOSTIC	854,858	854,858	0	171,400	0	4.00
5.00	76.01 ENDOSCOPY	185,400	86,400	99,000	204,100	300	5.00
6.00	69.00 ELECTROCARDIOLOGY	58,350	22,350	36,000	171,400	240	6.00
7.00	76.03 WOUND CARE	36,000	12,000	24,000	171,400	160	7.00
8.00	66.00 PHYSICAL THERAPY	81,288	1,463	79,825	171,400	552	8.00
9.00	91.00 EMERGENCY	107,200	107,200	0	171,400	0	9.00
10.00	76.04 OPIC	89,760	0	89,760	171,400	480	10.00
11.00	30.00 ADULTS & PEDIATRICS	475,310	475,310	0	171,400	0	11.00
12.00	194.00 OCCUPATIONAL MEDICINE	9,600	9,600	0	171,400	0	12.00
13.00	65.00 RESPIRATORY THERAPY	-2,280	-2,280	0	171,400	0	13.00
200.00		3,560,460	3,053,105	507,355		2,806	200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
1.00	30.00 ADULTS & PEDIATRICS	39,554	1,978	0	0	0	1.00
2.00	40.00 SUBPROVIDER - IPF	28,363	1,418	0	0	0	2.00
3.00	50.00 OPERATING ROOM	17,662	883	0	0	0	3.00
4.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	76.01 ENDOSCOPY	29,438	1,472	0	0	0	5.00
6.00	69.00 ELECTROCARDIOLOGY	19,777	989	0	0	0	6.00
7.00	76.03 WOUND CARE	13,185	659	0	0	0	7.00
8.00	66.00 PHYSICAL THERAPY	45,487	2,274	0	0	0	8.00
9.00	91.00 EMERGENCY	0	0	0	0	0	9.00
10.00	76.04 OPIC	39,554	1,978	0	0	0	10.00
11.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	11.00
12.00	194.00 OCCUPATIONAL MEDICINE	0	0	0	0	0	12.00
13.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	13.00
200.00		233,020	11,651	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00
1.00	30.00 ADULTS & PEDIATRICS	0	39,554	50,206	50,206	1.00
2.00	40.00 SUBPROVIDER - IPF	0	28,363	35,807	250,906	2.00
3.00	50.00 OPERATING ROOM	0	17,662	7,178	1,278,283	3.00
4.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	854,858	4.00
5.00	76.01 ENDOSCOPY	0	29,438	69,562	155,962	5.00
6.00	69.00 ELECTROCARDIOLOGY	0	19,777	16,223	38,573	6.00
7.00	76.03 WOUND CARE	0	13,185	10,815	22,815	7.00
8.00	66.00 PHYSICAL THERAPY	0	45,487	34,338	35,801	8.00
9.00	91.00 EMERGENCY	0	0	0	107,200	9.00
10.00	76.04 OPIC	0	39,554	50,206	50,206	10.00
11.00	30.00 ADULTS & PEDIATRICS	0	0	0	475,310	11.00
12.00	194.00 OCCUPATIONAL MEDICINE	0	0	0	9,600	12.00
13.00	65.00 RESPIRATORY THERAPY	0	0	0	-2,280	13.00
200.00		0	233,020	274,335	3,327,440	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,167,935	3,167,935			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,206,769		3,206,769		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,831,584	35,179	35,610	7,902,373	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	12,796,746	157,638	159,571	653,045	5.00
7.00 00700	OPERATION OF PLANT	3,862,778	764,910	774,284	180,180	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	517,690	33,218	33,625	4,636	8.00
9.00 00900	HOUSEKEEPING	1,264,310	11,951	12,098	194,900	9.00
10.00 01000	DIETARY	1,351,909	54,260	54,925	97,805	10.00
11.00 01100	CAFETERIA	604,257	34,607	35,031	66,373	11.00
13.00 01300	NURSING ADMINISTRATION	850,762	9,287	9,401	147,889	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,121,614	42,881	43,406	12,493	16.00
18.00 01850	INSERVICE EDUCATION	895,587	25,920	26,237	194,462	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,653,478	585,956	593,139	1,353,500	30.00
31.00 03100	INTENSIVE CARE UNIT	2,168,991	99,711	100,933	425,611	31.00
40.00 04000	SUBPROVIDER - IPF	1,511,005	90,020	91,124	320,775	40.00
41.00 04100	SUBPROVIDER - IRF	847,417	107,018	108,330	184,953	41.00
43.00 04300	NURSERY	375,436	9,794	9,914	74,508	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,739,575	236,617	239,517	735,577	50.00
51.00 05100	RECOVERY ROOM	615,773	14,775	14,956	129,077	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,114,395	67,374	68,200	197,990	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,473,901	71,933	72,815	206,707	54.00
54.01 05401	ULTRASOUND	201,410	3,809	3,855	39,669	54.01
54.02 05402	MAMMOGRAPHY	356,152	14,025	14,197	51,102	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	1,205,541	57,946	58,657	131,680	55.00
56.00 05600	RADIOISOTOPE	825,760	6,961	7,046	56,081	56.00
57.00 05700	CT SCAN	568,344	15,028	15,213	80,508	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	295,903	9,756	9,876	46,723	58.00
59.00 05900	CARDIAC CATHETERIZATION	737,502	21,511	21,774	122,401	59.00
60.00 06000	LABORATORY	2,396,917	50,207	50,823	270,635	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	826,990	3,002	3,039	15,317	62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,182,563	15,375	15,564	231,598	65.00
66.00 06600	PHYSICAL THERAPY	1,327,870	71,380	72,255	271,201	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	859,265	20,563	20,815	110,275	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	92,782	10,225	10,351	14,737	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,240,061	79,654	80,630	66,218	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,687,026	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,696,509	25,188	25,497	363,255	73.00
74.00 07400	RENAL DIALYSIS	735,280	4,428	4,482	203	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	LITHOTRIPSY	86,227	0	0	0	76.00
76.01 03021	ENDOSCOPY	1,570,007	18,058	18,280	187,268	76.01
76.02 03022	PRI SION CLINIC	130,877	70,357	71,220	26,958	76.02
76.03 03023	WOUND CARE	740,444	16,210	16,409	18,056	76.03
76.04 03024	OPI C	464,466	35,882	36,322	91,619	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	2,360,487	96,446	97,628	425,786	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	92,560,295	3,099,060	3,137,049	7,801,771	92,321,098	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,155	5,694	5,764	6,748	95,361	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	220,830	35,179	35,610	57,308	348,927	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	244,955	28,002	28,346	0	301,303	194.01
194.02 07952 SITTERS	165,001	0	0	36,546	201,547	194.02
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)	93,268,236	3,167,935	3,206,769	7,902,373	93,268,236	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,767,000				5.00
7.00	00700	OPERATION OF PLANT	966,645	6,548,797			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	102,025	98,424	789,618		8.00
9.00	00900	HOUSEKEEPING	256,852	35,412	0	1,775,523	9.00
10.00	01000	DIETARY	269,950	160,770	0	44,498	2,034,117
11.00	01100	CAFETERIA	128,190	102,538	0	28,380	0
13.00	01300	NURSING ADMINISTRATION	176,170	27,518	0	7,616	0
16.00	01600	MEDICAL RECORDS & LIBRARY	211,332	127,054	0	35,166	0
18.00	01850	INSERVICE EDUCATION	197,792	76,799	0	21,256	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,590,725	1,736,175	313,213	480,537	841,386
31.00	03100	INTENSIVE CARE UNIT	484,044	295,440	63,332	81,771	49,521
40.00	04000	SUBPROVIDER - I/PF	348,572	266,727	28,669	73,824	251,149
41.00	04100	SUBPROVIDER - I/RF	216,064	317,093	16,229	87,764	90,143
43.00	04300	NURSERY	81,328	29,019	0	8,032	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	857,399	701,090	58,978	194,047	0
51.00	05100	RECOVERY ROOM	134,132	43,778	0	12,117	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	250,739	199,628	39,526	55,253	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	316,091	213,137	51,627	58,992	0
54.01	05401	ULTRASOUND	43,074	11,285	0	3,123	0
54.02	05402	MAMMOGRAPHY	75,410	41,555	0	11,501	0
55.00	05500	RADIOLOGY-THERAPEUTIC	251,754	171,694	0	47,521	0
56.00	05600	RADIOISOTOPE	155,131	20,624	0	5,708	0
57.00	05700	CT SCAN	117,596	44,529	0	12,325	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,731	28,907	0	8,001	0
59.00	05900	CARDIAC CATHETERIZATION	156,402	63,735	0	17,641	0
60.00	06000	LABORATORY	479,427	148,762	0	41,174	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	146,906	8,895	0	2,462	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	250,244	45,557	0	12,609	0
66.00	06600	PHYSICAL THERAPY	301,779	211,497	13,232	58,538	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	175,058	60,928	10,405	16,864	0
70.00	07000	ELECTROENCEPHALOGRAPHY	22,182	30,297	0	8,386	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	773,461	236,013	116,260	65,323	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	984,805	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,750,805	74,631	0	20,656	0
74.00	07400	RENAL DIALYSIS	128,904	13,120	0	3,631	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	LITHOTRIPSY	14,932	0	0	0	0
76.01	03021	ENDOSCOPY	310,595	53,507	0	14,809	0
76.02	03022	PRISON CLINIC	51,848	208,467	0	57,699	0
76.03	03023	WOUND CARE	136,996	48,031	7,690	13,294	0
76.04	03024	OPIIC	108,799	106,318	15,041	29,427	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	516,098	285,767	55,416	79,094	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,602,987	6,344,721	789,618	1,719,039	1,232,199	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,513	16,872	0	4,670	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	60,423	104,234	0	28,850	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	52,176	82,970	0	22,964	801,918	194.01
194.02	07952	SITTERS	34,901	0	0	0	0	194.02
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)	13,767,000	6,548,797	789,618	1,775,523	2,034,117	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE EDUCATION	Subtotal	
	11.00	13.00	16.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
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	999,376					11.00
13.00 01300		1,243,275				13.00
16.00 01600	2,480		1,596,426			16.00
18.00 01850	29,187			1,467,240		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	222,390	620,411	50,537	323,207	15,364,654	30.00
31.00 03100	56,193	148,728	19,988	142,864	4,137,127	31.00
40.00 04000	57,432	151,772	38,281	271,073	3,500,423	40.00
41.00 04100	23,673	62,558	4,933	31,411	2,097,586	41.00
43.00 04300	10,075	26,624	3,272	32,811	660,813	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	107,860	0	206,318	34,911	7,111,889	50.00
51.00 05100	14,271	0	31,026	18,716	1,028,621	51.00
52.00 05200	28,225	74,655	13,988	76,729	2,186,702	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	40,733	0	33,339	51,806	2,591,081	54.00
54.01 05401	5,759	0	9,912	7,514	329,410	54.01
54.02 05402	8,209	0	7,666	7,841	587,658	54.02
55.00 05500	16,871	0	29,496	40,605	2,011,765	55.00
56.00 05600	6,451	0	30,363	2,987	1,117,112	56.00
57.00 05700	12,432	0	81,946	2,007	949,928	57.00
58.00 05800	6,585	0	23,792	1,120	493,394	58.00
59.00 05900	13,676	0	59,832	8,681	1,223,155	59.00
60.00 06000	52,504	0	149,373	2,707	3,642,529	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100						61.00
62.00 06200	2,799	0	21,054	0	1,030,464	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	34,126	0	43,435	1,447	1,832,518	65.00
66.00 06600	29,345	0	18,186	97,219	2,472,502	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	18,690	5,767	36,072	793	1,335,495	69.00
70.00 07000	2,182	0	3,807	21,796	216,745	70.00
71.00 07100	15,826	0	114,336	0	5,787,782	71.00
72.00 07200	0	0	44,564	0	6,716,395	72.00
73.00 07300	41,912	0	292,702	233	12,291,388	73.00
74.00 07400	94	247	13,008	0	903,397	74.00
75.00 07500	0	0	0	0	0	75.00
76.00 03020	0	0	1,514	0	102,673	76.00
76.01 03021	25,068	0	82,130	2,660	2,282,382	76.01
76.02 03022	4,156	10,983	836	0	633,401	76.02
76.03 03023	2,305	0	10,627	0	1,010,062	76.03
76.04 03024	13,737	36,301	16,253	2,987	957,152	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	0	0	0	0	0	88.00
89.00 08900	0	0	0	0	0	89.00
90.00 09000	0	0	0	0	0	90.00
91.00 09100	58,035	105,229	103,840	262,252	4,446,078	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	0	95.00
96.00 09600	0	0	0	0	0	96.00
97.00 09700	0	0	0	0	0	97.00
98.00 09800	0	0	0	0	0	98.00
99.00 09900	0	0	0	0	0	99.00
99.10 09910	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
		11.00	13.00	16.00	18.00	24.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	977,913	1,243,275	1,596,426	1,446,377	91,052,281	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	133,416	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	9,409	0	0	18,809	570,652	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	1,796	0	0	0	1,263,127	194.01
194.02	07952 SITTERS	10,258	0	0	2,054	248,760	194.02
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)	999,376	1,243,275	1,596,426	1,467,240	93,268,236	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	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
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	INSERVICE EDUCATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	15,364,654
31.00	03100	INTENSIVE CARE UNIT	0	4,137,127
40.00	04000	SUBPROVIDER - I PF	0	3,500,423
41.00	04100	SUBPROVIDER - I RF	0	2,097,586
43.00	04300	NURSERY	0	660,813
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	7,111,889
51.00	05100	RECOVERY ROOM	0	1,028,621
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,186,702
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,591,081
54.01	05401	ULTRASOUND	0	329,410
54.02	05402	MAMMOGRAPHY	0	587,658
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,011,765
56.00	05600	RADIOISOTOPE	0	1,117,112
57.00	05700	CT SCAN	0	949,928
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	493,394
59.00	05900	CARDIAC CATHETERIZATION	0	1,223,155
60.00	06000	LABORATORY	0	3,642,529
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,030,464
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,832,518
66.00	06600	PHYSICAL THERAPY	0	2,472,502
67.00	06700	OCCUPATIONAL THERAPY	0	0
68.00	06800	SPEECH PATHOLOGY	0	0
69.00	06900	ELECTROCARDIOLOGY	0	1,335,495
70.00	07000	ELECTROENCEPHALOGRAPHY	0	216,745
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,787,782
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,716,395
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,291,388
74.00	07400	RENAL DIALYSIS	0	903,397
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03020	LITHOTRIPSY	0	102,673
76.01	03021	ENDOSCOPY	0	2,282,382
76.02	03022	PRI SION CLINIC	0	633,401
76.03	03023	WOUND CARE	0	1,010,062
76.04	03024	OPI C	0	957,152
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	0
91.00	09100	EMERGENCY	0	4,446,078
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0
95.00	09500	AMBULANCE SERVICES	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0
99.00	09900	CMHC	0	0
99.10	09910	CORF	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	25.00	26.00	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	91,052,281	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	133,416	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	0	570,652	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	1,263,127	194.01
194.02	07952	SITTERS	0	248,760	194.02
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	93,268,236	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	35,179	35,610	70,789	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,869,325	157,638	159,571	3,186,534	5.00
7.00 00700	OPERATION OF PLANT	0	764,910	774,284	1,539,194	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	33,218	33,625	66,843	8.00
9.00 00900	HOUSEKEEPING	0	11,951	12,098	24,049	9.00
10.00 01000	DIETARY	0	54,260	54,925	109,185	10.00
11.00 01100	CAFETERIA	0	34,607	35,031	69,638	11.00
13.00 01300	NURSING ADMINISTRATION	115	9,287	9,401	18,803	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,730	42,881	43,406	105,017	16.00
18.00 01850	INSERVICE EDUCATION	0	25,920	26,237	52,157	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	475	585,956	593,139	1,179,570	30.00
31.00 03100	INTENSIVE CARE UNIT	42	99,711	100,933	200,686	31.00
40.00 04000	SUBPROVIDER - IPF	0	90,020	91,124	181,144	40.00
41.00 04100	SUBPROVIDER - IRF	0	107,018	108,330	215,348	41.00
43.00 04300	NURSERY	0	9,794	9,914	19,708	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	84	236,617	239,517	476,218	50.00
51.00 05100	RECOVERY ROOM	0	14,775	14,956	29,731	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12	67,374	68,200	135,586	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	71,933	72,815	144,748	54.00
54.01 05401	ULTRASOUND	0	3,809	3,855	7,664	54.01
54.02 05402	MAMMOGRAPHY	0	14,025	14,197	28,222	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	57,946	58,657	116,603	55.00
56.00 05600	RADIOISOTOPE	0	6,961	7,046	14,007	56.00
57.00 05700	CT SCAN	0	15,028	15,213	30,241	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,756	9,876	19,632	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	21,511	21,774	43,285	59.00
60.00 06000	LABORATORY	0	50,207	50,823	101,030	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,002	3,039	6,041	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	15,375	15,564	30,939	65.00
66.00 06600	PHYSICAL THERAPY	0	71,380	72,255	143,635	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	20,563	20,815	41,378	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	10,225	10,351	20,576	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	79,654	80,630	160,284	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	25,188	25,497	50,685	73.00
74.00 07400	RENAL DIALYSIS	0	4,428	4,482	8,910	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	LI THOTRI PSY	0	0	0	0	76.00
76.01 03021	ENDOSCOPY	0	18,058	18,280	36,338	76.01
76.02 03022	PRI SI ON CLINI C	0	70,357	71,220	141,577	76.02
76.03 03023	WOUND CARE	0	16,210	16,409	32,619	76.03
76.04 03024	OPI C	0	35,882	36,322	72,204	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	96,446	97,628	194,074	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,888,783	3,099,060	3,137,049	9,124,892	69,889	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,694	5,764	11,458	60	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	0	35,179	35,610	70,789	513	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	0	28,002	28,346	56,348	0	194.01
194.02 07952 SITTERS	0	0	0	0	327	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,888,783	3,167,935	3,206,769	9,263,487	70,789	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/26/2015 2:37 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	3,192,384				5.00	
7.00	00700	OPERATION OF PLANT	224,151	1,764,959			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	23,658	26,526	117,069		8.00	
9.00	00900	HOUSEKEEPING	59,560	9,544	0	94,899	9.00	
10.00	01000	DIETARY	62,598	43,329	0	2,378	218,366	10.00
11.00	01100	CAFETERIA	29,725	27,635	0	1,517	0	11.00
13.00	01300	NURSING ADMINISTRATION	40,851	7,416	0	407	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	49,005	34,242	0	1,880	0	16.00
18.00	01850	INSERVICE EDUCATION	45,865	20,698	0	1,136	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	368,867	467,914	46,437	25,682	90,325	30.00
31.00	03100	INTENSIVE CARE UNIT	112,243	79,624	9,390	4,371	5,316	31.00
40.00	04000	SUBPROVIDER - I/PF	80,829	71,885	4,250	3,946	26,961	40.00
41.00	04100	SUBPROVIDER - I/RF	50,102	85,459	2,406	4,691	9,677	41.00
43.00	04300	NURSERY	18,859	7,821	0	429	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	198,819	188,950	8,744	10,371	0	50.00
51.00	05100	RECOVERY ROOM	31,103	11,799	0	648	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,143	53,802	5,860	2,953	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,297	57,442	7,654	3,153	0	54.00
54.01	05401	ULTRASOUND	9,988	3,041	0	167	0	54.01
54.02	05402	MAMMOGRAPHY	17,487	11,199	0	615	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	58,378	46,273	0	2,540	0	55.00
56.00	05600	RADIOISOTOPE	35,973	5,558	0	305	0	56.00
57.00	05700	CT SCAN	27,269	12,001	0	659	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,546	7,791	0	428	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,268	17,177	0	943	0	59.00
60.00	06000	LABORATORY	111,172	40,093	0	2,201	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	34,065	2,397	0	132	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	58,028	12,278	0	674	0	65.00
66.00	06600	PHYSICAL THERAPY	69,978	57,000	1,962	3,129	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	40,593	16,421	1,543	901	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,144	8,165	0	448	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	179,355	63,608	17,237	3,491	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	228,363	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,999	20,114	0	1,104	0	73.00
74.00	07400	RENAL DIALYSIS	29,891	3,536	0	194	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	3,462	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	72,023	14,421	0	792	0	76.01
76.02	03022	PRISON CLINIC	12,023	56,184	0	3,084	0	76.02
76.03	03023	WOUND CARE	31,767	12,945	1,140	711	0	76.03
76.04	03024	OPIIC	25,229	28,654	2,230	1,573	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	119,676	77,017	8,216	4,227	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,154,352	1,709,959	117,069	91,880	132,279	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,829	4,547	0	250	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	14,011	28,092	0	1,542	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	12,099	22,361	0	1,227	86,087	194.01
194.02	07952	SITTERS	8,093	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,192,384	1,764,959	117,069	94,899	218,366	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/26/2015 2:37 pm
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE EDUCATION	Subtotal	
	11.00	13.00	16.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
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	129,110					11.00
13.00 01300	1,890	70,692				13.00
16.00 01600	320		190,576			16.00
18.00 01850	3,771	0	0	125,369		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	28,726	35,276	6,027	27,617	2,288,568	30.00
31.00 03100	7,260	8,457	2,384	12,207	445,750	31.00
40.00 04000	7,420	8,630	4,566	23,162	415,666	40.00
41.00 04100	3,058	3,557	588	2,684	379,227	41.00
43.00 04300	1,302	1,514	390	2,804	53,494	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	13,935	0	24,606	2,983	931,215	50.00
51.00 05100	1,844	0	3,700	1,599	81,580	51.00
52.00 05200	3,646	4,245	1,668	6,556	274,233	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	5,262	0	3,976	4,427	301,811	54.00
54.01 05401	744	0	1,182	642	23,783	54.01
54.02 05402	1,061	0	914	670	60,626	54.02
55.00 05500	2,180	0	3,518	3,470	234,142	55.00
56.00 05600	833	0	3,621	255	61,054	56.00
57.00 05700	1,606	0	9,773	171	82,441	57.00
58.00 05800	851	0	2,838	96	46,601	58.00
59.00 05900	1,767	0	7,136	742	108,414	59.00
60.00 06000	6,783	0	17,815	231	281,749	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100						61.00
62.00 06200	362	0	2,511	0	45,645	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	4,409	0	5,180	124	113,707	65.00
66.00 06600	3,791	0	2,169	8,307	292,400	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	2,415	328	4,302	68	108,937	69.00
70.00 07000	282	0	454	1,862	37,063	70.00
71.00 07100	2,045	0	13,636	0	440,249	71.00
72.00 07200	0	0	5,315	0	233,678	72.00
73.00 07300	5,415	0	35,091	20	521,682	73.00
74.00 07400	12	14	1,551	0	44,110	74.00
75.00 07500	0	0	0	0	0	75.00
76.00 03020	0	0	181	0	3,643	76.00
76.01 03021	3,239	0	9,795	227	138,512	76.01
76.02 03022	537	624	100	0	214,370	76.02
76.03 03023	298	0	1,267	0	80,909	76.03
76.04 03024	1,775	2,064	1,938	255	136,743	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	0	0	0	0	0	88.00
89.00 08900	0	0	0	0	0	89.00
90.00 09000	0	0	0	0	0	90.00
91.00 09100	7,498	5,983	12,384	22,408	455,297	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	0	95.00
96.00 09600	0	0	0	0	0	96.00
97.00 09700	0	0	0	0	0	97.00
98.00 09800	0	0	0	0	0	98.00
99.00 09900	0	0	0	0	0	99.00
99.10 09910	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
		11.00	13.00	16.00	18.00	24.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,337	70,692	190,576	123,587	8,937,299	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	20,144	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	1,216	0	0	1,607	117,770	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	232	0	0	0	178,354	194.01
194.02	07952 SITTERS	1,325	0	0	175	9,920	194.02
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)	129,110	70,692	190,576	125,369	9,263,487	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/26/2015 2:37 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	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
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	INSERVICE EDUCATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,288,568	30.00
31.00	03100	INTENSIVE CARE UNIT	445,750	31.00
40.00	04000	SUBPROVIDER - I PF	415,666	40.00
41.00	04100	SUBPROVIDER - I RF	379,227	41.00
43.00	04300	NURSERY	53,494	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	931,215	50.00
51.00	05100	RECOVERY ROOM	81,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,233	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	301,811	54.00
54.01	05401	ULTRASOUND	23,783	54.01
54.02	05402	MAMMOGRAPHY	60,626	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	234,142	55.00
56.00	05600	RADIOISOTOPE	61,054	56.00
57.00	05700	CT SCAN	82,441	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,601	58.00
59.00	05900	CARDIAC CATHETERIZATION	108,414	59.00
60.00	06000	LABORATORY	281,749	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	45,645	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	113,707	65.00
66.00	06600	PHYSICAL THERAPY	292,400	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	108,937	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,063	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	521,682	73.00
74.00	07400	RENAL DIALYSIS	44,110	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	LITHOTRIPSY	3,643	76.00
76.01	03021	ENDOSCOPY	138,512	76.01
76.02	03022	PRI SION CLINIC	214,370	76.02
76.03	03023	WOUND CARE	80,909	76.03
76.04	03024	OPI C	136,743	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	455,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	25.00	26.00	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,937,299	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,144	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	0	117,770	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	178,354	194.01
194.02	07952	SITTERS	0	9,920	194.02
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,263,487	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	337,697				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		337,697			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	32,786,707		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,804	16,804	2,709,460	-13,767,000	5.00
7.00	00700	OPERATION OF PLANT	81,538	81,538	747,561	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,541	3,541	19,234	0	8.00
9.00	00900	HOUSEKEEPING	1,274	1,274	808,634	0	9.00
10.00	01000	DIETARY	5,784	5,784	405,791	0	10.00
11.00	01100	CAFETERIA	3,689	3,689	275,378	0	11.00
13.00	01300	NURSING ADMINISTRATION	990	990	613,587	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,571	4,571	51,835	0	16.00
18.00	01850	INSERVICE EDUCATION	2,763	2,763	806,814	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,462	62,462	5,615,659	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,629	10,629	1,765,845	0	31.00
40.00	04000	SUBPROVIDER - I/PF	9,596	9,596	1,330,885	0	40.00
41.00	04100	SUBPROVIDER - I/RF	11,408	11,408	767,363	0	41.00
43.00	04300	NURSERY	1,044	1,044	309,131	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,223	25,223	3,051,881	0	50.00
51.00	05100	RECOVERY ROOM	1,575	1,575	535,537	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,182	7,182	821,454	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,668	7,668	857,619	0	54.00
54.01	05401	ULTRASOUND	406	406	164,587	0	54.01
54.02	05402	MAMMOGRAPHY	1,495	1,495	212,020	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,177	6,177	546,335	0	55.00
56.00	05600	RADIOISOTOPE	742	742	232,680	0	56.00
57.00	05700	CT SCAN	1,602	1,602	334,026	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	1,040	193,854	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,293	2,293	507,836	0	59.00
60.00	06000	LABORATORY	5,352	5,352	1,122,856	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	320	320	63,549	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,639	1,639	960,890	0	65.00
66.00	06600	PHYSICAL THERAPY	7,609	7,609	1,125,204	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	2,192	2,192	457,529	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090	1,090	61,143	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,491	8,491	274,735	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,685	2,685	1,507,132	0	73.00
74.00	07400	RENAL DIALYSIS	472	472	842	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	1,925	1,925	776,968	0	76.01
76.02	03022	PRI SION CLINIC	7,500	7,500	111,849	0	76.02
76.03	03023	WOUND CARE	1,728	1,728	74,915	0	76.03
76.04	03024	OPI C	3,825	3,825	380,122	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,281	10,281	1,766,573	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				2,980,347	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	330,355	330,355	32,369,313	-13,767,000	78,554,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	607	27,997	0	95,361	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	3,750	3,750	237,769	0	348,927	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,985	2,985	0	0	301,303	194.01
194.02	07952	SITTERS	0	0	151,628	0	201,547	194.02
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)	3,167,935	3,206,769	7,902,373		13,767,000	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.380998	9.495995	0.241024		0.173167	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			70,789		3,192,384	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002159		0.040155	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	235,605				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,541	13,964			8.00
9.00	00900	HOUSEKEEPING	1,274	0	230,790		9.00
10.00	01000	DIETARY	5,784	0	5,784	154,979	10.00
11.00	01100	CAFETERIA	3,689	0	3,689	0	993,352
13.00	01300	NURSING ADMINISTRATION	990	0	990	0	14,544
16.00	01600	MEDICAL RECORDS & LIBRARY	4,571	0	4,571	0	2,465
18.00	01850	INSERVICE EDUCATION	2,763	0	2,763	0	29,011
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,462	5,539	62,462	64,105	221,052
31.00	03100	INTENSIVE CARE UNIT	10,629	1,120	10,629	3,773	55,854
40.00	04000	SUBPROVIDER - IPF	9,596	507	9,596	19,135	57,086
41.00	04100	SUBPROVIDER - IRF	11,408	287	11,408	6,868	23,530
43.00	04300	NURSERY	1,044	0	1,044	0	10,014
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,223	1,043	25,223	0	107,210
51.00	05100	RECOVERY ROOM	1,575	0	1,575	0	14,185
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,182	699	7,182	0	28,055
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,668	913	7,668	0	40,487
54.01	05401	ULTRASOUND	406	0	406	0	5,724
54.02	05402	MAMMOGRAPHY	1,495	0	1,495	0	8,160
55.00	05500	RADIOLOGY-THERAPEUTIC	6,177	0	6,177	0	16,769
56.00	05600	RADIOISOTOPE	742	0	742	0	6,412
57.00	05700	CT SCAN	1,602	0	1,602	0	12,357
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	0	1,040	0	6,545
59.00	05900	CARDIAC CATHETERIZATION	2,293	0	2,293	0	13,594
60.00	06000	LABORATORY	5,352	0	5,352	0	52,188
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	320	0	320	0	2,782
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,639	0	1,639	0	33,920
66.00	06600	PHYSICAL THERAPY	7,609	234	7,609	0	29,168
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,192	184	2,192	0	18,577
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090	0	1,090	0	2,169
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,491	2,056	8,491	0	15,731
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,685	0	2,685	0	41,659
74.00	07400	RENAL DIALYSIS	472	0	472	0	93
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	LITHOTRIPSY	0	0	0	0	0
76.01	03021	ENDOSCOPY	1,925	0	1,925	0	24,917
76.02	03022	PRI SI ON CLINIC	7,500	0	7,500	0	4,131
76.03	03023	WOUND CARE	1,728	136	1,728	0	2,291
76.04	03024	OPI C	3,825	266	3,825	0	13,654
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	10,281	980	10,281	0	57,685
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	228,263	13,964	223,448	93,881	972,019	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	0	607	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	3,750	0	3,750	0	9,352	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	2,985	0	2,985	61,098	1,785	194.01
194.02	07952 SITTERS	0	0	0	0	10,196	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,548,797	789,618	1,775,523	2,034,117	999,376	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	27.795662	56.546691	7.693241	13.125114	1.006064	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,764,959	117,069	94,899	218,366	129,110	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.491178	8.383629	0.411192	1.409004	0.129974	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE INSERVICE EDUCATION (TIME SPENT)	
	13.00	16.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 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	467,634			13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	515,948,136		16.00
18.00 01850 INSERVICE EDUCATION	0	0	785,925	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	233,356	16,333,951	173,125	30.00
31.00 03100 INTENSIVE CARE UNIT	55,941	6,460,290	76,525	31.00
40.00 04000 SUBPROVIDER - I PF	57,086	12,372,791	145,200	40.00
41.00 04100 SUBPROVIDER - I RF	23,530	1,594,404	16,825	41.00
43.00 04300 NURSERY	10,014	1,057,593	17,575	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	66,683,311	18,700	50.00
51.00 05100 RECOVERY ROOM	0	10,027,697	10,025	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	28,080	4,521,085	41,100	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	10,775,432	27,750	54.00
54.01 05401 ULTRASOUND	0	3,203,702	4,025	54.01
54.02 05402 MAMMOGRAPHY	0	2,477,673	4,200	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	9,533,250	21,750	55.00
56.00 05600 RADIOISOTOPE	0	9,813,563	1,600	56.00
57.00 05700 CT SCAN	0	26,485,410	1,075	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,689,805	600	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	19,338,106	4,650	59.00
60.00 06000 LABORATORY	0	48,278,329	1,450	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,804,679	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	14,038,594	775	65.00
66.00 06600 PHYSICAL THERAPY	0	5,877,707	52,075	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	2,169	11,658,640	425	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,230,332	11,675	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,953,961	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,403,433	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	94,576,431	125	73.00
74.00 07400 RENAL DIALYSIS	93	4,204,402	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03020 LI THOTRI PSY	0	489,191	0	76.00
76.01 03021 ENDOSCOPY	0	26,544,832	1,425	76.01
76.02 03022 PRISION CLINIC	4,131	270,056	0	76.02
76.03 03023 WOUND CARE	0	3,434,609	0	76.03
76.04 03024 OPI C	13,654	5,253,159	1,600	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	39,580	33,561,718	140,475	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		
					INSERVICE EDUCATION (TIME SPENT)		
			13.00	16.00	18.00		
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	467,634	515,948,136	774,750		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	OCCUPATIONAL MEDICINE	0	0	10,075		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.01
194.02	07952	SITTERS	0	0	1,100		194.02
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)	1,243,275	1,596,426	1,467,240		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.658650	0.003094	1.866896		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,692	190,576	125,369		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.151170	0.000369	0.159518		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,364,654		15,364,654	50,206	15,414,860	30.00
31.00	03100	INTENSIVE CARE UNIT	4,137,127		4,137,127	0	4,137,127	31.00
40.00	04000	SUBPROVIDER - I/PF	3,500,423		3,500,423	35,807	3,536,230	40.00
41.00	04100	SUBPROVIDER - I/RP	2,097,586		2,097,586	0	2,097,586	41.00
43.00	04300	NURSERY	660,813		660,813	0	660,813	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,111,889		7,111,889	7,178	7,119,067	50.00
51.00	05100	RECOVERY ROOM	1,028,621		1,028,621	0	1,028,621	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,186,702		2,186,702	0	2,186,702	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,591,081		2,591,081	0	2,591,081	54.00
54.01	05401	ULTRASOUND	329,410		329,410	0	329,410	54.01
54.02	05402	MAMMOGRAPHY	587,658		587,658	0	587,658	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,011,765		2,011,765	0	2,011,765	55.00
56.00	05600	RADIOISOTOPE	1,117,112		1,117,112	0	1,117,112	56.00
57.00	05700	CT SCAN	949,928		949,928	0	949,928	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	493,394		493,394	0	493,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,223,155		1,223,155	0	1,223,155	59.00
60.00	06000	LABORATORY	3,642,529		3,642,529	0	3,642,529	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,030,464		1,030,464	0	1,030,464	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,832,518	0	1,832,518	0	1,832,518	65.00
66.00	06600	PHYSICAL THERAPY	2,472,502	0	2,472,502	34,338	2,506,840	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	1,335,495		1,335,495	16,223	1,351,718	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	216,745		216,745	0	216,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,787,782		5,787,782	0	5,787,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,716,395		6,716,395	0	6,716,395	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,291,388		12,291,388	0	12,291,388	73.00
74.00	07400	RENAL DIALYSIS	903,397		903,397	0	903,397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	LI THOTRI PSY	102,673		102,673	0	102,673	76.00
76.01	03021	ENDOSCOPY	2,282,382		2,282,382	69,562	2,351,944	76.01
76.02	03022	PRI SION CLINI C	633,401		633,401	0	633,401	76.02
76.03	03023	WOUND CARE	1,010,062		1,010,062	10,815	1,020,877	76.03
76.04	03024	OPI C	957,152		957,152	50,206	1,007,358	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINI C	0		0	0	0	90.00
91.00	09100	EMERGENCY	4,446,078		4,446,078	0	4,446,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	402,448		402,448	0	402,448	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KI DNEY ACQUI SITI ON	0		0	0	0	105.00
106.00	10600	HEART ACQUI SITI ON	0		0	0	0	106.00
107.00	10700	LI VER ACQUI SITI ON	0		0	0	0	107.00
108.00	10800	LUNG ACQUI SITI ON	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUI SITI ON	0		0	0	0	109.00
110.00	11000	INTESTI NAL ACQUI SITI ON	0		0	0	0	110.00
111.00	11100	I SLET ACQUI SITI ON	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTI LI ZATI ON REVI EW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
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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		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	91,454,729	0	91,454,729	274,335		91,729,064	200.00
201.00		Less Observation Beds	402,448		402,448			402,448	201.00
202.00		Total (see instructions)	91,052,281	0	91,052,281	274,335		91,326,616	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,393,336		14,393,336		30.00
31.00	03100	INTENSIVE CARE UNIT	6,460,290		6,460,290		31.00
40.00	04000	SUBPROVIDER - IPF	12,372,791		12,372,791		40.00
41.00	04100	SUBPROVIDER - IRF	1,594,404		1,594,404		41.00
43.00	04300	NURSERY	1,057,593		1,057,593		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,661,599	40,021,712	66,683,311	0.106652	50.00
51.00	05100	RECOVERY ROOM	3,027,073	7,000,624	10,027,697	0.102578	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,291,261	229,824	4,521,085	0.483668	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,118,675	7,656,757	10,775,432	0.240462	54.00
54.01	05401	ULTRASOUND	645,669	2,558,033	3,203,702	0.102822	54.01
54.02	05402	MAMMOGRAPHY	20,480	2,457,193	2,477,673	0.237181	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	522,613	9,010,637	9,533,250	0.211026	55.00
56.00	05600	RADIOISOTOPE	1,005,336	8,808,227	9,813,563	0.113833	56.00
57.00	05700	CT SCAN	7,560,331	18,925,079	26,485,410	0.035866	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,617,799	6,072,006	7,689,805	0.064162	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,383,215	8,954,891	19,338,106	0.063251	59.00
60.00	06000	LABORATORY	22,532,409	25,745,920	48,278,329	0.075449	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,414,160	1,390,519	6,804,679	0.151435	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,328,257	1,710,337	14,038,594	0.130534	65.00
66.00	06600	PHYSICAL THERAPY	4,400,325	1,477,382	5,877,707	0.420658	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	6,420,939	5,237,701	11,658,640	0.114550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	370,484	859,848	1,230,332	0.176168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,249,459	17,704,502	36,953,961	0.156621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,122,620	6,280,813	14,403,433	0.466305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,536,040	39,040,391	94,576,431	0.129962	73.00
74.00	07400	RENAL DIALYSIS	4,154,729	49,673	4,204,402	0.214869	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	LI THOTRI PSY	8,890	480,301	489,191	0.209883	76.00
76.01	03021	ENDOSCOPY	1,450,398	25,094,434	26,544,832	0.085982	76.01
76.02	03022	PRI SION CLINIC	2,809	267,247	270,056	2.345443	76.02
76.03	03023	WOUND CARE	45,867	3,388,742	3,434,609	0.294084	76.03
76.04	03024	OPIC	58,096	5,195,063	5,253,159	0.182205	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	8,574,786	24,986,932	33,561,718	0.132475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	408,343	1,532,272	1,940,615	0.207382	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00				
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	243,811,076	272,137,060	515,948,136			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	243,811,076	272,137,060	515,948,136			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 1/26/2015 2:37 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.106759		50.00
51.00	05100 RECOVERY ROOM	0.102578		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.483668		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.240462		54.00
54.01	05401 ULTRASOUND	0.102822		54.01
54.02	05402 MAMMOGRAPHY	0.237181		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211026		55.00
56.00	05600 RADIOISOTOPE	0.113833		56.00
57.00	05700 CT SCAN	0.035866		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064162		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.063251		59.00
60.00	06000 LABORATORY	0.075449		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.130534		65.00
66.00	06600 PHYSICAL THERAPY	0.426500		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.115941		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.176168		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466305		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129962		73.00
74.00	07400 RENAL DIALYSIS	0.214869		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 LI THOTRI PSY	0.209883		76.00
76.01	03021 ENDOSCOPY	0.088603		76.01
76.02	03022 PRI SION CLINIC	2.345443		76.02
76.03	03023 WOUND CARE	0.297232		76.03
76.04	03024 OPI C	0.191762		76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.132475		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207382		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DI ALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)			115.00
116.00	11600 HOSPI CE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,364,654		15,364,654	50,206	15,414,860	30.00
31.00	03100 INTENSIVE CARE UNIT	4,137,127		4,137,127	0	4,137,127	31.00
40.00	04000 SUBPROVIDER - I/PF	3,500,423		3,500,423	35,807	3,536,230	40.00
41.00	04100 SUBPROVIDER - I/RP	2,097,586		2,097,586	0	2,097,586	41.00
43.00	04300 NURSERY	660,813		660,813	0	660,813	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,111,889		7,111,889	7,178	7,119,067	50.00
51.00	05100 RECOVERY ROOM	1,028,621		1,028,621	0	1,028,621	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,186,702		2,186,702	0	2,186,702	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,591,081		2,591,081	0	2,591,081	54.00
54.01	05401 ULTRASOUND	329,410		329,410	0	329,410	54.01
54.02	05402 MAMMOGRAPHY	587,658		587,658	0	587,658	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	2,011,765		2,011,765	0	2,011,765	55.00
56.00	05600 RADIOISOTOPE	1,117,112		1,117,112	0	1,117,112	56.00
57.00	05700 CT SCAN	949,928		949,928	0	949,928	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	493,394		493,394	0	493,394	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,223,155		1,223,155	0	1,223,155	59.00
60.00	06000 LABORATORY	3,642,529		3,642,529	0	3,642,529	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,030,464		1,030,464	0	1,030,464	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,832,518	0	1,832,518	0	1,832,518	65.00
66.00	06600 PHYSICAL THERAPY	2,472,502	0	2,472,502	34,338	2,506,840	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	1,335,495		1,335,495	16,223	1,351,718	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	216,745		216,745	0	216,745	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,787,782		5,787,782	0	5,787,782	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,716,395		6,716,395	0	6,716,395	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,291,388		12,291,388	0	12,291,388	73.00
74.00	07400 RENAL DIALYSIS	903,397		903,397	0	903,397	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020 LI THOTRI PSY	102,673		102,673	0	102,673	76.00
76.01	03021 ENDOSCOPY	2,282,382		2,282,382	69,562	2,351,944	76.01
76.02	03022 PRI SION CLINI C	633,401		633,401	0	633,401	76.02
76.03	03023 WOUND CARE	1,010,062		1,010,062	10,815	1,020,877	76.03
76.04	03024 OPI C	957,152		957,152	50,206	1,007,358	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINI C	0		0	0	0	90.00
91.00	09100 EMERGENCY	4,446,078		4,446,078	0	4,446,078	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	402,448		402,448	0	402,448	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DI ALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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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		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	91,454,729	0	91,454,729	274,335		91,729,064	200.00
201.00		Less Observation Beds	402,448		402,448			402,448	201.00
202.00		Total (see instructions)	91,052,281	0	91,052,281	274,335		91,326,616	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

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		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	14,393,336		14,393,336		30.00
31.00	03100	INTENSIVE CARE UNIT	6,460,290		6,460,290		31.00
40.00	04000	SUBPROVIDER - IPF	12,372,791		12,372,791		40.00
41.00	04100	SUBPROVIDER - IRF	1,594,404		1,594,404		41.00
43.00	04300	NURSERY	1,057,593		1,057,593		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,661,599	40,021,712	66,683,311	0.106652	50.00
51.00	05100	RECOVERY ROOM	3,027,073	7,000,624	10,027,697	0.102578	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,291,261	229,824	4,521,085	0.483668	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,118,675	7,656,757	10,775,432	0.240462	54.00
54.01	05401	ULTRASOUND	645,669	2,558,033	3,203,702	0.102822	54.01
54.02	05402	MAMMOGRAPHY	20,480	2,457,193	2,477,673	0.237181	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	522,613	9,010,637	9,533,250	0.211026	55.00
56.00	05600	RADIOISOTOPE	1,005,336	8,808,227	9,813,563	0.113833	56.00
57.00	05700	CT SCAN	7,560,331	18,925,079	26,485,410	0.035866	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,617,799	6,072,006	7,689,805	0.064162	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,383,215	8,954,891	19,338,106	0.063251	59.00
60.00	06000	LABORATORY	22,532,409	25,745,920	48,278,329	0.075449	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,414,160	1,390,519	6,804,679	0.151435	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,328,257	1,710,337	14,038,594	0.130534	65.00
66.00	06600	PHYSICAL THERAPY	4,400,325	1,477,382	5,877,707	0.420658	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	6,420,939	5,237,701	11,658,640	0.114550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	370,484	859,848	1,230,332	0.176168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,249,459	17,704,502	36,953,961	0.156621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,122,620	6,280,813	14,403,433	0.466305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,536,040	39,040,391	94,576,431	0.129962	73.00
74.00	07400	RENAL DIALYSIS	4,154,729	49,673	4,204,402	0.214869	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	LI THOTRI PSY	8,890	480,301	489,191	0.209883	76.00
76.01	03021	ENDOSCOPY	1,450,398	25,094,434	26,544,832	0.085982	76.01
76.02	03022	PRI SION CLINIC	2,809	267,247	270,056	2.345443	76.02
76.03	03023	WOUND CARE	45,867	3,388,742	3,434,609	0.294084	76.03
76.04	03024	OPIC	58,096	5,195,063	5,253,159	0.182205	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	8,574,786	24,986,932	33,561,718	0.132475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	408,343	1,532,272	1,940,615	0.207382	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	243,811,076	272,137,060	515,948,136			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	243,811,076	272,137,060	515,948,136			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 1/26/2015 2:37 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
54.02	05402 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 LI THOTRI PSY	0.000000		76.00
76.01	03021 ENDOSCOPY	0.000000		76.01
76.02	03022 PRISION CLINIC	0.000000		76.02
76.03	03023 WOUND CARE	0.000000		76.03
76.04	03024 OPIC	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DI ALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPI CE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046		Period: From 09/01/2013 To 08/31/2014		Worksheet C Part I Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XIX		Hospital		Cost	
Cost Center Description		PPS Inpatient Ratio					
		11.00					
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)						202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet D
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,288,568	0	2,288,568	17,083	133.97	30.00
31.00	INTENSIVE CARE UNIT	445,750		445,750	3,046	146.34	31.00
40.00	SUBPROVIDER - IPF	415,666	0	415,666	4,778	87.00	40.00
41.00	SUBPROVIDER - IRF	379,227	0	379,227	1,596	237.61	41.00
43.00	NURSERY	53,494		53,494	938	57.03	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	3,582,705		3,582,705	27,441		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,492	1,271,643				
31.00	INTENSIVE CARE UNIT	1,746	255,510				
40.00	SUBPROVIDER - IPF	1,429	124,323				
41.00	SUBPROVIDER - IRF	1,065	253,055				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	13,732	1,904,531				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet D
Part II
Date/Time Prepared:
1/26/2015 2:37 pm

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)	Title XVIII		Capital Costs (column 3 x column 4)
					Hospital	Inpatient Program Charges	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	931,215	66,683,311	0.013965	12,500,317	174,567	50.00
51.00	05100 RECOVERY ROOM	81,580	10,027,697	0.008135	1,427,620	11,614	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	274,233	4,521,085	0.060656	6,887	418	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	301,811	10,775,432	0.028009	1,641,401	45,974	54.00
54.01	05401 ULTRASOUND	23,783	3,203,702	0.007424	318,171	2,362	54.01
54.02	05402 MAMMOGRAPHY	60,626	2,477,673	0.024469	2,773	68	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	234,142	9,533,250	0.024561	177,010	4,348	55.00
56.00	05600 RADIOISOTOPE	61,054	9,813,563	0.006221	602,267	3,747	56.00
57.00	05700 CT SCAN	82,441	26,485,410	0.003113	3,882,020	12,085	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	46,601	7,689,805	0.006060	798,025	4,836	58.00
59.00	05900 CARDIAC CATHETERIZATION	108,414	19,338,106	0.005606	4,201,611	23,554	59.00
60.00	06000 LABORATORY	281,749	48,278,329	0.005836	11,602,783	67,714	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	45,645	6,804,679	0.006708	3,434,791	23,041	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	113,707	14,038,594	0.008100	8,911,364	72,182	65.00
66.00	06600 PHYSICAL THERAPY	292,400	5,877,707	0.049747	968,744	48,192	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	108,937	11,658,640	0.009344	3,676,001	34,349	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	37,063	1,230,332	0.030124	194,011	5,844	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	440,249	36,953,961	0.011913	9,701,685	115,576	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	233,678	14,403,433	0.016224	4,471,329	72,543	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	521,682	94,576,431	0.005516	28,128,391	155,156	73.00
74.00	07400 RENAL DIALYSIS	44,110	4,204,402	0.010491	2,694,775	28,271	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 LI THOTRI PSY	3,643	489,191	0.007447	8,317	62	76.00
76.01	03021 ENDOSCOPY	138,512	26,544,832	0.005218	945,754	4,935	76.01
76.02	03022 PRISON CLINIC	214,370	270,056	0.793798	0	0	76.02
76.03	03023 WOUND CARE	80,909	3,434,609	0.023557	22,000	518	76.03
76.04	03024 OPI C	136,743	5,253,159	0.026031	42,254	1,100	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	455,297	33,561,718	0.013566	4,169,108	56,558	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	59,749	1,940,615	0.030789	194,241	5,980	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	5,414,343	480,069,722		104,723,650	975,594	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part III Date/Time Prepared: 1/26/2015 2:37 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,083	0.00	9,492	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,046	0.00	1,746	0		31.00
40.00	04000	SUBPROVIDER - IPF	4,778	0.00	1,429	0		40.00
41.00	04100	SUBPROVIDER - IRF	1,596	0.00	1,065	0		41.00
43.00	04300	NURSERY	938	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	27,441		13,732	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	0	0	76.01
76.02	03022	PRI SION CLINIC	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	76.03
76.04	03024	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
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							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,683,311	0.000000	0.000000	12,500,317	50.00
51.00	05100	RECOVERY ROOM	0	10,027,697	0.000000	0.000000	1,427,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,521,085	0.000000	0.000000	6,887	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,775,432	0.000000	0.000000	1,641,401	54.00
54.01	05401	ULTRASOUND	0	3,203,702	0.000000	0.000000	318,171	54.01
54.02	05402	MAMMOGRAPHY	0	2,477,673	0.000000	0.000000	2,773	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,533,250	0.000000	0.000000	177,010	55.00
56.00	05600	RADIOISOTOPE	0	9,813,563	0.000000	0.000000	602,267	56.00
57.00	05700	CT SCAN	0	26,485,410	0.000000	0.000000	3,882,020	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,689,805	0.000000	0.000000	798,025	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,338,106	0.000000	0.000000	4,201,611	59.00
60.00	06000	LABORATORY	0	48,278,329	0.000000	0.000000	11,602,783	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,804,679	0.000000	0.000000	3,434,791	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,038,594	0.000000	0.000000	8,911,364	65.00
66.00	06600	PHYSICAL THERAPY	0	5,877,707	0.000000	0.000000	968,744	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	11,658,640	0.000000	0.000000	3,676,001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,230,332	0.000000	0.000000	194,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,953,961	0.000000	0.000000	9,701,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,403,433	0.000000	0.000000	4,471,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,576,431	0.000000	0.000000	28,128,391	73.00
74.00	07400	RENAL DIALYSIS	0	4,204,402	0.000000	0.000000	2,694,775	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	LI THOTRI PSY	0	489,191	0.000000	0.000000	8,317	76.00
76.01	03021	ENDOSCOPY	0	26,544,832	0.000000	0.000000	945,754	76.01
76.02	03022	PRISON CLINIC	0	270,056	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	3,434,609	0.000000	0.000000	22,000	76.03
76.04	03024	OPI C	0	5,253,159	0.000000	0.000000	42,254	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	33,561,718	0.000000	0.000000	4,169,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,940,615	0.000000	0.000000	194,241	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	480,069,722			104,723,650	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	11,456,489	0		50.00
51.00	05100 RECOVERY ROOM	0	1,857,844	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	614	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,902,877	0		54.00
54.01	05401 ULTRASOUND	0	489,653	0		54.01
54.02	05402 MAMMOGRAPHY	0	736,050	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,756,777	0		55.00
56.00	05600 RADIOISOTOPE	0	3,775,975	0		56.00
57.00	05700 CT SCAN	0	5,819,769	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,739,817	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,339,904	0		59.00
60.00	06000 LABORATORY	0	8,026,241	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	628,402	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	1,623,897	0		65.00
66.00	06600 PHYSICAL THERAPY	0	501,972	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	1,952,617	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	165,468	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,166,449	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,818,442	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,464,787	0		73.00
74.00	07400 RENAL DIALYSIS	0	28,938	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020 LI THOTRI PSY	0	173,697	0		76.00
76.01	03021 ENDOSCOPY	0	9,807,635	0		76.01
76.02	03022 PRISON CLINIC	0	0	0		76.02
76.03	03023 WOUND CARE	0	1,785,292	0		76.03
76.04	03024 OPI C	0	1,777,142	0		76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	4,442,346	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	364,001	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DI ALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	89,603,095	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.106652	11,456,489	0	0	1,221,857	50.00
51.00	05100	RECOVERY ROOM	0.102578	1,857,844	0	0	190,574	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.483668	614	0	0	297	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.240462	1,902,877	0	0	457,570	54.00
54.01	05401	ULTRASOUND	0.102822	489,653	0	0	50,347	54.01
54.02	05402	MAMMOGRAPHY	0.237181	736,050	0	0	174,577	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211026	4,756,777	0	0	1,003,804	55.00
56.00	05600	RADIOISOTOPE	0.113833	3,775,975	0	0	429,831	56.00
57.00	05700	CT SCAN	0.035866	5,819,769	0	0	208,732	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064162	1,739,817	0	0	111,630	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063251	3,339,904	0	0	211,252	59.00
60.00	06000	LABORATORY	0.075449	8,026,241	0	5,010	605,572	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	628,402	0	0	95,162	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.130534	1,623,897	0	0	211,974	65.00
66.00	06600	PHYSICAL THERAPY	0.420658	501,972	0	0	211,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114550	1,952,617	0	0	223,672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176168	165,468	0	0	29,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	6,166,449	0	0	965,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466305	2,818,442	0	0	1,314,254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129962	13,464,787	0	115,487	1,749,911	73.00
74.00	07400	RENAL DIALYSIS	0.214869	28,938	0	0	6,218	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0.209883	173,697	0	0	36,456	76.00
76.01	03021	ENDOSCOPY	0.085982	9,807,635	0	0	843,280	76.01
76.02	03022	PRISION CLINIC	2.345443	0	0	0	0	76.02
76.03	03023	WOUND CARE	0.294084	1,785,292	0	0	525,026	76.03
76.04	03024	OPIIC	0.182205	1,777,142	0	0	323,804	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.132475	4,442,346	0	0	588,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	364,001	0	0	75,487	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		89,603,095	0	120,497	11,865,891	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		89,603,095	0	120,497	11,865,891	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm	
		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	05401	ULTRASOUND	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	378	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,009	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	LITHOTRIpsy	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	76.01
76.02	03022	PRISON CLINIC	0	0	76.02
76.03	03023	WOUND CARE	0	0	76.03
76.04	03024	OPIc	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	15,387	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	15,387	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part II Date/Time Prepared: 1/26/2015 2:37 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	931,215	66,683,311	0.013965	38,724	541	50.00
51.00	05100	RECOVERY ROOM	81,580	10,027,697	0.008135	11,910	97	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,233	4,521,085	0.060656	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	301,811	10,775,432	0.028009	41,338	1,158	54.00
54.01	05401	ULTRASOUND	23,783	3,203,702	0.007424	11,734	87	54.01
54.02	05402	MAMMOGRAPHY	60,626	2,477,673	0.024469	8,960	219	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	234,142	9,533,250	0.024561	0	0	55.00
56.00	05600	RADIOISOTOPE	61,054	9,813,563	0.006221	7,336	46	56.00
57.00	05700	CT SCAN	82,441	26,485,410	0.003113	20,391	63	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,601	7,689,805	0.006060	29,056	176	58.00
59.00	05900	CARDIAC CATHETERIZATION	108,414	19,338,106	0.005606	0	0	59.00
60.00	06000	LABORATORY	281,749	48,278,329	0.005836	428,299	2,500	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	45,645	6,804,679	0.006708	67,563	453	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	113,707	14,038,594	0.008100	83,504	676	65.00
66.00	06600	PHYSICAL THERAPY	292,400	5,877,707	0.049747	1,811,204	90,102	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	108,937	11,658,640	0.009344	29,449	275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,063	1,230,332	0.030124	5,871	177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,249	36,953,961	0.011913	240,303	2,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,678	14,403,433	0.016224	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	521,682	94,576,431	0.005516	1,103,049	6,084	73.00
74.00	07400	RENAL DIALYSIS	44,110	4,204,402	0.010491	209,620	2,199	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	LI THOTRI PSY	3,643	489,191	0.007447	0	0	76.00
76.01	03021	ENDOSCOPY	138,512	26,544,832	0.005218	4,953	26	76.01
76.02	03022	PRI SION CLINIC	214,370	270,056	0.793798	0	0	76.02
76.03	03023	WOUND CARE	80,909	3,434,609	0.023557	0	0	76.03
76.04	03024	OPIC	136,743	5,253,159	0.026031	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	455,297	33,561,718	0.013566	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,940,615	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	5,354,594	480,069,722		4,153,264	107,742	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LI THOTRI PSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	0	0	76.01
76.02	03022	PRI SI ON CL IN IC	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	76.03
76.04	03024	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
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							
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,683,311	0.000000	0.000000	38,724	50.00
51.00	05100	RECOVERY ROOM	0	10,027,697	0.000000	0.000000	11,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,521,085	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,775,432	0.000000	0.000000	41,338	54.00
54.01	05401	ULTRASOUND	0	3,203,702	0.000000	0.000000	11,734	54.01
54.02	05402	MAMMOGRAPHY	0	2,477,673	0.000000	0.000000	8,960	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,533,250	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	9,813,563	0.000000	0.000000	7,336	56.00
57.00	05700	CT SCAN	0	26,485,410	0.000000	0.000000	20,391	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,689,805	0.000000	0.000000	29,056	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,338,106	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	48,278,329	0.000000	0.000000	428,299	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,804,679	0.000000	0.000000	67,563	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,038,594	0.000000	0.000000	83,504	65.00
66.00	06600	PHYSICAL THERAPY	0	5,877,707	0.000000	0.000000	1,811,204	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	11,658,640	0.000000	0.000000	29,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,230,332	0.000000	0.000000	5,871	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,953,961	0.000000	0.000000	240,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,403,433	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,576,431	0.000000	0.000000	1,103,049	73.00
74.00	07400	RENAL DIALYSIS	0	4,204,402	0.000000	0.000000	209,620	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0	489,191	0.000000	0.000000	0	76.00
76.01	03021	ENDOSCOPY	0	26,544,832	0.000000	0.000000	4,953	76.01
76.02	03022	PRI SION CLINIC	0	270,056	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	3,434,609	0.000000	0.000000	0	76.03
76.04	03024	OPI C	0	5,253,159	0.000000	0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	33,561,718	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,940,615	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	480,069,722			4,153,264	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,235	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,053	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	76.01
76.02	03022 PRISON CLINIC	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	76.03
76.04	03024 OPI C	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	2,182	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DI ALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	7,470	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm
	Title XVIIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.106652	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.102578	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.483668	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.240462	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0.102822	0	0	0	0	54.01
54.02 05402 MAMMOGRAPHY	0.237181	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211026	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.113833	0	0	0	0	56.00
57.00 05700 CT SCAN	0.035866	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064162	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.063251	0	0	0	0	59.00
60.00 06000 LABORATORY	0.075449	1,235	0	0	93	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.130534	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.420658	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.114550	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.176168	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.466305	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.129962	4,053	0	5,739	527	73.00
74.00 07400 RENAL DIALYSIS	0.214869	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 LI THOTRI PSY	0.209883	0	0	0	0	76.00
76.01 03021 ENDOSCOPY	0.085982	0	0	0	0	76.01
76.02 03022 PRI SI ON CL IN IC	2.345443	0	0	0	0	76.02
76.03 03023 WOUND CARE	0.294084	0	0	0	0	76.03
76.04 03024 OPI C	0.182205	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.132475	2,182	0	0	289	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)	7,470	0	5,739	909	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7,470	0	5,739	909	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm
	Component CCN: 15S046	Title XVII I	Subprovider - IPF

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 05401 ULTRASOUND	0	0	54.01	
54.02 05402 MAMMOGRAPHY	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	56.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	746	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00	
76.00 03020 LI THOTRI PSY	0	0	76.00	
76.01 03021 ENDOSCOPY	0	0	76.01	
76.02 03022 PRISON CLINIC	0	0	76.02	
76.03 03023 WOUND CARE	0	0	76.03	
76.04 03024 OPI C	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00	
90.00 09000 CLINIC	0	0	90.00	
91.00 09100 EMERGENCY	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00	
200.00	Subtotal (see instructions)	0	746	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	746	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part II Date/Time Prepared: 1/26/2015 2:37 pm	
		Component CCN: 15T046		Title XVIII		Subprovider - IRF	
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	931,215	66,683,311	0.013965	30,061	420
51.00	05100	RECOVERY ROOM	81,580	10,027,697	0.008135	9,246	75
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,233	4,521,085	0.060656	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	301,811	10,775,432	0.028009	32,091	899
54.01	05401	ULTRASOUND	23,783	3,203,702	0.007424	9,109	68
54.02	05402	MAMMOGRAPHY	60,626	2,477,673	0.024469	6,955	170
55.00	05500	RADIOLOGY-THERAPEUTIC	234,142	9,533,250	0.024561	0	0
56.00	05600	RADIOISOTOPE	61,054	9,813,563	0.006221	5,695	35
57.00	05700	CT SCAN	82,441	26,485,410	0.003113	15,830	49
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,601	7,689,805	0.006060	22,556	137
59.00	05900	CARDIAC CATHETERIZATION	108,414	19,338,106	0.005606	0	0
60.00	06000	LABORATORY	281,749	48,278,329	0.005836	332,485	1,940
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	45,645	6,804,679	0.006708	52,448	352
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	113,707	14,038,594	0.008100	64,823	525
66.00	06600	PHYSICAL THERAPY	292,400	5,877,707	0.049747	1,406,023	69,945
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	108,937	11,658,640	0.009344	22,861	214
70.00	07000	ELECTROENCEPHALOGRAPHY	37,063	1,230,332	0.030124	4,558	137
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	440,249	36,953,961	0.011913	186,545	2,222
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,678	14,403,433	0.016224	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	521,682	94,576,431	0.005516	856,288	4,723
74.00	07400	RENAL DIALYSIS	44,110	4,204,402	0.010491	162,726	1,707
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
76.00	03020	LI THOTRI PSY	3,643	489,191	0.007447	0	0
76.01	03021	ENDOSCOPY	138,512	26,544,832	0.005218	3,845	20
76.02	03022	PRI SION CLINI C	214,370	270,056	0.793798	0	0
76.03	03023	WOUND CARE	80,909	3,434,609	0.023557	0	0
76.04	03024	OPIC	136,743	5,253,159	0.026031	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
91.00	09100	EMERGENCY	455,297	33,561,718	0.013566	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,940,615	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0.000000	0	0
95.00	09500	AMBULANCE SERVIC ES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDI CAL EQUI P-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDI CAL EQUI P-SOLD	0	0	0.000000	0	0
98.00	05950	OTHER REI MBURSABLE COST CENTERS	0	0	0.000000	0	0
200.00		Total (lines 50-199)	5,354,594	480,069,722		3,224,145	83,638

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LI THOTRI PSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	0	0	76.01
76.02	03022	PRI SI ON CL IN IC	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	76.03
76.04	03024	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
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							
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,683,311	0.000000	0.000000	30,061	50.00
51.00	05100	RECOVERY ROOM	0	10,027,697	0.000000	0.000000	9,246	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,521,085	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,775,432	0.000000	0.000000	32,091	54.00
54.01	05401	ULTRASOUND	0	3,203,702	0.000000	0.000000	9,109	54.01
54.02	05402	MAMMOGRAPHY	0	2,477,673	0.000000	0.000000	6,955	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,533,250	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	9,813,563	0.000000	0.000000	5,695	56.00
57.00	05700	CT SCAN	0	26,485,410	0.000000	0.000000	15,830	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,689,805	0.000000	0.000000	22,556	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,338,106	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	48,278,329	0.000000	0.000000	332,485	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,804,679	0.000000	0.000000	52,448	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,038,594	0.000000	0.000000	64,823	65.00
66.00	06600	PHYSICAL THERAPY	0	5,877,707	0.000000	0.000000	1,406,023	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	11,658,640	0.000000	0.000000	22,861	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,230,332	0.000000	0.000000	4,558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,953,961	0.000000	0.000000	186,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,403,433	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,576,431	0.000000	0.000000	856,288	73.00
74.00	07400	RENAL DIALYSIS	0	4,204,402	0.000000	0.000000	162,726	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0	489,191	0.000000	0.000000	0	76.00
76.01	03021	ENDOSCOPY	0	26,544,832	0.000000	0.000000	3,845	76.01
76.02	03022	PRI SON CLINIC	0	270,056	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	3,434,609	0.000000	0.000000	0	76.03
76.04	03024	OPIC	0	5,253,159	0.000000	0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	33,561,718	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,940,615	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	480,069,722			3,224,145	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/26/2015 2:37 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,263	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	76.01
76.02	03022 PRISON CLINIC	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	76.03
76.04	03024 OPI C	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DI ALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	1,263	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.106652	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.102578	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.483668	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.240462	0	0	0	0	54.00	
54.01 05401 ULTRASOUND	0.102822	0	0	0	0	54.01	
54.02 05402 MAMMOGRAPHY	0.237181	0	0	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211026	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.113833	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.035866	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064162	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.063251	0	0	0	0	59.00	
60.00 06000 LABORATORY	0.075449	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.130534	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.420658	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.114550	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.176168	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.466305	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.129962	1,263	0	1,743	164	73.00	
74.00 07400 RENAL DIALYSIS	0.214869	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00 03020 LI THOTRI PSY	0.209883	0	0	0	0	76.00	
76.01 03021 ENDOSCOPY	0.085982	0	0	0	0	76.01	
76.02 03022 PRI SI ON CLINIC	2.345443	0	0	0	0	76.02	
76.03 03023 WOUND CARE	0.294084	0	0	0	0	76.03	
76.04 03024 OPI C	0.182205	0	0	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0.132475	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Subtotal (see instructions)		1,263	0	1,743	164	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		1,263	0	1,743	164	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm
	Component CCN: 15T046	Title XVII I	Subprovider - IRF

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 05401 ULTRASOUND	0	0	54.01
54.02 05402 MAMMOGRAPHY	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	227	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 LI THOTRI PSY	0	0	76.00
76.01 03021 ENDOSCOPY	0	0	76.01
76.02 03022 PRISON CLINIC	0	0	76.02
76.03 03023 WOUND CARE	0	0	76.03
76.04 03024 OPI C	0	0	76.04
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	227
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	227

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm
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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.)
		1.00	2.00	3.00
			4.00	5.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.106652	7,266,202	0
51.00	05100 RECOVERY ROOM	0.102578	1,391,946	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.483668	107,150	0
53.00	05300 ANESTHESIOLOGY	0.000000	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.240462	1,761,235	0
54.01	05401 ULTRASOUND	0.102822	623,470	0
54.02	05402 MAMMOGRAPHY	0.237181	157,291	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211026	348,800	0
56.00	05600 RADIOISOTOPE	0.113833	873,318	0
57.00	05700 CT SCAN	0.035866	2,981,861	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064162	841,480	0
59.00	05900 CARDIAC CATHETERIZATION	0.063251	555,409	0
60.00	06000 LABORATORY	0.075449	4,959,999	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	174,794	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0
65.00	06500 RESPIRATORY THERAPY	0.130534	348,332	0
66.00	06600 PHYSICAL THERAPY	0.420658	284,896	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0
69.00	06900 ELECTROCARDIOLOGY	0.114550	829,299	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.176168	405,223	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	2,440,835	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.466305	652,645	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129962	5,275,341	0
74.00	07400 RENAL DIALYSIS	0.214869	3,843	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0
76.00	03020 LI THOTRI PSY	0.209883	41,485	0
76.01	03021 ENDOSCOPY	0.085982	2,004,615	0
76.02	03022 PRISON CLINIC	2.345443	0	0
76.03	03023 WOUND CARE	0.294084	395,144	0
76.04	03024 OPI C	0.182205	418,033	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0
90.00	09000 CLINIC	0.000000	0	0
91.00	09100 EMERGENCY	0.132475	7,196,100	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	855,647	0
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0
95.00	09500 AMBULANCE SERVICES	0.000000	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0
200.00	Subtotal (see instructions)		43,194,393	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0
202.00	Net Charges (line 200 +/- line 201)		43,194,393	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/26/2015 2:37 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	LITHOTRIpsy	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	76.01
76.02	03022	PRISION CLINIC	0	0	76.02
76.03	03023	WOUND CARE	0	0	76.03
76.04	03024	OPIc	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/26/2015 2:37 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,083	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,083	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)		16,637	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)		9,492	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,414,860	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,414,860	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,414,860	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)		902.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,565,106	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,565,106	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/26/2015 2:37 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,137,127	3,046	1,358.22	1,746	2,371,452		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)					14,438,722		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,375,280		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)					1,527,153		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					975,594		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,502,747		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,872,533		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)					446		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					902.35		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					402,448		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 1/26/2015 2:37 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,288,568	15,414,860	0.148465	402,448	59,749	90.00
91.00	Nursing School cost	0	15,414,860	0.000000	402,448	0	91.00
92.00	Allied health cost	0	15,414,860	0.000000	402,448	0	92.00
93.00	All other Medical Education	0	15,414,860	0.000000	402,448	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,778 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,778 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,778 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)			1,429 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)			3,536,230 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)			3,536,230 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)			3,536,230 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)			740.11 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,057,617 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)			1,057,617 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
		Component CCN: 15S046				Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,078,901		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,136,518		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)					124,323		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					107,742		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					232,065		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,904,453		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	415,666	3,536,230	0.117545	0	0	90.00
91.00	Nursing School cost	0	3,536,230	0.000000	0	0	91.00
92.00	Allied health cost	0	3,536,230	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,536,230	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,596 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,596 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)			1,596 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)			1,065 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,097,586 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,097,586 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,097,586 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,314.28 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,399,708 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)			1,399,708 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1	
		Component CCN: 15T046				Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
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)					837,545		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,237,253		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)					253,055		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					83,638		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					336,693		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,900,560		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	379,227	2,097,586	0.180792	0	0	90.00
91.00	Nursing School cost	0	2,097,586	0.000000	0	0	91.00
92.00	Allied health cost	0	2,097,586	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,097,586	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 1/26/2015 2:37 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,613,268	30.00
31.00	03100	INTENSIVE CARE UNIT		3,577,148	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106759	12,500,317	50.00
51.00	05100	RECOVERY ROOM	0.102578	1,427,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.483668	6,887	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.240462	1,641,401	54.00
54.01	05401	ULTRASOUND	0.102822	318,171	54.01
54.02	05402	MAMMOGRAPHY	0.237181	2,773	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211026	177,010	55.00
56.00	05600	RADIOISOTOPE	0.113833	602,267	56.00
57.00	05700	CT SCAN	0.035866	3,882,020	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064162	798,025	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063251	4,201,611	59.00
60.00	06000	LABORATORY	0.075449	11,602,783	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	3,434,791	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.130534	8,911,364	65.00
66.00	06600	PHYSICAL THERAPY	0.426500	968,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115941	3,676,001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176168	194,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	9,701,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466305	4,471,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129962	28,128,391	73.00
74.00	07400	RENAL DIALYSIS	0.214869	2,694,775	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIpsy	0.209883	8,317	76.00
76.01	03021	ENDOSCOPY	0.088603	945,754	76.01
76.02	03022	PRIson CLINIC	2.345443	0	76.02
76.03	03023	WOUND CARE	0.297232	22,000	76.03
76.04	03024	OPIc	0.191762	42,254	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.132475	4,169,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	194,241	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		104,723,650	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)		104,723,650	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3	
		Component CCN: 15S046		Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		1,376,737	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106759	38,724	50.00
51.00	05100	RECOVERY ROOM	0.102578	11,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.483668	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.240462	41,338	54.00
54.01	05401	ULTRASOUND	0.102822	11,734	54.01
54.02	05402	MAMMOGRAPHY	0.237181	8,960	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211026	0	55.00
56.00	05600	RADIOISOTOPE	0.113833	7,336	56.00
57.00	05700	CT SCAN	0.035866	20,391	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064162	29,056	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063251	0	59.00
60.00	06000	LABORATORY	0.075449	428,299	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	67,563	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.130534	83,504	65.00
66.00	06600	PHYSICAL THERAPY	0.426500	1,811,204	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115941	29,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176168	5,871	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	240,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466305	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129962	1,103,049	73.00
74.00	07400	RENAL DIALYSIS	0.214869	209,620	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0.209883	0	76.00
76.01	03021	ENDOSCOPY	0.088603	4,953	76.01
76.02	03022	PRI SION CLINIC	2.345443	0	76.02
76.03	03023	WOUND CARE	0.297232	0	76.03
76.04	03024	OPI C	0.191762	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.132475	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		4,153,264	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,153,264	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3	
		Component CCN: 15T046		Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,068,750	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106759	30,061	50.00
51.00	05100	RECOVERY ROOM	0.102578	9,246	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.483668	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.240462	32,091	54.00
54.01	05401	ULTRASOUND	0.102822	9,109	54.01
54.02	05402	MAMMOGRAPHY	0.237181	6,955	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211026	0	55.00
56.00	05600	RADIOISOTOPE	0.113833	5,695	56.00
57.00	05700	CT SCAN	0.035866	15,830	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064162	22,556	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063251	0	59.00
60.00	06000	LABORATORY	0.075449	332,485	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	52,448	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.130534	64,823	65.00
66.00	06600	PHYSICAL THERAPY	0.426500	1,406,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115941	22,861	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176168	4,558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	186,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466305	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129962	856,288	73.00
74.00	07400	RENAL DIALYSIS	0.214869	162,726	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0.209883	0	76.00
76.01	03021	ENDOSCOPY	0.088603	3,845	76.01
76.02	03022	PRI SION CLINIC	2.345443	0	76.02
76.03	03023	WOUND CARE	0.297232	0	76.03
76.04	03024	OPI C	0.191762	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.132475	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		3,224,145	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,224,145	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 1/26/2015 2:37 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,573,952	30.00
31.00	03100	INTENSIVE CARE UNIT		706,959	31.00
40.00	04000	SUBPROVIDER - IPF		3,698,046	40.00
41.00	04100	SUBPROVIDER - IRF		75,924	41.00
43.00	04300	NURSERY		653,753	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106652	2,671,972	284,971 50.00
51.00	05100	RECOVERY ROOM	0.102578	303,418	31,124 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.483668	2,371,425	1,146,982 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.240462	357,368	85,933 54.00
54.01	05401	ULTRASOUND	0.102822	94,423	9,709 54.01
54.02	05402	MAMMOGRAPHY	0.237181	1,643	390 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211026	33,529	7,075 55.00
56.00	05600	RADIOISOTOPE	0.113833	99,510	11,328 56.00
57.00	05700	CT SCAN	0.035866	751,861	26,966 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064162	96,892	6,217 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.063251	613,336	38,794 59.00
60.00	06000	LABORATORY	0.075449	2,733,989	206,277 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.151435	522,253	79,087 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.130534	1,855,931	242,262 65.00
66.00	06600	PHYSICAL THERAPY	0.420658	212,842	89,534 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	0.114550	606,880	69,518 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176168	28,882	5,088 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.156621	1,732,786	271,391 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.466305	659,096	307,340 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129962	7,193,694	934,907 73.00
74.00	07400	RENAL DIALYSIS	0.214869	123,109	26,452 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	LITHOTRIpsy	0.209883	0	0 76.00
76.01	03021	ENDOSCOPY	0.085982	98,569	8,475 76.01
76.02	03022	PRI SI ON CLINIC	2.345443	0	0 76.02
76.03	03023	WOUND CARE	0.294084	4,297	1,264 76.03
76.04	03024	OPI C	0.182205	3,791	691 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.132475	1,212,562	160,634 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.207382	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DI ALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		24,384,058	4,052,409 200.00
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)		24,384,058	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		1,450,794		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		18,148,121		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		859,064		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		158.78		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.39		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.49		31.00
32.00	Sum of lines 30 and 31		23.88		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 1/26/2015 2:37 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		8.92	1.01	
34.00	Disproportionate share adjustment (see instructions)		534,114		
		0	Prior to October 1	1.01	On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000123004
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				1,229,949
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				1,128,857
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,128,857		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		22,120,950		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		22,120,950		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,753,492		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		0		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		23,874,442		
60.00	Primary payer payments		11,930		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,862,512		
62.00	Deductibles billed to program beneficiaries		1,845,760		
63.00	Coinurance billed to program beneficiaries		45,392		
64.00	Allowable bad debts (see instructions)		100,225		
65.00	Adjusted reimbursable bad debts (see instructions)		65,146		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part A Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Hospital	PPS

		Prior to October 1		On/After October 1	
	0	1.00	1.01	2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,036,506		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		39,730		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-85,294		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,990,942		71.00
71.01	Sequestration adjustment (see instructions)		439,819		71.01
72.00	Interim payments		21,466,322		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		84,801		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		116,265		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,387	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,865,891	2.00
3.00	PPS payments		11,915,402	3.00
4.00	Outlier payment (see instructions)		27,114	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,387	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		120,497	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		120,497	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)		120,497	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		105,110	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)		15,387	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)		11,942,516	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)		2,493,807	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,464,096	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,464,096	30.00
31.00	Primary payer payments		988	31.00
32.00	Subtotal (line 30 minus line 31)		9,463,108	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		291,846	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		189,700	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		154,052	36.00
37.00	Subtotal (see instructions)		9,652,808	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,652,808	40.00
40.01	Sequestration adjustment (see instructions)		193,056	40.01
41.00	Interim payments		9,533,902	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-74,150	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Prepared: 1/26/2015 2:37 pm
		Component CCN: 15S046	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		746	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		909	2.00
3.00	PPS payments		1,508	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		746	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,739	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		5,739	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)		5,739	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,993	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)		746	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)		1,508	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)		90	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		2,164	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,164	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,164	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,164	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,164	40.00
40.01	Sequestration adjustment (see instructions)		43	40.01
41.00	Interim payments		2,515	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-394	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVII I	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		227	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		164	2.00
3.00	PPS payments		307	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		227	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,743	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,743	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)		1,743	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,516	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)		227	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)		307	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		534	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		534	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		534	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		534	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		534	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
41.00	Interim payments		643	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-120	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: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,466,322		9,533,902	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		21,466,322		9,533,902	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		84,801		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		74,150	6.02	
7.00	Total Medicare program liability (see instructions)		21,551,123		9,459,752	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2013
To 08/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
1/26/2015 2:37 pm

Title XVIII

Subprovider -
IPF

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		909,759		2,515	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		909,759		2,515	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		32,921		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		394	6.02
7.00	Total Medicare program liability (see instructions)		942,680		2,121	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2013
To 08/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
1/26/2015 2:37 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,413,056		643	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,413,056		643	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		28,467		120	6.02
7.00	Total Medicare program liability (see instructions)		1,384,589		523	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: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E-1 Part II Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		4,693	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		11,238	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		1,134	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		19,683	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		515,948,136	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		1,685,333	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		854,085	8.00
9.00	Sequestration adjustment amount (see instructions)		17,082	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		837,003	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		873,069	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)		-36,066	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part III Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Hospital	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	0	0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	0	0	3.00
4.00	Outlier Payments	0		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	45.580822		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	0		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		16.00
17.00	Subtotal (see instructions)	0		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	0		19.00
20.00	Deductibles	0		20.00
21.00	Subtotal (line 19 minus line 20)	0		21.00
22.00	Coinsurance	0		22.00
23.00	Subtotal (line 21 minus line 22)	0		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	0		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	0		32.00
32.01	Sequestration adjustment (see instructions)	0		32.01
33.00	Interim payments	21,466,322		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-21,466,322		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part II Date/Time Prepared: 1/26/2015 2:37 pm
		Component CCN: 15S046	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,098,476	1.00
2.00	Net IPF PPS Outlier Payments		26,564	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		13.090411	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,125,040	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,125,040	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,125,040	18.00
19.00	Deductibles		180,864	19.00
20.00	Subtotal (line 18 minus line 19)		944,176	20.00
21.00	Coinsurance		15,808	21.00
22.00	Subtotal (line 20 minus line 21)		928,368	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		51,615	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		33,550	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		7,373	25.00
26.00	Subtotal (sum of lines 22 and 24)		961,918	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		961,918	31.00
31.01	Sequestration adjustment (see instructions)		19,238	31.01
32.00	Interim payments		909,759	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		32,921	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		26,564	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part III Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	93,327	1,186,626	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0059		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	2,137	18,630	3.00
4.00	Outlier Payments	116,143		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	4.372603		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	1,416,863		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		16.00
17.00	Subtotal (see instructions)	1,416,863		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	1,416,863		19.00
20.00	Deductibles	4,768		20.00
21.00	Subtotal (line 19 minus line 20)	1,412,095		21.00
22.00	Coinsurance	0		22.00
23.00	Subtotal (line 21 minus line 22)	1,412,095		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,156		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	751		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	1,412,846		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	1,412,846		32.00
32.01	Sequestration adjustment (see instructions)	28,257		32.01
33.00	Interim payments	1,413,056		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-28,467		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	116,143		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2015 2:37 pm	
		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		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		24,384,058	43,194,393	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)		24,384,058	43,194,393	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)		24,384,058	43,194,393	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		24,384,058	43,194,393	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)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		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)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		6,916,377	4,554,559	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-6,916,377	-4,554,559	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: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet G

Date/Time Prepared:
1/26/2015 2:37 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-18,635	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	32,013,240	0	0	0	4.00
5.00	Other receivable	122,009	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,920,447	0	0	0	6.00
7.00	Inventory	5,092,324	0	0	0	7.00
8.00	Prepaid expenses	267,641	0	0	0	8.00
9.00	Other current assets	-59,745	0	0	0	9.00
10.00	Due from other funds	21,238	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	22,517,625	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,262,718	0	0	0	12.00
13.00	Land improvements	3,002,401	0	0	0	13.00
14.00	Accumulated depreciation	-2,997,773	0	0	0	14.00
15.00	Buildings	38,638,215	0	0	0	15.00
16.00	Accumulated depreciation	-22,904,088	0	0	0	16.00
17.00	Leasehold improvements	5,743,281	0	0	0	17.00
18.00	Accumulated depreciation	-4,713,476	0	0	0	18.00
19.00	Fixed equipment	24,521,106	0	0	0	19.00
20.00	Accumulated depreciation	-16,903,267	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	46,959,581	0	0	0	23.00
24.00	Accumulated depreciation	-40,349,795	0	0	0	24.00
25.00	Minor equipment depreciable	3,853,870	0	0	0	25.00
26.00	Accumulated depreciation	-1,759,139	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	715,047	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	35,068,681	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	2,386,484	0	0	0	33.00
34.00	Other assets	3,063,197	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,449,681	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	63,035,987	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,853,281	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,989,508	0	0	0	38.00
39.00	Payroll taxes payable	1,611,728	0	0	0	39.00
40.00	Notes and loans payable (short term)	677	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,455,194	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	-192,080,806	0	0	0	48.00
49.00	Other long term liabilities	78,136	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-192,002,670	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-183,547,476	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	246,583,463				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)	246,583,463	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	63,035,987	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-1

Date/Time Prepared:
1/26/2015 2:37 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		235,731,692		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,946,697				2.00
3.00	Total (sum of line 1 and line 2)		253,678,389		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		253,678,389		0		11.00
12.00	FEDERAL TAX LIABILITY	7,051,291		0		0	12.00
13.00	TRANSFER HOSPITAL MARKUP COID	43,635		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		7,094,926		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		246,583,463		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	FEDERAL TAX LIABILITY		0				12.00
13.00	TRANSFER HOSPITAL MARKUP COID		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: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/26/2015 2:37 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,231,533		14,231,533	1.00
2.00	SUBPROVIDER - IPF	12,372,791		12,372,791	2.00
3.00	SUBPROVIDER - IRF	1,594,404		1,594,404	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	28,198,728		28,198,728	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,460,290		6,460,290	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)	6,460,290		6,460,290	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,659,018		34,659,018	17.00
18.00	Ancillary services	208,344,384	272,944,829	481,289,213	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	243,003,402	272,944,829	515,948,231	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		94,704,501		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)		94,704,501		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150046

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-3

Date/Time Prepared:
1/26/2015 2:37 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	515,948,231	1.00
2.00	Less contractual allowances and discounts on patients' accounts	404,653,008	2.00
3.00	Net patient revenues (line 1 minus line 2)	111,295,223	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	94,704,501	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,590,722	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	381,997	24.00
24.01	MISC. REVENUE	49,977	24.01
24.02	HI TECH DIVIDENDS	923,192	24.02
25.00	Total other income (sum of lines 6-24)	1,355,166	25.00
26.00	Total (line 5 plus line 25)	17,945,888	26.00
27.00	RECONCILING ITEM	-809	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-809	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,946,697	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150046	Period: From 09/01/2013 To 08/31/2014	Worksheet L Parts I-III Date/Time Prepared: 1/26/2015 2:37 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,562,302	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		113,700	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)		53.93	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.49	8.00
9.00	Sum of lines 7 and 8		23.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.96	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		77,490	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,753,492	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