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: 150075

Period:
From 10/01/2013
To 09/30/2014

Worksheet S
Parts I-III
Date/Time Prepared:
3/2/2015 8:19 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 3/2/2015 Time: 8:19 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 BLUFFTON REGIONAL MEDICAL CENTER (150075) for the cost reporting period beginning 10/01/2013 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

____
Title

____
Date

	Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	149,711	4,828	-66,036	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
200.00	Total	0	149,711	4,828	-66,036	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 3/2/2015 8:15 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 303 S. MAIN STREET	PO Box:			1.00
2.00	City: BLUFFTON	State: IN	Zip Code: 46714-	County: WELLS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	BLUFFTON REGIONAL MEDICAL CENTER	150075	23060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	BLUFFTON SKILLED NURSING	155373	23060		03/13/1991	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2013	09/30/2014	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)			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	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.	262	242	0	0	783	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.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 3/2/2015 8:15 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y	39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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.				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/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 3/2/2015 8:15 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
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
	Teaching Hospitals that Claim Residents in Non-Provider Settings		
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	
	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.				
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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 3/2/2015 8:15 am

		V	XIX	
		1.00	2.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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)			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	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	185,346	44,443	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 3/2/2015 8:15 am

		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	449008	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: CHS / COMMUNITY HEALTH SYSTEMS, INC.	Contractor's Name: WPS	Contractor's Number: 52280	141.00
142.00	Street: 4000 MERIDIAN BLVD	PO Box:		142.00
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	143.00

		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.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	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)	10/01/2013	09/30/2014	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 3/2/2015 8:15 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	02/16/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 3/2/2015 8:15 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed 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.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	12/31/2013	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LISA	PARRISH	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS/COMMUNITY HEALTH SYSTEMS, INC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-7554	LISA_PARRISH@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 3/2/2015 8:15 am

		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)	02/18/2015	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. MANAGER, REVENUE MANAGEMENT		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: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part I Date/Time Prepared: 3/2/2015 8:15 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	55	20,075	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)		55	20,075	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	7	2,555	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)		62	22,630	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	13	4,745		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		75				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: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 3/2/2015 8:15 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,343	378	5,293			1.00
2.00	HMO and other (see instructions)	1,080	783				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	2,343	378	5,293			7.00
8.00	INTENSIVE CARE UNIT	400	19	751			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		107	470			13.00
14.00	Total (see instructions)	2,743	504	6,514	0.00	253.64	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	1,699	0	3,190	0.00	12.94	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	266.58	27.00
28.00	Observation Bed Days		0	1,389			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 3/2/2015 8:15 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	734	199	1,713	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	734	199	1,713	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 3/2/2015 8:15 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	13,061,992	0	13,061,992	527,567.00	24.76	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	595,204	0	595,204	26,906.00	22.12	9.00
10.00	Excluded area salaries (see instructions)		12,687	389,191	401,878	14,443.00	27.83	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		121,038	0	121,038	891.00	135.85	13.00
14.00	Home office salaries & wage-related costs		859,488	0	859,488	12,257.00	70.12	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)		2,966,967	0	2,966,967			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		253,883	0	253,883			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	136,925	71,396	208,321	6,643.00	31.36	26.00
27.00	Administrative & General	5.00	2,314,405	-254,134	2,060,271	81,810.00	25.18	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	448,865	0	448,865	18,247.00	24.60	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	300,246	0	300,246	27,139.00	11.06	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	441,271	-339,937	101,334	7,629.00	13.28	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	339,937	339,937	25,594.00	13.28	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	877,501	69,103	946,604	25,337.00	37.36	38.00
39.00	Central Services and Supply	14.00	64,025	0	64,025	3,665.00	17.47	39.00
40.00	Pharmacy	15.00	481,936	0	481,936	13,026.00	37.00	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 3/2/2015 8:15 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	403,372	0	403,372	20,914.00	19.29	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-3 Part III | Date/Time Prepared: 3/2/2015 8:15 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		13,061,992	0	13,061,992	527,567.00	24.76	1.00
2.00	Excluded area salaries (see instructions)		607,891	389,191	997,082	41,349.00	24.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)		12,454,101	-389,191	12,064,910	486,218.00	24.81	3.00
4.00	Subtotal other wages & related costs (see inst.)		980,526	0	980,526	13,148.00	74.58	4.00
5.00	Subtotal wage-related costs (see inst.)		2,966,967	0	2,966,967	0.00	24.59	5.00
6.00	Total (sum of lines 3 thru 5)		16,401,594	-389,191	16,012,403	499,366.00	32.07	6.00
7.00	Total overhead cost (see instructions)		5,468,546	-113,635	5,354,911	230,004.00	23.28	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-3 Part IV Date/Time Prepared: 3/2/2015 8:15 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	245,786	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	1,707,118	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	24,264	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	12,838	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)	9,364	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	200,271	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	768,628	17.00
18.00	Medicare Taxes - Employers Portion Only	179,760	18.00
19.00	Unemployment Insurance	45,710	19.00
20.00	State or Federal Unemployment Taxes	27,111	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	3,220,850	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE BENEFITS	73,346	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-3 Part V Date/Time Prepared: 3/2/2015 8:15 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet S-7 Date/Time Prepared: 3/2/2015 8:15 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	8	0	8	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	14	0	14	12.00
13.00		RUB	47	0	47	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	174	0	174	15.00
16.00		RVB	234	0	234	16.00
17.00		RVA	35	0	35	17.00
18.00		RHC	192	0	192	18.00
19.00		RHB	437	0	437	19.00
20.00		RHA	119	0	119	20.00
21.00		RMC	35	0	35	21.00
22.00		RMB	99	0	99	22.00
23.00		RMA	87	0	87	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	6	0	6	29.00
30.00		HE1	5	0	5	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	5	0	5	32.00
33.00		HC2	18	0	18	33.00
34.00		HC1	28	0	28	34.00
35.00		HB2	6	0	6	35.00
36.00		HB1	24	0	24	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	3	0	3	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	25	0	25	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	4	0	4	47.00
48.00		CD1	14	0	14	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	20	0	20	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	8	0	8	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	39	0	39	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-7 Date/Time Prepared: 3/2/2015 8:15 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	13	0	13	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,699	0	1,699	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	23060	23060	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,694,775			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-10 | Date/Time Prepared: 3/2/2015 8:15 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.209310	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	2,215,157	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,391,702	5.00
6.00	Medicaid charges	16,584,848	6.00
7.00	Medicaid cost (line 1 times line 6)	3,471,375	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	71,643	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	791,600	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	165,690	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)	94,047	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)	94,047	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	154,092	0	154,092	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	32,253	0	32,253	21.00
22.00	Partial payment by patients approved for charity care	1,113	0	1,113	22.00
23.00	Cost of charity care (line 21 minus line 22)	31,140	0	31,140	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?		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)	3,458,655	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	14,935	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	3,443,720	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	720,805	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	751,945	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	845,992	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1,704,100	1,704,100	298,734	2,002,834	1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2,663,373	2,663,373	351,076	3,014,449	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	136,925	42,717	179,642	2,354,837	2,534,479	4.00
5.01	00541	NONPATIENT TELEPHONES	0	0	0	443,702	443,702	5.01
5.02	00540	ADMITTING	0	0	0	331,119	331,119	5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	873,107	873,107	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	2,314,405	13,865,127	16,179,532	-4,775,189	11,404,343	5.04
7.00	00700	OPERATION OF PLANT	448,865	1,603,756	2,052,621	-6,887	2,045,734	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	144,495	144,495	0	144,495	8.00
9.00	00900	HOUSEKEEPING	300,246	157,988	458,234	-222	458,012	9.00
10.00	01000	DIETARY	441,271	273,852	715,123	-556,212	158,911	10.00
11.00	01100	CAFETERIA	0	0	0	550,901	550,901	11.00
13.00	01300	NURSING ADMINISTRATION	877,501	206,095	1,083,596	52,773	1,136,369	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	64,025	1,261,448	1,325,473	-818,140	507,333	14.00
15.00	01500	PHARMACY	481,936	1,118,921	1,600,857	-913,083	687,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	403,372	174,808	578,180	-8,268	569,912	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,798,816	1,219,591	3,018,407	-459,839	2,558,568	30.00
31.00	03100	INTENSIVE CARE UNIT	592,764	83,651	676,415	-1,694	674,721	31.00
43.00	04300	NURSERY	242	18	260	240,291	240,551	43.00
44.00	04400	SKILLED NURSING FACILITY	595,204	110,227	705,431	-6,061	699,370	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	504,726	209,838	714,564	1,115,221	1,829,785	50.00
51.00	05100	RECOVERY ROOM	325,374	67,740	393,114	-393,114	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	179,792	179,792	52.00
53.00	05300	ANESTHESIOLOGY	0	737,907	737,907	-737,907	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	493,768	180,539	674,307	332,459	1,006,766	54.00
54.01	03630	ULTRA SOUND	99,719	10,585	110,304	-110,304	0	54.01
56.00	05600	RADIOISOTOPE	64,026	68,385	132,411	0	132,411	56.00
57.00	05700	CT SCAN	153,419	30,344	183,763	-183,763	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	106,794	13,820	120,614	-120,614	0	58.00
60.00	06000	LABORATORY	928,520	1,136,540	2,065,060	-477,392	1,587,668	60.00
65.00	06500	RESPIRATORY THERAPY	363,902	70,645	434,547	-1,791	432,756	65.00
66.00	06600	PHYSICAL THERAPY	418,470	78,800	497,270	317,426	814,696	66.00
67.00	06700	OCCUPATIONAL THERAPY	182,328	20,013	202,341	-202,341	0	67.00
68.00	06800	SPEECH PATHOLOGY	107,529	9,879	117,408	-117,408	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,029	92,141	134,170	0	134,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	178,949	178,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	632,797	632,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	863,748	863,748	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	62,413	16,671	79,084	-256	78,828	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	86,318	26,140	112,458	-1,158	111,300	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	52,624	13,607	66,231	3,275	69,506	90.00
91.00	09100	EMERGENCY	601,774	156,166	757,940	325,806	1,083,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	328,359	328,359	-328,359	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,049,305	27,898,286	40,947,591	-773,989	40,173,602	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,577	33,148	42,725	0	42,725	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	-26,700	-26,700	0	-26,700	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07955	MARKETING	0	0	0	380,166	380,166	194.01
194.02	07952	SENIOR CIRCLE	3,110	1,510	4,620	0	4,620	194.02
194.03	07953	BUSINESS HEALTH	0	0	0	393,823	393,823	194.03
194.04	07954	VACANT SPACE	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	13,061,992	27,906,244	40,968,236	0	40,968,236	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-243,925	1,758,909	1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT	136,318	136,318	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,260,206	1,754,243	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,111	2,533,368	4.00
5.01	00541	NONPATIENT TELEPHONES	-179,041	264,661	5.01
5.02	00540	ADMITTING	0	331,119	5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	873,107	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-4,955,129	6,449,214	5.04
7.00	00700	OPERATION OF PLANT	0	2,045,734	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	144,495	8.00
9.00	00900	HOUSEKEEPING	0	458,012	9.00
10.00	01000	DIETARY	0	158,911	10.00
11.00	01100	CAFETERIA	-33,059	517,842	11.00
13.00	01300	NURSING ADMINISTRATION	-55,495	1,080,874	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	507,333	14.00
15.00	01500	PHARMACY	0	687,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,152	568,760	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-701,878	1,856,690	30.00
31.00	03100	INTENSIVE CARE UNIT	0	674,721	31.00
43.00	04300	NURSERY	0	240,551	43.00
44.00	04400	SKILLED NURSING FACILITY	0	699,370	44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-173,122	1,656,663	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	179,792	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	304	1,007,070	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	132,411	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000	LABORATORY	-320	1,587,348	60.00
65.00	06500	RESPIRATORY THERAPY	-400	432,356	65.00
66.00	06600	PHYSICAL THERAPY	0	814,696	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	134,170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	632,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	863,748	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	03951	SLEEP LAB	0	78,828	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.02
76.03	03953	WOUND CARE	0	111,300	76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	0	69,506	90.00
91.00	09100	EMERGENCY	-341,721	742,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	0	95.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,809,937	32,363,665	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,725	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	-26,700	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	194.00
194.01	07955	MARKETING	0	380,166	194.01
194.02	07952	SENIOR CIRCLE	0	4,620	194.02
194.03	07953	BUSINESS HEALTH	0	393,823	194.03
194.04	07954	VACANT SPACE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-7,809,937	33,158,299	200.00

RECLASSIFICATIONS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-6 | Date/Time Prepared: 3/2/2015 8:15 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,272,988	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,272,988	
	B - RECLASS OXYGEN				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,143	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	17,143	
	C - RECLASS RENTAL AND LEASE EXPENSE				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	341,334	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	341,334	
	D - RECLASS OTHER CAPITAL COSTS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	59,300	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	239,434	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,742	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	308,476	
	E - RECLASS MARKETING DEPT				
1.00	MARKETING	194.01	113,635	266,531	1.00
2.00		0.00	0	0	2.00
	TOTALS		113,635	266,531	
	F - RECLASS CNO COSTS				
1.00	NURSING ADMINISTRATION	13.00	140,499	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		140,499	0	
	G - RECLASS MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	161,806	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	632,797	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	794,603	
	H - RECLASS COST OF DRUGS/IV SOLUTIONS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	863,748	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	863,748	
	I - RECLASS LABOR AND DELIVERY COSTS				
1.00	NURSERY	43.00	189,460	50,831	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	141,786	38,006	2.00
3.00		0.00	0	0	3.00
	TOTALS		331,246	88,837	
	J - RECLASS MISC DEPARTMENTS				
1.00	OPERATING ROOM	50.00	325,374	804,544	1.00
2.00	CLINIC	90.00	881	2,394	2.00
3.00	PHYSICAL THERAPY	66.00	289,857	29,892	3.00
4.00	BUSINESS HEALTH	194.03	275,556	118,267	4.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	71,396	16,057	5.00
6.00	EMERGENCY	91.00	0	328,359	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
	TOTALS		963,064	1,299,513	
	K - RECLASS OTHER RADIOLOGY COSTS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	359,932	54,749	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		359,932	54,749	
	L - RECLASS A PORTION OF DIETARY TO CAFE				
1.00	CAFETERIA	11.00	339,937	210,964	1.00
2.00		0.00	0	0	2.00
	TOTALS		339,937	210,964	
	M - RECLASS ADMIN AND GENERAL COSTS				
1.00	NONPATIENT TELEPHONES	5.01	72,522	371,180	1.00
2.00	ADMITTING	5.02	290,586	40,533	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	317,280	555,827	3.00
4.00		0.00	0	0	4.00
	TOTALS		680,388	967,540	
500.00	Grand Total: Increases		2,928,701	7,486,426	500.00

RECLASSIFICATIONS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-6 | Date/Time Prepared: 3/2/2015 8:15 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - RECLASS EMPLOYEE BENEFITS					
1.00		0.00	0	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,272,988	0	2.00
	TOTALS		0	2,272,988		
	B - RECLASS OXYGEN					
1.00		0.00	0	0	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,091	0	2.00
3.00	OPERATION OF PLANT	7.00	0	52	0	3.00
	TOTALS		0	17,143		
	C - RECLASS RENTAL AND LEASE EXPENSE					
1.00		0.00	0	0	10	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,604	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	25,132	0	3.00
4.00	OPERATION OF PLANT	7.00	0	6,835	0	4.00
5.00	HOUSEKEEPING	9.00	0	222	0	5.00
6.00	DIETARY	10.00	0	5,311	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	273	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,652	0	8.00
9.00	PHARMACY	15.00	0	49,335	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,268	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	39,756	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,694	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	0	6,061	0	13.00
14.00	OPERATING ROOM	50.00	0	1,491	0	14.00
15.00	RECOVERY ROOM	51.00	0	1,102	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,947	0	16.00
17.00	LABORATORY	60.00	0	83,570	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	1,791	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	2,323	0	19.00
20.00	SLEEP LAB	76.01	0	256	0	20.00
21.00	WOUND CARE	76.03	0	1,158	0	21.00
22.00	EMERGENCY	91.00	0	2,553	0	22.00
	TOTALS		0	341,334		
	D - RECLASS OTHER CAPITAL COSTS					
1.00		0.00	0	0	12	1.00
2.00		0.00	0	0	13	2.00
3.00		0.00	0	0	12	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	308,476	0	4.00
	TOTALS		0	308,476		
	E - RECLASS MARKETING DEPT					
1.00		0.00	0	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	113,635	266,531	0	2.00
	TOTALS		113,635	266,531		
	F - RECLASS CNO COSTS					
1.00		0.00	0	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	140,499	0	0	2.00
	TOTALS		140,499	0		
	G - RECLASS MEDICAL SUPPLIES					
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	OPERATING ROOM	50.00	0	13,206	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	781,397	0	4.00
	TOTALS		0	794,603		
	H - RECLASS COST OF DRUGS/IV SOLUTIONS					
1.00		0.00	0	0	0	1.00
2.00	PHARMACY	15.00	0	863,748	0	2.00
	TOTALS		0	863,748		
	I - RECLASS LABOR AND DELIVERY COSTS					
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	331,246	88,837	0	3.00
	TOTALS		331,246	88,837		
	J - RECLASS MISC DEPARTMENTS					
1.00		0.00	0	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00	RECOVERY ROOM	51.00	325,374	66,638	0	6.00

RECLASSIFICATIONS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-6 | Date/Time Prepared: 3/2/2015 8:15 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	ANESTHESIOLOGY	53.00	0	737,907	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	881	2,394	0		8.00
9.00	OCCUPATIONAL THERAPY	67.00	182,328	20,013	0		9.00
10.00	SPEECH PATHOLOGY	68.00	107,529	9,879	0		10.00
11.00	LABORATORY	60.00	275,556	118,266	0		11.00
12.00	NURSING ADMINISTRATION	13.00	71,396	16,057	0		12.00
13.00	AMBULANCE SERVICES	95.00	0	328,359	0		13.00
	TOTALS		963,064	1,299,513			
	K - RECLASS OTHER RADIOLOGY COSTS						
1.00		0.00	0	0	0		1.00
2.00	ULTRA SOUND	54.01	99,719	10,585	0		2.00
3.00	CT SCAN	57.00	153,419	30,344	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	106,794	13,820	0		4.00
	TOTALS		359,932	54,749			
	L - RECLASS A PORTION OF DIETARY TO CAFE						
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	339,937	210,964	0		2.00
	TOTALS		339,937	210,964			
	M - RECLASS ADMIN AND GENERAL COSTS						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	680,388	967,540	0		4.00
	TOTALS		680,388	967,540			
500.00	Grand Total: Decreases		2,928,701	7,486,426			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-7 Part I Date/Time Prepared: 3/2/2015 8:15 am

		Beginning Balances	Acquisitions Purchases	Acquisitions Donation	Acquisitions Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,844,900	0	0	0	0	1.00
2.00	Land Improvements	750,367	0	0	0	2,365	2.00
3.00	Buildings and Fixtures	33,493,856	712,057	0	712,057	186,000	3.00
4.00	Building Improvements	9,693,690	619,348	0	619,348	116,347	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	4,287,266	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	52,070,079	1,331,405	0	1,331,405	304,712	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	52,070,079	1,331,405	0	1,331,405	304,712	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	3,844,900	0	1.00
2.00	Land Improvements	748,002	0	2.00
3.00	Buildings and Fixtures	34,019,913	0	3.00
4.00	Building Improvements	10,196,691	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	0	0	6.00
7.00	HIT designated Assets	4,287,266	0	7.00
8.00	Subtotal (sum of lines 1-7)	53,096,772	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	53,096,772	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-7 Part II Date/Time Prepared: 3/2/2015 8:15 am

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

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,704,100	1,704,100	1.00
1.01	WELLS CRC COSTS-BLDG & FIXT	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,663,373	2,663,373	2.00
3.00	Total (sum of lines 1-2)	4,367,473	4,367,473	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 3/2/2015 8:15 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	WELLS CRC COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	-542,171	0	1.00
1.01	WELLS CRC COSTS-BLDG & FIXT	0	0	0	136,318	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	-1,379,037	341,334	2.00
3.00	Total (sum of lines 1-2)	0	0	0	-1,784,890	341,334	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	277,971	59,300	239,434	1,724,375	1,758,909	1.00
1.01	WELLS CRC COSTS-BLDG & FIXT	0	0	0	0	136,318	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	9,742	0	2,782,204	1,754,243	2.00
3.00	Total (sum of lines 1-2)	277,971	69,042	239,434	4,506,579	3,649,470	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-8 | Date/Time Prepared: 3/2/2015 8:15 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - WELLS CRC COSTS-BLDG & FIXT (chapter 2)		0	WELLS CRC COSTS-BLDG & FIXT	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-18,000	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-1,516	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,083,737			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-146	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-100,834			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-33,059	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,152	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-542,171	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
26.01	Depreciation - WELLS CRC COSTS-BLDG & FIXT	A	136,318	WELLS CRC COSTS-BLDG & FIXT	1.01	9	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-1,379,037	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-8 Date/Time Prepared: 3/2/2015 8:15 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INSERVICE EDUCATION	B	-9,855	NURSING ADMINISTRATION	13.00	0	33.00
33.01	FITNESS REVENUE	B	-316,677	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02	OTHER MISC REVENUE	B	-16,403	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03	HOSPITAL BAD DEBT	A	-4,013,334	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04	PATIENT PHONES BENEFITS	A	-1,111	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	MARKETING	A	-161,041	NONPATIENT TELEPHONES	5.01	0	33.05
33.06	LOBBYING EXPENSE	A	-2,545	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.06
33.07	PHYSICIAN RECRUITING	A	-2,546	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.07
33.08	CHARITABLE CONTRIBUTIONS	A	-40,640	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.08
33.09	CRNA	A	-173,122	OPERATING ROOM	50.00	0	33.09
33.10	PENALITIES	A	216	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11	MEDICAL STAFF RELATIONS	A	-28,572	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.11
33.12	COUNTRY CLUB DUES	A	-20,973	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.12
33.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.13
33.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.14
33.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.15
33.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.16
33.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.17
33.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.18
33.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19
33.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.20
33.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21
33.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.22
33.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,809,937				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: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 3/2/2015 8:15 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	DIRECT ALLOC - CAPITAL-RELAT	277,971	0	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	PASI CAPITAL COSTS - BLDG &	5,779	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	PASI CAPITAL COSTS - MOVABLE	2,891	0	3.00
4.00	5.04	OTHER ADMINISTRATIVE AND GEN	PASI OPERATING COSTS	104,336	0	4.00
4.01	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL - BLDG & FIXTURE	14,496	0	4.01
4.02	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL - MOVABLE EQUIPM	116,125	0	4.02
4.03	5.04	OTHER ADMINISTRATIVE AND GEN	NON-CAPITAL HOME OFFICE COST	882,520	0	4.03
4.04	5.04	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE COSTS	229,789	345,837	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	CIG LEASED EQUIPMENT	9,048	9,233	4.05
4.06	5.04	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	841,513	4.06
4.07	5.04	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	1,172	4.07
4.08	5.04	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	22,790	4.08
4.09	5.04	OTHER ADMINISTRATIVE AND GEN	MIS FEES	0	213,618	4.09
4.10	5.04	OTHER ADMINISTRATIVE AND GEN	MANAGED CARE	0	16,223	4.10
4.11	5.04	OTHER ADMINISTRATIVE AND GEN	CASE MANAGEMENT	0	70,168	4.11
4.12	5.04	OTHER ADMINISTRATIVE AND GEN	PURCHASE AND ANCILLIARY	0	4,296	4.12
4.13	91.00	EMERGENCY	EMERGENCY ROOM	0	41,115	4.13
4.14	5.04	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	22,434	4.14
4.15	5.04	OTHER ADMINISTRATIVE AND GEN	COMPLIANCE	0	19,303	4.15
4.16	5.04	OTHER ADMINISTRATIVE AND GEN	SENIOR CIRCLE	0	11,046	4.16
4.17	5.04	OTHER ADMINISTRATIVE AND GEN	PASI COLLECTION FEES	0	117,591	4.17
4.18	5.04	OTHER ADMINISTRATIVE AND GEN	PASI LIEN UNIT	0	7,450	4.18
4.19	0.00			0	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
4.22	0.00			0	0	4.22
4.23	0.00			0	0	4.23
4.24	0.00			0	0	4.24
4.25	0.00			0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,642,955	1,743,789	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	Related Organization(s) and/or Home Office 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.

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
6.00	B		0.00	CHS, INC.	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 3/2/2015 8:15 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:		
1.00	277,971	11	1.00
2.00	5,779	14	2.00
3.00	2,891	14	3.00
4.00	104,336	0	4.00
4.01	14,496	14	4.01
4.02	116,125	14	4.02
4.03	882,520	0	4.03
4.04	-116,048	0	4.04
4.05	-185	14	4.05
4.06	-841,513	0	4.06
4.07	-1,172	0	4.07
4.08	-22,790	0	4.08
4.09	-213,618	0	4.09
4.10	-16,223	0	4.10
4.11	-70,168	0	4.11
4.12	-4,296	0	4.12
4.13	-41,115	0	4.13
4.14	-22,434	0	4.14
4.15	-19,303	0	4.15
4.16	-11,046	0	4.16
4.17	-117,591	0	4.17
4.18	-7,450	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
5.00	-100,834		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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 3/2/2015 8:15 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	35,343	35,343	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	45,640	45,640	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	701,878	701,878	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	-450	-450	0	0	0	4.00
5.00	60.00	LABORATORY	320	320	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	400	400	0	0	0	6.00
7.00	91.00	EMERGENCY	300,606	300,606	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,083,737	1,083,737	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	35,343		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	45,640		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	701,878		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	-450		4.00
5.00	60.00	LABORATORY	0	0	0	320		5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	400		6.00
7.00	91.00	EMERGENCY	0	0	0	300,606		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,083,737		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part I Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	WELLS CRC COSTS-BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,758,909	1,758,909				1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT	136,318	0	136,318			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,754,243			1,754,243		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,533,368	0	1,745	12,799	2,547,912	4.00
5.01	00541	NONPATIENT TELEPHONES	264,661	8,813	0	8,216	14,376	5.01
5.02	00540	ADMITTING	331,119	11,682	0	0	57,601	5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	873,107	17,205	0	0	62,893	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	6,449,214	145,044	872	17,290	273,526	5.04
7.00	00700	OPERATION OF PLANT	2,045,734	101,749	0	94,857	88,976	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	144,495	1,716	3,113	24,431	0	8.00
9.00	00900	HOUSEKEEPING	458,012	7,249	0	6,758	59,516	9.00
10.00	01000	DIETARY	158,911	71,208	0	66,385	20,087	10.00
11.00	01100	CAFETERIA	517,842	0	4,008	29,397	67,384	11.00
13.00	01300	NURSING ADMINISTRATION	1,080,874	3,575	0	3,333	187,640	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	507,333	88,289	0	82,309	12,691	14.00
15.00	01500	PHARMACY	687,774	0	0	0	95,531	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	568,760	20,986	0	19,565	79,958	16.00
17.00	01700	SOCIAL SERVICE	0	3,423	0	3,191	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,856,690	149,093	0	138,995	290,915	30.00
31.00	03100	INTENSIVE CARE UNIT	674,721	26,269	0	24,489	117,500	31.00
43.00	04300	NURSERY	240,551	4,371	0	4,075	37,603	43.00
44.00	04400	SKILLED NURSING FACILITY	699,370	53,333	0	49,720	117,984	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,656,663	140,316	0	130,812	164,546	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	179,792	5,148	0	4,800	28,105	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,007,070	97,682	0	91,066	169,049	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	132,411	6,364	0	5,933	12,691	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	1,587,348	40,453	0	37,713	129,433	60.00
65.00	06500	RESPIRATORY THERAPY	432,356	47,451	0	44,237	72,134	65.00
66.00	06600	PHYSICAL THERAPY	814,696	44,037	0	41,054	140,407	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	134,170	0	1,472	10,799	8,331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	178,949	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	632,797	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	863,748	13,094	1,664	24,414	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	78,828	3,101	0	2,891	12,372	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	111,300	0	0	0	17,110	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	69,506	9,599	0	8,949	10,606	90.00
91.00	09100	EMERGENCY	742,025	42,527	0	39,646	119,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,363,665	1,163,777	12,874	1,028,124	2,468,251	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,725	8,250	0	7,691	1,898	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-26,700	535,686	18,549	635,453	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	31,649	0	29,505	0	194.00
194.01	07955	MARKETING	380,166	19,547	0	18,223	22,525	194.01
194.02	07952	SENIOR CIRCLE	4,620	0	0	0	616	194.02
194.03	07953	BUSINESS HEALTH	393,823	0	4,805	35,247	54,622	194.03
194.04	07954	VACANT SPACE	0	0	100,090	0	0	194.04
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)	33,158,299	1,758,909	136,318	1,754,243	2,547,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part I Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	NONPATIENT TELEPHONES	Subtotal	ADMITTING	Subtotal	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5A.01	5.02	5A.02	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES	296,066					5.01
5.02	00540	ADMITTING	4,818	405,220	405,220			5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	3,504	956,709	11,836	968,545	968,545	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	22,774	6,908,720	85,474	6,994,194	210,434	5.04
7.00	00700	OPERATION OF PLANT	5,256	2,336,572	28,908	2,365,480	71,175	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	438	174,193	2,155	176,348	5,306	8.00
9.00	00900	HOUSEKEEPING	876	532,411	6,587	538,998	16,218	9.00
10.00	01000	DIETARY	3,942	320,533	3,966	324,499	9,764	10.00
11.00	01100	CAFETERIA	0	618,631	7,654	626,285	18,844	11.00
13.00	01300	NURSING ADMINISTRATION	1,314	1,276,736	15,796	1,292,532	38,891	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,190	692,812	8,571	701,383	21,104	14.00
15.00	01500	PHARMACY	4,818	788,123	9,751	797,874	24,007	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,949	700,218	8,663	708,881	21,330	16.00
17.00	01700	SOCIAL SERVICE	876	7,490	93	7,583	228	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,759	2,444,452	30,243	2,474,695	74,461	30.00
31.00	03100	INTENSIVE CARE UNIT	2,190	845,169	10,456	855,625	25,745	31.00
43.00	04300	NURSERY	438	287,038	3,551	290,589	8,744	43.00
44.00	04400	SKILLED NURSING FACILITY	4,380	924,787	11,441	936,228	28,170	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,891	2,107,228	26,071	2,133,299	64,189	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	876	218,721	2,706	221,427	6,663	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,197	1,374,064	17,000	1,391,064	41,856	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	876	158,275	1,958	160,233	4,821	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	8,321	1,803,268	22,310	1,825,578	54,930	60.00
65.00	06500	RESPIRATORY THERAPY	1,314	597,492	7,392	604,884	18,200	65.00
66.00	06600	PHYSICAL THERAPY	2,190	1,042,384	12,896	1,055,280	31,752	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	2,628	157,400	1,947	159,347	4,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,949	2,214	181,163	5,451	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	632,797	7,829	640,626	19,276	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	902,920	11,171	914,091	27,504	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	97,192	1,202	98,394	2,961	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	128,410	1,589	129,999	3,912	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	2,190	100,850	1,248	102,098	3,072	90.00
91.00	09100	EMERGENCY	7,445	950,929	11,765	962,694	28,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,450	30,670,693	374,443	30,639,916	892,769	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,752	62,316	771	63,087	1,898	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	166,864	1,329,852	16,453	1,346,305	40,509	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	61,154	757	61,911	1,863	194.00
194.01	07955	MARKETING	0	440,461	5,449	445,910	13,417	194.01
194.02	07952	SENIOR CIRCLE	0	5,236	65	5,301	160	194.02
194.03	07953	BUSINESS HEALTH	0	488,497	6,044	494,541	14,880	194.03
194.04	07954	VACANT SPACE	0	100,090	1,238	101,328	3,049	194.04
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	296,066	33,158,299	405,220	33,158,299	968,545	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part I Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.04	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING						5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	7,204,628					5.04
7.00	00700	OPERATION OF PLANT	0	2,436,655				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	36,722	218,376			8.00
9.00	00900	HOUSEKEEPING	0	10,157	2	565,375		9.00
10.00	01000	DIETARY	0	99,784	0	23,607	457,654	10.00
11.00	01100	CAFETERIA	0	44,187	0	10,454	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,010	0	1,185	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	123,718	4,591	29,269	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,408	0	6,957	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,797	0	1,135	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	523,284	208,923	93,184	49,427	264,239	30.00
31.00	03100	INTENSIVE CARE UNIT	142,516	36,810	12,479	8,709	27,233	31.00
43.00	04300	NURSERY	33,856	6,125	0	1,449	0	43.00
44.00	04400	SKILLED NURSING FACILITY	139,417	74,734	27,156	17,681	166,182	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,203,678	196,624	37,122	46,518	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,304	7,214	0	1,707	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	913,884	136,882	11,985	32,384	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	46,174	8,918	0	2,110	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	1,447,007	56,686	0	13,411	0	60.00
65.00	06500	RESPIRATORY THERAPY	235,886	66,493	4	15,731	0	65.00
66.00	06600	PHYSICAL THERAPY	278,569	61,709	1,225	14,599	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	109,256	16,232	0	3,840	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	337,497	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	202,985	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	834,930	36,697	0	8,682	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	21,615	4,346	0	1,028	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	28,949	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	19,221	13,451	30,628	3,182	0	90.00
91.00	09100	EMERGENCY	660,600	59,592	0	14,098	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,204,628	1,345,219	218,376	307,163	457,654	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,560	0	2,735	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	955,156	0	225,971	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	44,350	0	10,492	0	194.00
194.01	07955	MARKETING	0	27,391	0	6,480	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	BUSINESS HEALTH	0	52,979	0	12,534	0	194.03
194.04	07954	VACANT SPACE	0	0	0	0	0	194.04
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)	7,204,628	2,436,655	218,376	565,375	457,654	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part I Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING						5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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	699,770					11.00
13.00	01300	NURSING ADMINISTRATION	49,456	1,387,074				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,146	0	887,211			14.00
15.00	01500	PHARMACY	25,418	0	27,795	875,094		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,807	0	2,573	0	809,956	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	126,561	532,372	80,800	0	58,826	30.00
31.00	03100	INTENSIVE CARE UNIT	39,264	215,029	15,058	0	16,021	31.00
43.00	04300	NURSERY	12,506	68,816	0	0	3,806	43.00
44.00	04400	SKILLED NURSING FACILITY	52,542	0	14,565	0	15,673	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	56,237	301,125	112,959	0	135,314	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,339	51,434	0	0	2,845	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,617	0	23,463	0	102,736	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	3,695	0	912	0	5,191	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	60,947	0	92,102	0	162,701	60.00
65.00	06500	RESPIRATORY THERAPY	27,083	0	8,066	0	26,518	65.00
66.00	06600	PHYSICAL THERAPY	46,776	0	15,619	0	31,316	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	3,370	0	0	0	12,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	76,501	0	37,940	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	319,790	0	22,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	875,094	93,860	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	41	0	2,728	0	2,430	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	7,837	0	11,482	0	3,254	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,949	0	5,595	0	2,161	90.00
91.00	09100	EMERGENCY	43,000	218,298	38,755	0	74,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	671,591	1,387,074	848,763	875,094	809,956	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,056	0	16,501	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07955	MARKETING	6,700	0	2,197	0	0	194.01
194.02	07952	SENIOR CIRCLE	365	0	0	0	0	194.02
194.03	07953	BUSINESS HEALTH	20,058	0	19,750	0	0	194.03
194.04	07954	VACANT SPACE	0	0	0	0	0	194.04
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)	699,770	1,387,074	887,211	875,094	809,956	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part I Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			17.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING						5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	13,743					17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,035	4,498,807	0	4,498,807		30.00
31.00	03100	INTENSIVE CARE UNIT	1,708	1,396,197	0	1,396,197		31.00
43.00	04300	NURSERY	0	425,891	0	425,891		43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,472,348	0	1,472,348		44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,287,065	0	4,287,065		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	325,933	0	325,933		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,711,871	0	2,711,871		54.00
54.01	03630	ULTRA SOUND	0	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	232,054	0	232,054		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
60.00	06000	LABORATORY	0	3,713,362	0	3,713,362		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,002,865	0	1,002,865		65.00
66.00	06600	PHYSICAL THERAPY	0	1,536,845	0	1,536,845		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	309,122	0	309,122		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	638,552	0	638,552		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,205,496	0	1,205,496		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,790,858	0	2,790,858		73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.00
76.01	03951	SLEEP LAB	0	133,543	0	133,543		76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.02
76.03	03953	WOUND CARE	0	185,433	0	185,433		76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
90.00	09000	CLINIC	0	181,357	0	181,357		90.00
91.00	09100	EMERGENCY	0	2,100,266	0	2,100,266		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,743	29,147,865	0	29,147,865		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	96,837	0	96,837		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,567,941	0	2,567,941		192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	118,616	0	118,616		194.00
194.01	07955	MARKETING	0	502,095	0	502,095		194.01
194.02	07952	SENIOR CIRCLE	0	5,826	0	5,826		194.02
194.03	07953	BUSINESS HEALTH	0	614,742	0	614,742		194.03
194.04	07954	VACANT SPACE	0	104,377	0	104,377		194.04
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	13,743	33,158,299	0	33,158,299		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part II Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	WELLS CRC COSTS-BLDG & FIXT	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,745	12,799	14,544	4.00
5.01	00541	NONPATIENT TELEPHONES	0	8,813	0	8,216	17,029	5.01
5.02	00540	ADMITTING	0	11,682	0	0	11,682	5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	17,205	0	0	17,205	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	145,044	872	17,290	163,206	5.04
7.00	00700	OPERATION OF PLANT	0	101,749	0	94,857	196,606	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,716	3,113	24,431	29,260	8.00
9.00	00900	HOUSEKEEPING	0	7,249	0	6,758	14,007	9.00
10.00	01000	DIETARY	0	71,208	0	66,385	137,593	10.00
11.00	01100	CAFETERIA	0	0	4,008	29,397	33,405	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,575	0	3,333	6,908	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	88,289	0	82,309	170,598	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,986	0	19,565	40,551	16.00
17.00	01700	SOCIAL SERVICE	0	3,423	0	3,191	6,614	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	149,093	0	138,995	288,088	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,269	0	24,489	50,758	31.00
43.00	04300	NURSERY	0	4,371	0	4,075	8,446	43.00
44.00	04400	SKILLED NURSING FACILITY	0	53,333	0	49,720	103,053	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	140,316	0	130,812	271,128	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,148	0	4,800	9,948	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	97,682	0	91,066	188,748	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	6,364	0	5,933	12,297	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	40,453	0	37,713	78,166	60.00
65.00	06500	RESPIRATORY THERAPY	0	47,451	0	44,237	91,688	65.00
66.00	06600	PHYSICAL THERAPY	0	44,037	0	41,054	85,091	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,472	10,799	12,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,094	1,664	24,414	39,172	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	3,101	0	2,891	5,992	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	9,599	0	8,949	18,548	90.00
91.00	09100	EMERGENCY	0	42,527	0	39,646	82,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,163,777	12,874	1,028,124	2,204,775	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,250	0	7,691	15,941	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	535,686	18,549	635,453	1,189,688	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	31,649	0	29,505	61,154	194.00
194.01	07955	MARKETING	0	19,547	0	18,223	37,770	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	BUSINESS HEALTH	0	0	4,805	35,247	40,052	194.03
194.04	07954	VACANT SPACE	0	0	100,090	0	100,090	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,758,909	136,318	1,754,243	3,649,470	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part II Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,544					4.00
5.01	00541	NONPATIENT TELEPHONES	82	17,111				5.01
5.02	00540	ADMITTING	329	278	12,289			5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	359	202	359	18,125		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	1,562	1,316	2,596	3,939	172,619	5.04
7.00	00700	OPERATION OF PLANT	508	304	876	1,332	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25	65	99	0	8.00
9.00	00900	HOUSEKEEPING	340	51	200	303	0	9.00
10.00	01000	DIETARY	115	228	120	183	0	10.00
11.00	01100	CAFETERIA	385	0	232	353	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,072	76	479	728	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	72	127	260	395	0	14.00
15.00	01500	PHARMACY	546	278	296	449	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	457	633	263	399	0	16.00
17.00	01700	SOCIAL SERVICE	0	51	3	4	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,651	506	917	1,393	12,542	30.00
31.00	03100	INTENSIVE CARE UNIT	671	127	317	482	3,416	31.00
43.00	04300	NURSERY	215	25	108	164	811	43.00
44.00	04400	SKILLED NURSING FACILITY	674	253	347	527	3,342	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	940	861	790	1,201	28,850	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161	51	82	125	606	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	965	532	515	783	21,904	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	72	51	59	90	1,107	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	739	481	676	1,028	34,620	60.00
65.00	06500	RESPIRATORY THERAPY	412	76	224	341	5,654	65.00
66.00	06600	PHYSICAL THERAPY	802	127	391	594	6,677	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	48	152	59	90	2,619	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	67	102	8,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	237	361	4,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	339	515	20,011	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	71	0	36	55	518	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	98	0	48	73	694	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	61	127	38	57	461	90.00
91.00	09100	EMERGENCY	681	430	357	542	15,833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,088	7,368	11,356	16,707	172,619	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11	101	23	36	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,642	499	758	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	23	35	0	194.00
194.01	07955	MARKETING	129	0	165	251	0	194.01
194.02	07952	SENIOR CIRCLE	4	0	2	3	0	194.02
194.03	07953	BUSINESS HEALTH	312	0	183	278	0	194.03
194.04	07954	VACANT SPACE	0	0	38	57	0	194.04
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)	14,544	17,111	12,289	18,125	172,619	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part II Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING						5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	199,626					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,009	32,458				8.00
9.00	00900	HOUSEKEEPING	832	0	15,733			9.00
10.00	01000	DIETARY	8,175	0	657	147,071		10.00
11.00	01100	CAFETERIA	3,620	0	291	0	38,286	11.00
13.00	01300	NURSING ADMINISTRATION	410	0	33	0	2,706	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,136	682	814	0	391	14.00
15.00	01500	PHARMACY	0	0	0	0	1,391	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,409	0	194	0	2,233	16.00
17.00	01700	SOCIAL SERVICE	393	0	32	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,116	13,851	1,375	84,916	6,923	30.00
31.00	03100	INTENSIVE CARE UNIT	3,016	1,855	242	8,751	2,148	31.00
43.00	04300	NURSERY	502	0	40	0	684	43.00
44.00	04400	SKILLED NURSING FACILITY	6,123	4,036	492	53,404	2,875	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,109	5,518	1,294	0	3,077	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	591	0	47	0	511	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,214	1,781	901	0	3,152	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	731	0	59	0	202	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	4,644	0	373	0	3,335	60.00
65.00	06500	RESPIRATORY THERAPY	5,448	1	438	0	1,482	65.00
66.00	06600	PHYSICAL THERAPY	5,056	182	406	0	2,559	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	1,330	0	107	0	184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,006	0	242	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	356	0	29	0	2	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	429	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,102	4,552	89	0	107	90.00
91.00	09100	EMERGENCY	4,882	0	392	0	2,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,210	32,458	8,547	147,071	36,744	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	947	0	76	0	58	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	78,252	0	6,289	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	3,633	0	292	0	0	194.00
194.01	07955	MARKETING	2,244	0	180	0	367	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	20	194.02
194.03	07953	BUSINESS HEALTH	4,340	0	349	0	1,097	194.03
194.04	07954	VACANT SPACE	0	0	0	0	0	194.04
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)	199,626	32,458	15,733	147,071	38,286	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part II Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING						5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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	12,412					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	183,475				14.00
15.00	01500	PHARMACY	0	5,748	8,708			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	532	0	47,671		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	7,097	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,764	16,709	0	3,459	6,215	30.00
31.00	03100	INTENSIVE CARE UNIT	1,924	3,114	0	942	882	31.00
43.00	04300	NURSERY	616	0	0	224	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,012	0	922	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,695	23,360	0	7,957	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	460	0	0	167	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,852	0	6,041	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	189	0	305	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	19,047	0	9,612	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,668	0	1,559	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,230	0	1,841	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	722	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,820	0	2,231	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,133	0	1,342	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,708	5,519	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	564	0	143	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	2,375	0	191	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	1,157	0	127	0	90.00
91.00	09100	EMERGENCY	1,953	8,015	0	4,367	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,412	175,525	8,708	47,671	7,097	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,412	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07955	MARKETING	0	454	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	BUSINESS HEALTH	0	4,084	0	0	0	194.03
194.04	07954	VACANT SPACE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,412	183,475	8,708	47,671	7,097	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B Part II | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00541	NONPATIENT TELEPHONES				5.01
5.02	00540	ADMITTING				5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	460,425	0	460,425	30.00
31.00	03100	INTENSIVE CARE UNIT	78,645	0	78,645	31.00
43.00	04300	NURSERY	11,835	0	11,835	43.00
44.00	04400	SKILLED NURSING FACILITY	179,060	0	179,060	44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	363,780	0	363,780	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,749	0	12,749	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	241,388	0	241,388	54.00
54.01	03630	ULTRA SOUND	0	0	0	54.01
56.00	05600	RADIOISOTOPE	15,162	0	15,162	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000	LABORATORY	152,721	0	152,721	60.00
65.00	06500	RESPIRATORY THERAPY	108,991	0	108,991	65.00
66.00	06600	PHYSICAL THERAPY	106,956	0	106,956	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	17,582	0	17,582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,309	0	26,309	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,938	0	72,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,512	0	77,512	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.01	03951	SLEEP LAB	7,766	0	7,766	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.02
76.03	03953	WOUND CARE	3,908	0	3,908	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000	CLINIC	26,426	0	26,426	90.00
91.00	09100	EMERGENCY	121,978	0	121,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,086,131	0	2,086,131	118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,605	0	20,605	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,285,128	0	1,285,128	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	65,137	0	65,137	194.00
194.01	07955	MARKETING	41,560	0	41,560	194.01
194.02	07952	SENIOR CIRCLE	29	0	29	194.02
194.03	07953	BUSINESS HEALTH	50,695	0	50,695	194.03
194.04	07954	VACANT SPACE	100,185	0	100,185	194.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,649,470	0	3,649,470	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	WELLS CRC COSTS-BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	
			1.00	1.01	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	196,792					1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT	0	119,997				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			210,530			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,536	1,536	12,853,671		4.00
5.01	00541	NONPATIENT TELEPHONES	986	0	986	72,522	676	5.01
5.02	00540	ADMITTING	1,307	0	0	290,586	11	5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,925	0	0	317,280	8	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	16,228	768	2,075	1,379,883	52	5.04
7.00	00700	OPERATION OF PLANT	11,384	0	11,384	448,865	12	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	192	2,740	2,932	0	1	8.00
9.00	00900	HOUSEKEEPING	811	0	811	300,246	2	9.00
10.00	01000	DIETARY	7,967	0	7,967	101,334	9	10.00
11.00	01100	CAFETERIA	0	3,528	3,528	339,937	0	11.00
13.00	01300	NURSING ADMINISTRATION	400	0	400	946,604	3	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,878	0	9,878	64,025	5	14.00
15.00	01500	PHARMACY	0	0	0	481,936	11	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,348	0	2,348	403,372	25	16.00
17.00	01700	SOCIAL SERVICE	383	0	383	0	2	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,681	0	16,681	1,467,570	20	30.00
31.00	03100	INTENSIVE CARE UNIT	2,939	0	2,939	592,764	5	31.00
43.00	04300	NURSERY	489	0	489	189,702	1	43.00
44.00	04400	SKILLED NURSING FACILITY	5,967	0	5,967	595,204	10	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,699	0	15,699	830,100	34	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	576	0	576	141,786	2	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,929	0	10,929	852,819	21	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	712	0	712	64,026	2	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	4,526	0	4,526	652,964	19	60.00
65.00	06500	RESPIRATORY THERAPY	5,309	0	5,309	363,902	3	65.00
66.00	06600	PHYSICAL THERAPY	4,927	0	4,927	708,327	5	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,296	1,296	42,029	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,465	1,465	2,930	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	347	0	347	62,413	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	86,318	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,074	0	1,074	53,505	5	90.00
91.00	09100	EMERGENCY	4,758	0	4,758	601,774	17	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	130,207	11,333	123,387	12,451,793	291	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	923	0	923	9,577	4	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	59,934	16,328	76,262	0	381	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	3,541	0	3,541	0	0	194.00
194.01	07955	MARKETING	2,187	0	2,187	113,635	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	3,110	0	194.02
194.03	07953	BUSINESS HEALTH	0	4,230	4,230	275,556	0	194.03
194.04	07954	VACANT SPACE	0	88,106	0	0	0	194.04
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)	1,758,909	136,318	1,754,243	2,547,912	296,066	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	WELLS CRC COSTS-BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	
		1.00	1.01	2.00	4.00	5.01	
203.00	Unit cost multiplier (Wkst. B, Part I)	8.937909	1.136012	8.332508	0.198224	437.967456	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				14,544	17,111	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.001132	25.312130	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	Reconciliation	ADMITTING (ACCUM. COST)	Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL (GROSS CHARGES)	
			5A.02	5.02	5A.03	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING	-405,220	32,753,079				5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	956,709	-968,545	32,189,754		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	6,908,720	0	6,994,194	139,256,812	5.04
7.00	00700	OPERATION OF PLANT	0	2,336,572	0	2,365,480	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	174,193	0	176,348	0	8.00
9.00	00900	HOUSEKEEPING	0	532,411	0	538,998	0	9.00
10.00	01000	DIETARY	0	320,533	0	324,499	0	10.00
11.00	01100	CAFETERIA	0	618,631	0	626,285	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,276,736	0	1,292,532	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	692,812	0	701,383	0	14.00
15.00	01500	PHARMACY	0	788,123	0	797,874	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	700,218	0	708,881	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,490	0	7,583	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,444,452	0	2,474,695	10,114,512	30.00
31.00	03100	INTENSIVE CARE UNIT	0	845,169	0	855,625	2,754,670	31.00
43.00	04300	NURSERY	0	287,038	0	290,589	654,395	43.00
44.00	04400	SKILLED NURSING FACILITY	0	924,787	0	936,228	2,694,775	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,107,228	0	2,133,299	23,265,775	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	218,721	0	221,427	489,104	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,374,064	0	1,391,064	17,664,374	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	158,275	0	160,233	892,496	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	1,803,268	0	1,825,578	27,968,326	60.00
65.00	06500	RESPIRATORY THERAPY	0	597,492	0	604,884	4,559,410	65.00
66.00	06600	PHYSICAL THERAPY	0	1,042,384	0	1,055,280	5,384,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	157,400	0	159,347	2,111,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,949	0	181,163	6,523,439	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	632,797	0	640,626	3,923,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	902,920	0	914,091	16,138,273	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	97,192	0	98,394	417,800	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	128,410	0	129,999	559,547	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	100,850	0	102,098	371,518	90.00
91.00	09100	EMERGENCY	0	950,929	0	962,694	12,768,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	-405,220	30,265,473	-968,545	29,671,371	139,256,812	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,316	0	63,087	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,329,852	0	1,346,305	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	61,154	0	61,911	0	194.00
194.01	07955	MARKETING	0	440,461	0	445,910	0	194.01
194.02	07952	SENIOR CIRCLE	0	5,236	0	5,301	0	194.02
194.03	07953	BUSINESS HEALTH	0	488,497	0	494,541	0	194.03
194.04	07954	VACANT SPACE	0	100,090	0	101,328	0	194.04
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)		405,220		968,545	7,204,628	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.012372		0.030089	0.051736	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

	Cost Center Description	Reconciliation	ADMITTING (ACCUM. COST)	Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL (GROSS CHARGES)	
		5A.02	5.02	5A.03	5.03	5.04	
204.00	Cost to be allocated (per Wkst. B, Part II)		12,289		18,125	172,619	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000375		0.000563	0.001240	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING						5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT	194,549					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,932	284,822				8.00
9.00	00900	HOUSEKEEPING	811	3	190,806			9.00
10.00	01000	DIETARY	7,967	0	7,967	36,619		10.00
11.00	01100	CAFETERIA	3,528	0	3,528	0	17,234	11.00
13.00	01300	NURSING ADMINISTRATION	400	0	400	0	1,218	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,878	5,988	9,878	0	176	14.00
15.00	01500	PHARMACY	0	0	0	0	626	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,348	0	2,348	0	1,005	16.00
17.00	01700	SOCIAL SERVICE	383	0	383	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,681	121,537	16,681	21,143	3,117	30.00
31.00	03100	INTENSIVE CARE UNIT	2,939	16,276	2,939	2,179	967	31.00
43.00	04300	NURSERY	489	0	489	0	308	43.00
44.00	04400	SKILLED NURSING FACILITY	5,967	35,419	5,967	13,297	1,294	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,699	48,417	15,699	0	1,385	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	576	0	576	0	230	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,929	15,632	10,929	0	1,419	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	712	0	712	0	91	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	4,526	0	4,526	0	1,501	60.00
65.00	06500	RESPIRATORY THERAPY	5,309	5	5,309	0	667	65.00
66.00	06600	PHYSICAL THERAPY	4,927	1,598	4,927	0	1,152	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	1,296	0	1,296	0	83	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,930	0	2,930	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	347	0	347	0	1	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	193	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,074	39,947	1,074	0	48	90.00
91.00	09100	EMERGENCY	4,758	0	4,758	0	1,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	107,406	284,822	103,663	36,619	16,540	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	923	0	923	0	26	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	76,262	0	76,262	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	3,541	0	3,541	0	0	194.00
194.01	07955	MARKETING	2,187	0	2,187	0	165	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	9	194.02
194.03	07953	BUSINESS HEALTH	4,230	0	4,230	0	494	194.03
194.04	07954	VACANT SPACE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,436,655	218,376	565,375	457,654	699,770	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.524634	0.766710	2.963088	12.497720	40.604039	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	199,626	32,458	15,733	147,071	38,286	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	1.026096	0.113959	0.082455	4.016248	2.221539	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	NURSING ADMINISTRATION (FTEs IN NURSING AREAs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (% COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	WELLS CRC COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00540	ADMITTING						5.02
5.03	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
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	3,823,696					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,755,610				14.00
15.00	01500	PHARMACY	0	55,000	863,748			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,091	0	139,256,812		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	6,044	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,467,570	159,887	0	10,114,512	5,293	30.00
31.00	03100	INTENSIVE CARE UNIT	592,764	29,797	0	2,754,670	751	31.00
43.00	04300	NURSERY	189,702	0	0	654,395	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	28,822	0	2,694,775	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	830,100	223,522	0	23,265,775	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	141,786	0	0	489,104	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,428	0	17,664,374	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	1,805	0	892,496	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	182,251	0	27,968,326	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	15,961	0	4,559,410	0	65.00
66.00	06600	PHYSICAL THERAPY	0	30,907	0	5,384,441	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,111,807	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	151,379	0	6,523,439	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	632,797	0	3,923,476	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	863,748	16,138,273	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	5,398	0	417,800	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	22,721	0	559,547	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	11,072	0	371,518	0	90.00
91.00	09100	EMERGENCY	601,774	76,689	0	12,768,674	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,823,696	1,679,527	863,748	139,256,812	6,044	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,653	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07955	MARKETING	0	4,348	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	BUSINESS HEALTH	0	39,082	0	0	0	194.03
194.04	07954	VACANT SPACE	0	0	0	0	0	194.04
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)	1,387,074	887,211	875,094	809,956	13,743	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.362757	0.505358	1.013136	0.005816	2.273825	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet B-1 | Date/Time Prepared: 3/2/2015 8:15 am

		Cost Center Description	NURSING ADMINISTRATION (FTEs IN NURSING AREAs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (% COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	12,412	183,475	8,708	47,671	7,097	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003246	0.104508	0.010082	0.000342	1.174222	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet C Part I Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,498,807		4,498,807	0	4,498,807	30.00
31.00	03100	INTENSIVE CARE UNIT	1,396,197		1,396,197	0	1,396,197	31.00
43.00	04300	NURSERY	425,891		425,891	0	425,891	43.00
44.00	04400	SKILLED NURSING FACILITY	1,472,348		1,472,348	0	1,472,348	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,287,065		4,287,065	0	4,287,065	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	325,933		325,933	0	325,933	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,711,871		2,711,871	0	2,711,871	54.00
54.01	03630	ULTRA SOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	232,054		232,054	0	232,054	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
60.00	06000	LABORATORY	3,713,362		3,713,362	0	3,713,362	60.00
65.00	06500	RESPIRATORY THERAPY	1,002,865	0	1,002,865	0	1,002,865	65.00
66.00	06600	PHYSICAL THERAPY	1,536,845	0	1,536,845	0	1,536,845	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	309,122		309,122	0	309,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	638,552		638,552	0	638,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,205,496		1,205,496	0	1,205,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,790,858		2,790,858	0	2,790,858	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.01	03951	SLEEP LAB	133,543		133,543	0	133,543	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.02
76.03	03953	WOUND CARE	185,433		185,433	0	185,433	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	181,357		181,357	0	181,357	90.00
91.00	09100	EMERGENCY	2,100,266		2,100,266	0	2,100,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	935,172		935,172		935,172	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	30,083,037	0	30,083,037	0	30,083,037	200.00
201.00		Less Observation Beds	935,172		935,172		935,172	201.00
202.00		Total (see instructions)	29,147,865	0	29,147,865	0	29,147,865	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet C Part I | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges					
			Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,371,408		9,371,408			30.00
31.00	03100	INTENSIVE CARE UNIT	2,754,670		2,754,670			31.00
43.00	04300	NURSERY	654,395		654,395			43.00
44.00	04400	SKILLED NURSING FACILITY	2,694,775		2,694,775			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,291,364	15,974,411	23,265,775	0.184265	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	376,321	112,783	489,104	0.666388	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,038,932	14,625,442	17,664,374	0.153522	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	132,493	760,003	892,496	0.260006	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	7,532,846	20,435,480	27,968,326	0.132770	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	4,278,327	281,083	4,559,410	0.219955	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,696,699	2,687,742	5,384,441	0.285423	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,035,471	1,076,336	2,111,807	0.146378	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,015,801	2,507,638	6,523,439	0.097886	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,194,200	1,729,276	3,923,476	0.307252	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,280,459	9,857,814	16,138,273	0.172934	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.01	03951	SLEEP LAB	0	417,800	417,800	0.319634	0.000000	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.02
76.03	03953	WOUND CARE	11,579	547,968	559,547	0.331398	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
90.00	09000	CLINIC	85,005	286,513	371,518	0.488151	0.000000	90.00
91.00	09100	EMERGENCY	2,682,722	10,085,952	12,768,674	0.164486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	130,000	613,104	743,104	1.258467	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	57,257,467	81,999,345	139,256,812			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	57,257,467	81,999,345	139,256,812			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet C Part I Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.184265	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.666388	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153522	54.00
54.01	03630	ULTRA SOUND	0.000000	54.01
56.00	05600	RADIOISOTOPE	0.260006	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
60.00	06000	LABORATORY	0.132770	60.00
65.00	06500	RESPIRATORY THERAPY	0.219955	65.00
66.00	06600	PHYSICAL THERAPY	0.285423	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.146378	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.097886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.307252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172934	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	76.00
76.01	03951	SLEEP LAB	0.319634	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	76.02
76.03	03953	WOUND CARE	0.331398	76.03
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC		88.00
90.00	09000	CLINIC	0.488151	90.00
91.00	09100	EMERGENCY	0.164486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258467	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet C Part I Date/Time Prepared: 3/2/2015 8:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,498,807		4,498,807	0	4,498,807	30.00
31.00	03100	INTENSIVE CARE UNIT	1,396,197		1,396,197	0	1,396,197	31.00
43.00	04300	NURSERY	425,891		425,891	0	425,891	43.00
44.00	04400	SKILLED NURSING FACILITY	1,472,348		1,472,348	0	1,472,348	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,287,065		4,287,065	0	4,287,065	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	325,933		325,933	0	325,933	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,711,871		2,711,871	0	2,711,871	54.00
54.01	03630	ULTRA SOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	232,054		232,054	0	232,054	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
60.00	06000	LABORATORY	3,713,362		3,713,362	0	3,713,362	60.00
65.00	06500	RESPIRATORY THERAPY	1,002,865	0	1,002,865	0	1,002,865	65.00
66.00	06600	PHYSICAL THERAPY	1,536,845	0	1,536,845	0	1,536,845	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	309,122		309,122	0	309,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	638,552		638,552	0	638,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,205,496		1,205,496	0	1,205,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,790,858		2,790,858	0	2,790,858	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.01	03951	SLEEP LAB	133,543		133,543	0	133,543	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.02
76.03	03953	WOUND CARE	185,433		185,433	0	185,433	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	181,357		181,357	0	181,357	90.00
91.00	09100	EMERGENCY	2,100,266		2,100,266	0	2,100,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	935,172		935,172		935,172	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
200.00		Subtotal (see instructions)	30,083,037	0	30,083,037	0	30,083,037	200.00
201.00		Less Observation Beds	935,172		935,172		935,172	201.00
202.00		Total (see instructions)	29,147,865	0	29,147,865	0	29,147,865	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet C Part I Date/Time Prepared: 3/2/2015 8:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,371,408		9,371,408			30.00
31.00	03100	INTENSIVE CARE UNIT	2,754,670		2,754,670			31.00
43.00	04300	NURSERY	654,395		654,395			43.00
44.00	04400	SKILLED NURSING FACILITY	2,694,775		2,694,775			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,291,364	15,974,411	23,265,775	0.184265	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	376,321	112,783	489,104	0.666388	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,038,932	14,625,442	17,664,374	0.153522	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	132,493	760,003	892,496	0.260006	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	7,532,846	20,435,480	27,968,326	0.132770	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	4,278,327	281,083	4,559,410	0.219955	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,696,699	2,687,742	5,384,441	0.285423	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,035,471	1,076,336	2,111,807	0.146378	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,015,801	2,507,638	6,523,439	0.097886	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,194,200	1,729,276	3,923,476	0.307252	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,280,459	9,857,814	16,138,273	0.172934	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.01	03951	SLEEP LAB	0	417,800	417,800	0.319634	0.000000	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.02
76.03	03953	WOUND CARE	11,579	547,968	559,547	0.331398	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
90.00	09000	CLINIC	85,005	286,513	371,518	0.488151	0.000000	90.00
91.00	09100	EMERGENCY	2,682,722	10,085,952	12,768,674	0.164486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	130,000	613,104	743,104	1.258467	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	57,257,467	81,999,345	139,256,812			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	57,257,467	81,999,345	139,256,812			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet C Part I | Date/Time Prepared: 3/2/2015 8:15 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03630	ULTRA SOUND	0.000000	54.01
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
60.00	06000	LABORATORY	0.000000	60.00
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
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	76.00
76.01	03951	SLEEP LAB	0.000000	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	76.02
76.03	03953	WOUND CARE	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
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		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part I Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	460,425	0	460,425	6,682	68.91	30.00
31.00	INTENSIVE CARE UNIT	78,645		78,645	751	104.72	31.00
43.00	NURSERY	11,835		11,835	470	25.18	43.00
44.00	SKILLED NURSING FACILITY	179,060		179,060	3,190	56.13	44.00
200.00	Total (lines 30-199)	729,965		729,965	11,093		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	2,343	161,456	30.00
31.00	INTENSIVE CARE UNIT	400	41,888	31.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	1,699	95,365	44.00
200.00	Total (lines 30-199)	4,442	298,709	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part II Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	363,780	23,265,775	0.015636	1,909,761	29,861	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,749	489,104	0.026066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	241,388	17,664,374	0.013665	1,942,967	26,551	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	15,162	892,496	0.016988	97,224	1,652	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	152,721	27,968,326	0.005460	3,590,907	19,606	60.00
65.00	06500	RESPIRATORY THERAPY	108,991	4,559,410	0.023905	1,832,667	43,810	65.00
66.00	06600	PHYSICAL THERAPY	106,956	5,384,441	0.019864	232,894	4,626	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	17,582	2,111,807	0.008326	618,050	5,146	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,309	6,523,439	0.004033	1,418,602	5,721	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,938	3,923,476	0.018590	1,022,402	19,006	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,512	16,138,273	0.004803	1,866,104	8,963	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	7,766	417,800	0.018588	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.02
76.03	03953	WOUND CARE	3,908	559,547	0.006984	1,161	8	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	26,426	371,518	0.071130	12,337	878	90.00
91.00	09100	EMERGENCY	121,978	12,768,674	0.009553	1,345,612	12,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	95,709	743,104	0.128796	115,725	14,905	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,451,875	123,781,564		16,006,413	193,588	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part III Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	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	6,682	0.00	2,343	0	30.00
31.00	03100	INTENSIVE CARE UNIT	751	0.00	400	0	31.00
43.00	04300	NURSERY	470	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,190	0.00	1,699	0	44.00
200.00		Total (lines 30-199)	11,093		4,442	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part IV | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part IV | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | 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	23,265,775	0.000000	0.000000	1,909,761	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	489,104	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	17,664,374	0.000000	0.000000	1,942,967	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	892,496	0.000000	0.000000	97,224	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	27,968,326	0.000000	0.000000	3,590,907	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,559,410	0.000000	0.000000	1,832,667	65.00
66.00	06600	PHYSICAL THERAPY	0	5,384,441	0.000000	0.000000	232,894	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	2,111,807	0.000000	0.000000	618,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,523,439	0.000000	0.000000	1,418,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,923,476	0.000000	0.000000	1,022,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,138,273	0.000000	0.000000	1,866,104	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01	03951	SLEEP LAB	0	417,800	0.000000	0.000000	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.02
76.03	03953	WOUND CARE	0	559,547	0.000000	0.000000	1,161	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	371,518	0.000000	0.000000	12,337	90.00
91.00	09100	EMERGENCY	0	12,768,674	0.000000	0.000000	1,345,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	743,104	0.000000	0.000000	115,725	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	123,781,564			16,006,413	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part IV | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | 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	4,166,991	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	4,755,794	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	247,869	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
60.00	06000	LABORATORY	0	1,938,761	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	91,962	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17	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	448,815	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	521,571	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	544,975	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,452,921	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.01	03951	SLEEP LAB	0	103,000	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.02
76.03	03953	WOUND CARE	0	238,301	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000	CLINIC	0	65,903	0	90.00
91.00	09100	EMERGENCY	0	2,070,370	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	420,283	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	17,067,533	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part V Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.184265	4,166,991	0	0	767,831	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.666388	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153522	4,755,794	0	0	730,119	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.260006	247,869	0	0	64,447	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.132770	1,938,761	0	0	257,409	60.00
65.00	06500	RESPIRATORY THERAPY	0.219955	91,962	0	0	20,228	65.00
66.00	06600	PHYSICAL THERAPY	0.285423	17	0	0	5	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	0.146378	448,815	0	0	65,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.097886	521,571	0	0	51,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.307252	544,975	0	0	167,445	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172934	1,452,921	0	6,337	251,259	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0.319634	103,000	0	0	32,922	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.331398	238,301	0	0	78,972	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000	CLINIC	0.488151	65,903	0	0	32,171	90.00
91.00	09100	EMERGENCY	0.164486	2,070,370	0	0	340,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258467	420,283	0	0	528,912	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		17,067,533	0	6,337	3,389,018	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		17,067,533	0	6,337	3,389,018	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part V Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
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
60.00	06000	LABORATORY	0	0	60.00
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	1,096	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	03951	SLEEP LAB	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.02
76.03	03953	WOUND CARE	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
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			
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	1,096	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,096	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150075 | Component CCN: 155373 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part IV | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150075 | Component CCN: 155373 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part IV | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Skilled Nursing Facility | 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	23,265,775	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	489,104	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	17,664,374	0.000000	0.000000	60,771	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	892,496	0.000000	0.000000	2,522	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	27,968,326	0.000000	0.000000	254,561	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,559,410	0.000000	0.000000	524,799	65.00
66.00	06600	PHYSICAL THERAPY	0	5,384,441	0.000000	0.000000	1,216,782	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	2,111,807	0.000000	0.000000	6,515	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,523,439	0.000000	0.000000	314,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,923,476	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,138,273	0.000000	0.000000	456,077	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01	03951	SLEEP LAB	0	417,800	0.000000	0.000000	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.02
76.03	03953	WOUND CARE	0	559,547	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	371,518	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	12,768,674	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	743,104	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	123,781,564			2,836,301	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150075 | Component CCN: 155373 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part IV | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Skilled Nursing Facility | 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	03630	ULTRA SOUND	0	0	0	54.01
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
60.00	06000	LABORATORY	0	0	0	60.00
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	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
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				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part V | Date/Time Prepared: 3/2/2015 8:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.184265	0	422,182	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.666388	0	11,198	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153522	0	778,722	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.260006	0	2,522	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.132770	0	976,143	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.219955	0	12,157	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.285423	0	99,107	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	0.146378	0	53,533	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.097886	0	57,582	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.307252	0	86,700	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172934	0	174,170	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0.319634	0	7,000	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.331398	0	8,613	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000	CLINIC	0.488151	0	8,633	0	0	90.00
91.00	09100	EMERGENCY	0.164486	0	555,933	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258467	0	48,100	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	0	0			95.00
200.00		Subtotal (see instructions)		0	3,302,295	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	3,302,295	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D Part V Date/Time Prepared: 3/2/2015 8:15 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	77,793	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,462	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,551	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	656	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000	LABORATORY	129,603	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,674	0	65.00
66.00	06600	PHYSICAL THERAPY	28,287	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	7,836	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,636	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,639	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,120	0	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	03951	SLEEP LAB	2,237	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.02
76.03	03953	WOUND CARE	2,854	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	4,214	0	90.00
91.00	09100	EMERGENCY	91,443	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	60,532	0	92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	597,537	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	597,537	0	202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D-1 | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | 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)	6,682	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,682	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.	2,277	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,016	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,343	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,498,807	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,498,807	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	12,780,473	28.00
29.00	Private room charges (excluding swing-bed charges)	3,188,647	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	9,591,826	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.352006	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,400.37	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	3,180.31	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,498,807	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)	673.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,577,472	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)	1,577,472	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D-1 | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | 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	1,396,197	751	1,859.12	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)	2,861,366	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,438,838	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)	203,344	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	193,588	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	396,932	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,041,906	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,389	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	673.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	935,172	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 3/2/2015 8:15 am
	Title XVIII	Hospital	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	460,425	4,498,807	0.102344	935,172	95,709	90.00
91.00	Nursing School cost	0	4,498,807	0.000000	935,172	0	91.00
92.00	Allied health cost	0	4,498,807	0.000000	935,172	0	92.00
93.00	All other Medical Education	0	4,498,807	0.000000	935,172	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D-1

Component CCN: 155373 | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Skilled Nursing Facility | 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)	3,190	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,190	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)	3,190	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)	1,699	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)	1,472,348	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)	1,472,348	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)	1,472,348	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150075 | Component CCN: 155373 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D-1 | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Skilled Nursing Facility | 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	1,472,348	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	461.55	71.00
72.00	Program routine service cost (line 9 x line 71)	784,173	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	784,173	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	784,173	83.00
84.00	Program inpatient ancillary services (see instructions)	617,102	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	1,401,275	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: 150075 Component CCN: 155373	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 3/2/2015 8:15 am
	Title XVIII	Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D-3 | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | 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		3,735,287		30.00
31.00	03100	INTENSIVE CARE UNIT		1,437,024		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.184265	1,909,761	351,902	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.666388	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153522	1,942,967	298,288	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.260006	97,224	25,279	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.132770	3,590,907	476,765	60.00
65.00	06500	RESPIRATORY THERAPY	0.219955	1,832,667	403,104	65.00
66.00	06600	PHYSICAL THERAPY	0.285423	232,894	66,473	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	0.146378	618,050	90,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.097886	1,418,602	138,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.307252	1,022,402	314,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172934	1,866,104	322,713	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0.319634	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.02
76.03	03953	WOUND CARE	0.331398	1,161	385	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.488151	12,337	6,022	90.00
91.00	09100	EMERGENCY	0.164486	1,345,612	221,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258467	115,725	145,636	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		16,006,413	2,861,366	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)		16,006,413		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150075 | Component CCN: 155373 | Period: From 10/01/2013 To 09/30/2014 | Worksheet D-3 | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Skilled Nursing Facility | 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
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.184265	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.666388	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153522	60,771	9,330	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.260006	2,522	656	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.132770	254,561	33,798	60.00
65.00	06500	RESPIRATORY THERAPY	0.219955	524,799	115,432	65.00
66.00	06600	PHYSICAL THERAPY	0.285423	1,216,782	347,298	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	0.146378	6,515	954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.097886	314,274	30,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.307252	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172934	456,077	78,871	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0.319634	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.02
76.03	03953	WOUND CARE	0.331398	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.488151	0	0	90.00
91.00	09100	EMERGENCY	0.164486	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258467	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,836,301	617,102	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)		2,836,301		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 3/2/2015 8:15 am
	Title XIX	Hospital	Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		362,273		30.00
31.00	03100	INTENSIVE CARE UNIT		94,599		31.00
43.00	04300	NURSERY		60,787		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.184265	254,259	46,851	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.666388	30,617	20,403	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153522	161,820	24,843	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.260006	2,785	724	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.132770	284,872	37,822	60.00
65.00	06500	RESPIRATORY THERAPY	0.219955	215,311	47,359	65.00
66.00	06600	PHYSICAL THERAPY	0.285423	12,352	3,526	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	0.146378	22,711	3,324	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.097886	165,528	16,203	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.307252	5,838	1,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172934	221,301	38,270	73.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0.319634	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.02
76.03	03953	WOUND CARE	0.331398	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
90.00	09000	CLINIC	0.488151	5,189	2,533	90.00
91.00	09100	EMERGENCY	0.164486	86,727	14,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.258467	10,954	13,785	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,480,264	271,702	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)		1,480,264		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet E Part A Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		3,956,779			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0			1.03
2.00	Outlier payments for discharges. (see instructions)		8,712			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)		58.19			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	Adjusment 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)		2.06			30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.76			31.00
32.00	Sum of lines 30 and 31		21.82			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet E Part A Date/Time Prepared: 3/2/2015 8:15 am

		Title XVIII	Hospital	PPS	
		before 1/1	on/after 1/1		
	0	1.00	1.01	2.00	
33.00 Allowable disproportionate share percentage (see instructions)		7.22			33.00
34.00 Disproportionate share adjustment (see instructions)		71,420			34.00

		Prior to October 1		On/After October 1	
	0	1.00	1.01	2.00	
Uncompensated Care Adjustment					
35.00 Total uncompensated care amount (see instructions)		0		9,046,380,143	35.00
35.01 Factor 3 (see instructions)		0.000000000		0.004299000	35.01
35.02 Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0		388,875	35.02
35.03 Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		388,875	35.03
36.00 Total uncompensated care (sum of columns 1 and 2 on line 35.03)		388,875			36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00 Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00 Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01 Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.01
42.00 Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00 Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0			43.00
44.00 Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00 Average weekly cost for dialysis treatments (see instructions)		0.00	0.00		45.00
46.00 Total additional payment (line 45 times line 44 times line 41.01)		0			46.00
47.00 Subtotal (see instructions)		4,425,786			47.00
48.00 Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0			48.00
49.00 Total payment for inpatient operating costs SCH and MDH only (see instructions)		4,425,786			49.00
50.00 Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		314,761			50.00
51.00 Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0			51.00
52.00 Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0			52.00
53.00 Nursing and Allied Health Managed Care payment		0			53.00
54.00 Special add-on payments for new technologies		0			54.00
55.00 Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0			55.00
56.00 Cost of physicians' services in a teaching hospital (see intructions)		0			56.00
57.00 Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0			57.00
58.00 Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0			58.00
59.00 Total (sum of amounts on lines 49 through 58)		4,740,547			59.00
60.00 Primary payer payments		11,872			60.00
61.00 Total amount payable for program beneficiaries (line 59 minus line 60)		4,728,675			61.00
62.00 Deductibles billed to program beneficiaries		604,800			62.00
63.00 Coinsurance billed to program beneficiaries		6,064			63.00
64.00 Allowable bad debts (see instructions)		16,107			64.00
65.00 Adjusted reimbursable bad debts (see instructions)		10,470			65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet E Part A Date/Time Prepared: 3/2/2015 8:15 am

		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)		11,040			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		4,128,281			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)		20,246			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-791			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)	2014	330,576			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)		4,478,312			71.00
71.01	Sequestration adjustment (see instructions)		89,566			71.01
72.00	Interim payments		4,239,035			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		149,711			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		582,544			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: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet E Part B Date/Time Prepared: 3/2/2015 8:15 am

		Title XVIII / Hospital / PPS	
		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,096	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	3,389,018	2.00
3.00	PPS payments	2,451,393	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)	1,096	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	6,337	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)	6,337	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 chargebasis 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)	6,337	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	5,241	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)	1,096	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	2,451,393	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	143	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	556,997	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)	1,895,349	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)	1,895,349	30.00
31.00	Primary payer payments	481	31.00
32.00	Subtotal (line 30 minus line 31)	1,894,868	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)	6,869	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	4,465	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,261	36.00
37.00	Subtotal (see instructions)	1,899,333	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)	1,899,333	40.00
40.01	Sequestration adjustment (see instructions)	37,987	40.01
41.00	Interim payments	1,856,518	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	4,828	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: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet E-1 Part I Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,239,035		1,856,518	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)		4,239,035		1,856,518	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		149,711		4,828	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,388,746		1,861,346	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: 150075 | Component CCN: 155373 | Period: From 10/01/2013 To 09/30/2014 | Worksheet E-1 Part I | Date/Time Prepared: 3/2/2015 8:15 am

Title XVIII | Skilled Nursing Facility | 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		590,079		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		590,079		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		590,079		0	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: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet E-1 Part II Date/Time Prepared: 3/2/2015 8:15 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	1,713	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	2,743	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	1,080	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	6,044	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	139,256,812	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	154,092	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)	668,913	8.00
9.00	Sequestration adjustment amount (see instructions)	13,378	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	655,535	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	721,571	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)	-66,036	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150075 Component CCN: 155373	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 3/2/2015 8:15 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	631,569	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	631,569	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	29,448	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	602,121	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	602,121	15.00
15.01	Sequestration adjustment (see instructions)	12,042	15.01
16.00	Interim payments	590,079	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

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

Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet G | Date/Time Prepared: 3/2/2015 8:15 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-81,066	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	7,435,599	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,517,375	0	0	0	6.00
7.00	Inventory	850,155	0	0	0	7.00
8.00	Prepaid expenses	225,083	0	0	0	8.00
9.00	Other current assets	858,111	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	6,770,507	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	3,844,900	0	0	0	12.00
13.00	Land improvements	748,002	0	0	0	13.00
14.00	Accumulated depreciation	-316,926	0	0	0	14.00
15.00	Buildings	21,415,381	0	0	0	15.00
16.00	Accumulated depreciation	-6,960,024	0	0	0	16.00
17.00	Leasehold improvements	4,752,538	0	0	0	17.00
18.00	Accumulated depreciation	-2,848,806	0	0	0	18.00
19.00	Fixed equipment	4,165,619	0	0	0	19.00
20.00	Accumulated depreciation	-2,680,116	0	0	0	20.00
21.00	Automobiles and trucks	43,800	0	0	0	21.00
22.00	Accumulated depreciation	-43,800	0	0	0	22.00
23.00	Major movable equipment	9,527,473	0	0	0	23.00
24.00	Accumulated depreciation	-7,320,053	0	0	0	24.00
25.00	Minor equipment depreciable	2,863,843	0	0	0	25.00
26.00	Accumulated depreciation	-1,037,422	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	26,154,409	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	4,532,130	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,532,130	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	37,457,046	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,110,426	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,283,640	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	28,828,962	0	0	0	43.00
44.00	Other current liabilities	72,121	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,295,149	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	0	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	31,295,149	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	6,161,897				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)	6,161,897	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	37,457,046	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet G-1 Date/Time Prepared: 3/2/2015 8:15 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		8,883,811		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-2,721,914				2.00
3.00	Total (sum of line 1 and line 2)		6,161,897		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)		6,161,897		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		6,161,897		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 3/2/2015 8:15 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	10,025,803		10,025,803	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,694,775		2,694,775	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,720,578		12,720,578	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	2,754,670		2,754,670	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,754,670		2,754,670	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	15,475,248		15,475,248	17.00
18.00	Ancillary services	41,782,219	0	41,782,219	18.00
19.00	Outpatient services	0	81,999,345	81,999,345	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	57,257,467	81,999,345	139,256,812	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		40,968,236		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)		40,968,236		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150075 | Period: From 10/01/2013 To 09/30/2014 | Worksheet G-3 | Date/Time Prepared: 3/2/2015 8:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	139,256,812	1.00
2.00	Less contractual allowances and discounts on patients' accounts	102,066,693	2.00
3.00	Net patient revenues (line 1 minus line 2)	37,190,119	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	40,968,236	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,778,117	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 (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	0	25.00
26.00	Total (line 5 plus line 25)	-3,778,117	26.00
27.00	OTHER	-1,056,203	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1,056,203	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,721,914	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150075	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 3/2/2015 8:15 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	313,646	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,115	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)	16.56	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	314,761	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